

TE112105

RELEASE OF AUTHORITY FOR CANCELLATION

TO: Washington Utilities and Transportation Commission
Licensing Services
P.O. Box 47250
Olympia, WA 98504-7250
(360) 664-1222 or fax (360) 586-1181

The undersigned, holder of Permit/certificate number(s):
G _____ C _____ CH/ES 063253
CC _____ HG _____
OTHER _____

Does hereby declare that the authority is no longer being used and is hereby surrendered to the Commission for cancellation. (Attach original permit or certificate, if available)

Dalila Prigmore 12/4/11
SIGNATURE OF CARRIER DATE

Dalila Prigmore
NAME OF CARRIER (Please print)

4820 NE arseth Rd.
ADDRESS

Paulsbo WA 98370
CITY-STATE-ZIP

206 423 9603
(AREA CODE) - PHONE NUMBER

2
0
1
1

CHARTER & EXCURSION CARRIERS ANNUAL SAFETY REPORT

Due December 30, 2011

RECEIVED
DEC 08 2011
WASH. UT. & TP. COMM

CH-____ ES-____ C-____ MC-____ DOT-____

5342 / CH069253
Driver For Hire, Inc.
6117 172nd Place SW
Lynnwood, WA 98037

orrect name and address, if different than shown

WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION for the YEAR ENDED DECEMBER 31, 2011

Inquiries concerning this Annual Report should be addressed to:

NAME: Dalila Prigmore TITLE: Manager
ADDRESS: 4820 NE Orseth Rd.
CITY: Paulsbo STATE: WA ZIP: 98138
TELEPHONE: 2064239603 FAX: N/A E-MAIL: driverforhire@msn.com

The company must notify the Commission, in writing, of any changes to the above information.

TYPE OF PAYMENT - DO NOT SEND CASH IN THE MAIL										For Commission Use Only																						
<input checked="" type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> AMEX <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover										Credit Card Authorization #: _____																						
Credit Card Number:										Exp Date - Month/Year																						
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CERTIFICATION: I, the undersigned, under penalty for false statement, certify that the information is true, valid and correct, that I am authorized to execute on behalf of the applicant, and that I agree to pay the above total amount according to card issuer agreement.																																
Name (Printed) _____							Title _____																									
Signature _____							Date _____																									

For Commission Use Only			
Reception Number: _____	Reference: _____	Payment ID: _____	Receivable #: _____
001-111-02-68-232-01: _____	001-111-02-68-232-11: _____	001-111-02-68-032-20: _____	

Original to be mailed to the Washington Utilities and Transportation Commission, PO Box 47250, Olympia, WA 98504-7250
Web Site: www.utc.wa.gov