REINSTATEMENT

WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION

1300 S Evergreen Park Dr SW, PO Box 47250 Olympia, WA 98504-7250

Telephone (360) 664-1222 - Fax (360) 586-1181 Intrastate Common Carrier Operating Authority

(excluding Household Goods and Common Carrier Brokers)								
	AL USE ONLY							
Reception Number: 036603 Safety:	Carrier ID#:							
111 0268 200 02 100 ⋅∞ Insurance: (())	Employee:							
TYPE OF APPLICATION (check one)								
New Common Carrier Permit Authority, or Transfer of Existing Permit Number	Extension of Common Carrier Permit Authority							
\$275 GENERAL COMMODITIES ONLY	\$100 GENERAL COMMODITIES, including ARMORED CAR SERVICE							
\$275 GENERAL COMMODITIES, including ARMORDED CAR SERVICE	\$100 GENERAL COMMODITIES, including HAZARDOUS MATERIALS							
\$275 GENERAL COMMODITIES, including HAZARDOUS MATERIALS	\$100 GENERAL COMMODITIES, including HAZARDOUS MATERIALS and ARMORED CAR SERVICE							
\$275 GENERAL COMMODITIES, INCLUDING HAZARDOUS MATERIALS and ARMORED CAR SERVICE								
\$100 REINSTATEMENT OF CANCELLED COMMO (Must be filed within 10 months of cancellation)	ON CARRIER PERMIT For Commission Use Only: Auth #:							
TYPE OF	PAYMENT							
■ Check	Mastercard ☐ Visa Expiration Date							
CERTIFICATION: I, the undersigned, under penalty for false statement, certify that the following information is true and correct, that I am authorized to execute and file this document on behalf of the applicant, and that all information on file is current and valid.								
Name (printed): LARRY HOLLAND Date: 12-19-11								
Signature: Tares Hallow Title: CONER								
	RIDENTIFICATION							
CC#: / US DOT#	WA UNIFIED BUSINESS IDENTIFIER (UBI) #:							
61395 1258798	102 399 8321							
APPLICANT NAME: PHONE#:								
HOLLAND TRANSPORTATION LCC 360-481-0881								
d/b/a: FAX #: 360-352-6267								
BUSINESS (MAILING) ADDRESS: (street address, P.O. Box) 9845 CHSE RD SIJ								
(city, state, zip)								
PHYSICAL ADDRESS: (street address, if different) 6 LYMPIH, WH 78517_								
	, , , , , , , , , , , , , , , , , , , ,							

	(che				STRUCTURE ship/corporation informati	on)			
☐ INDIVIDUAL ☐ PARTNERSHIP ☐ CORPORATION – STATE OF INCORPORATION									
NAME		TITLE	STOC	K D	ISTRIBUTION OR PERC	ENTAGE OF SHARE			
LARRY H	OLCANI) οω	NER						
		TRA	ANSFER OF P	ER	MIT NUMBER				
holder and perm of the permit nu	nit number to mber.	be transfe	erred. The current	perr	t to a new owner. List na nit holder must sign belov かしたとく PERMIT NU	v to authorize the transfer			
$I \neq \emptyset$	Val Ca	. /	, , , , , , , , , , , , , , , , , , ,	•					
Signature of cu	irrent permit	holder				G-// Date			
INSURANCE REQUIREMENTS (must check one) (Permit will not be issued until acceptable insurance is received)									
The applica NOT HAUL haza materials in any and WILL only ovehicles less that pounds gross we rating\$300,000 Liability and Pro Damage Insurar required. You do complete the Fitness Survey.	ardous quantity perate an 10,000 eight in Public perty nce is o not need	The applicant WILL NOT HAUL hazardous materials in any quantity \$750,000 in Public Liability and Property Damage Insurance is required. Complete and submit the Safety Fitness Survey— Section 1.			The applicant WILL AUL hazardous aterials requiring million in Public ability and Property amage Insurance and bmit the Safety Fitness arvey – Sections 1 and	The applicant WILL HAUL hazardous materials requiring \$5 million in Public Liability and Property Damage Insurance. Complete and submit the Safety Fitness Survey – Sections 1 and 2.			
	E	QUIPME	NT LIST (Attach	ado	litional list if necessary				
UNIT#	LICEN	ISE#	STATE		V	/IN#			
4455	33977	'R'P	WA		WKAD49X	7CR300512			
7.									
operate and th	at no opera and affirm belief.	tions may that the ii	be conducted un nformation contail	ntil a	on does not in itself con a permit is received from in this application is tru \(\frac{12-19-17}{\text{Date}}\)	n the Commission. I ue to the best of my			

Date: 12/19/2011 Time: 1:48 PM To: 13605861181



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/19/2011

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED PEPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(les) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

Wilson-Heirgood Associates 2930 Chad Drive PO Box 1421 Eugene OR 97440-1421 INSURED Holland Transportation LLC 9845 Case Road SW Olympia WA 98512 COVERAGES CERTIFICATE NUMBER: 198379635 THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOWHAVE BE						EEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY					
VVI- TO NSR LTR	RIOD INDICATED. NOTWITHSTANDING A IICH THIS CERTIFICATE MAY BE ISSUED ALL THE TERMS, EXCLUSIONS AND COI	TADDE	ONS C	OF SUCH POLICIES. LIMITS S	FFORDE	D BY THE POI MAY HAVE BE POLICY EFF (MM/DD/YYYY)	LICIES DESCR EN REDUCED POLICY EXP (MM/DD/YYYY)	BY PAID CLAIMS.			
LTR	TYPE OF INSURANCE	INSR	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	S		
	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE OCCUR GEN'L AGGREGATE LIMIT APPLIES PER.							EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	\$ \$ \$ \$		
_	POLICY PRO- JECT LOC			<u> </u>					\$	·	
A	AUTOMOBILE LIABILITY			WN081454		11/22/2011	11/22/2012	COMBINED SINGLE LIMIT (Ea accident)	\$1,00	0,000	
	ANY AUTO							BODILY INJURY (Per person)	\$		
	ALL OWNES AUTOS							BODILY INJURY (Per accident)	\$	· · · · · · · · · · · · · · · · · · ·	
	SCHEDULED AUTOS							PEOPERTY DAMAGE	\$		
Ì	HIRED AUTOS	1					:	(Per accident)			
	NON-OWNED AUTOS								\$		
_	INCOME IN THE PROPERTY OF THE	-							\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE	-						AGGREGATE	\$		
}	DEDUCTIBLE								\$		
	RETENTION \$	ļ						1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N							WC STATU- OTH- TORY LIMITS ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$		
}	(Mandatory in NH)							E L. DISEASE - EA EMPLOYEE	\$		
	If yes, describe under DESCRIPTION OF OPERATIONS below	<u> </u>	<u> </u>					E L DISEASE - POLICY LIMIT	\$		
4	Cargo			WN081454		11/22/2011	11/22/2012	Limit: Deductible: Theft Deductible:	\$100, \$1,00 \$2,00	0	
	RIPTION OF OPERATIONS/LOCATIONS/VEHIC m E to follow; CC#61395	LES (Attach	ACORD 101, Additional Remarks	Schedule	, if more space is	s required)				
CEF	RTIFICATE HOLDER				CAN	ELLATION					
	WA Utilities & Trans PO Box 47250	spor	tat	ion Commission	BEFO	RE THE EXPIR	ATION DATE 1	SCRIBED POLICIES BE CAN THEREOF, NOTICE WILL BE CY PROVISIONS.	ICELLE DELIV	D ERED	
Olympia WA 98504				AUTHORIZED REPRESENTATIVE							
							Mark	14.55			
	1						li perte l	-DATO)			