PART	A TV# 120206						
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							
APPLICATION FOR PERMIT							
(excluding Household Goods and Common Carrier Brokers)							
	AL USE ONLY						
111 0268 200 02 215.00 Insurance: 2							
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 COMMON CARRIER PERMIT (Must be filed within 10 months of cancellation) For Commission Use Only Auth #: 8 9 9 9 9							
TYPE OF	PAYMENT						
C. Check D. Money Office							
A - Cathalana Anna Anna Anna Anna Anna Anna Anna							
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): CHARLES F. NELSON Date: 2/14/2012							
Signature:Title: PRESIDENT							
MOTOR CARRIER IDENTIFICATION							
CC#: 58597 US DOT# NA	WA UNIFIED BUSINESS IDENTIFIER (UBI) #: 601-792-606 pen call						
APPLICANT NAME: TURTLE, INC.	PHONE#: 206-343-7870						
d/b/a: FAST COURIER SERVICES	FAX#: 425-408-0045						
BUSINESS (MAILING) ADDRESS: (street address, P.O. Box) PO BOX 19185							
(city, state, zip) 5EATTLE, WA 98109-6185							
PHYSICAL ADDRESS: (street address, if different)							
5321 228 5T SE BOTHELL, WA 98021							

-grand department of the control of	e e Constantina de Republica de Mandra de Constantina de Constanti				The Market Service and P			
TYPE OF BUSINESS STRUCTURE								
□ INDIVIDUAL □ PARTNERSHIP ♥ CORPORATION (LP, LLP, LLC) STATE OF INCORPORATION W ↑								
NAME	TIT	<u>LE</u>	ADDRI	<u>ESS</u>	STO	OCK DISTRIBUTION OR		
TURTLE I	TURTLE INC PO BOX 19785 SÉATTUE (WA 98)09							
charles 4	WELSO	·u	owner	Presid	arst (1006- Percall 2/18/17		
TRANSFER OF PERMIT NUMBER								
Complete this section if you are transferring an existing permit to a new owner. List name of <u>current</u> permit holder and permit number to be transferred. The current permit holder must sign below to authorize the transfer of the permit number.								
NAME ON PER	ON PERMIT: PERMIT NUMBER:							
	· ••••••••••••••••••••••••••	T						
Signature of cu		The state of the s	NCEREQUIRE	AENITO (S. A.		Date		
		BOOK OF THE PARTY OF THE PER	ot be issued until a	Control of the second s		red		
and Property Damage Insurance. You do not Insurance. You red to complete Part B. and Property Damage Insurance. You red complete Part B.		us materials in a litity. You will wehicles with a f 10,000 pounds You must obtain in Public Liability perty Damage e. You must	☐ You will haul hazardous materials requiring \$1 million in Public Liability and Property Damage Insurance. You must complete Part C, Sections 1 and 2.		You will haul hazardous materials requiring \$5 million in Public Liability and Property Damage Insurance. You must complete Part C, Sections 1 and 2.			
UNIT#	LICEN	Service and Service Control of the C	SEE EIST (ARIAG STATE	u-sagniousi i	- AND NOTICE AND ADDRESS AND A	sary) /IN#		
i	488 X Z		WA	FAM	JHMGB182CO13474			
	1	BBA			JHMCB7653LC013474			
			497 407					
			27					
I, as applicant, understand that the filing of this application does not in itself constitute authority to operate and that no operations may be conducted until a permit is received from the Commission. I hereby declare and affirm that the information contained in this application is true to the best of my knowledge and belief.								
<u>Charler F. Mun</u> <u>Signature(s)</u> 2-14-2012 Date								

Z-14-12 WTC ATTN: GAIL

HERE IS NEW AP. WE TALKED ABOUT ON PHONE. I AM FAXING FROM INSUR. AGENT - NO COVER SHEET. PLEASE CALL ME RIGHT AWAY IF ANY PROBLEM.

> THANK YOU, Charles J. Null PRES/FAST COURIER

TURTLE INC- #58597

Form E UNIFORM MOTOR CARRIER BODILY INJURY AND PROPERTY DAMAGE LIABILITY CERTIFICATE OF INSURANCE

m34151 Pending RECEIVED

Filed with Washington Utilities and Transportation Commission (Name of Commission)

(hereinafter called Commission)

This is to certify, that the Charter Indemnity Company (Name of Company)

(hereinafter called Company) of EXECUTIVE CENTER II, 8360 LBJ FRWY, DALLAS, TX 75243

(Home Office Address of Company)

WASH. UT. & TP. COMM

has issued to TURTLE INC

FAST COURIER SERVICES (Name of Motor Carrier) of 5321 228TH ST SE

BOTHELL WA 98021

(Address of Motor Carrier)

a policy or policies of insurance effective from 02/03/2012 12:01 A.M. standard time at the address of the insured stated in said policy or policies and continuing until cancelled as provided herein, which, by attachment of the Uniform Motor Carrier Bodily Injury and Property damage Liability Insurance Endorsement, has or have been amended to provide automobile bodily injury and property damage liability insurance covering the obligations imposed upon such motor carrier by the provisions of the motor carrier law of the State in which the Commission has jurisdiction or regulations promulgated in accordance therewith.

Whenever requested, the Company agrees to furnish the Commission a duplicate original of said policy or policies and all endorsements thereon.

This certificate and the endorsement described herein may not be cancelled without cancellation of the policy to which it is attached. Such cancellation may be effected by the Company or the insured giving thirty (30) days' notice in writing to the State Commission, such thirty (30) days' notice to commence to run from the date notice is actually received in the office of the Commission.

Countersigned at EXECUTIVE CENTER II, 8360 LBJ FRWY, DALLAS, TX 75243 (Street Address)

this 19 day of JANUARY 2012

WA DOT NO:

Insurance Company File No 3237183

(Authorized Company Representative)

IRB 3539B MC 1633a (Ed. 8-99) UNIFORM INFORMATION SERVICES INC.