

PART - A

TV-120247

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)

Handwritten signature and date: JMG 2/27/12

FOR OFFICIAL USE ONLY		
Reception Number: 037773	Safety: <i>[initials]</i>	Carrier ID#: 0032
111 0268 200 02 275.00	<i>[initials]</i>	Employee: <i>[initials]</i>

TYPE OF APPLICATION (check one)	
<input checked="" type="checkbox"/> New Common Carrier Permit Authority, or Transfer of Existing Permit Number <input type="checkbox"/> \$275 GENERAL COMMODITIES ONLY <input type="checkbox"/> \$275 GENERAL COMMODITIES, including ARMORED CAR SERVICE <input type="checkbox"/> \$275 GENERAL COMMODITIES, including HAZARDOUS MATERIALS <input type="checkbox"/> \$275 GENERAL COMMODITIES, INCLUDING HAZARDOUS MATERIALS and ARMORED CAR SERVICE	Extension of Common Carrier Permit Authority <input type="checkbox"/> \$100 GENERAL COMMODITIES, including ARMORED CAR SERVICE <input type="checkbox"/> \$100 GENERAL COMMODITIES, including HAZARDOUS MATERIALS <input type="checkbox"/> \$100 GENERAL COMMODITIES, including HAZARDOUS MATERIALS and ARMORED CAR SERVICE <input type="checkbox"/> \$100 REINSTATEMENT OF CANCELLED COMMON CARRIER PERMIT <small>(Must be filed within 10 months of cancellation)</small>

For Commission Use Only: Auth #: 042313

TYPE OF PAYMENT	
<input checked="" type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Amex <input type="checkbox"/> Discover <input checked="" type="checkbox"/> Mastercard <input type="checkbox"/> Visa	Expiration Date: 07/15

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): Rebecca A. HARRIS Date: 2/23/2012
 Signature: *[Handwritten Signature]* Title: OWNER

MOTOR CARRIER IDENTIFICATION		
CC#: 64553	US DOT#: Under 0,000	WA UNIFIED BUSINESS IDENTIFIER (UBI) #: 603-081-161
APPLICANT NAME: <u>Rebecca Ann HARRIS</u>		PHONE#: <u>206-380-1394</u>
d/b/a: <u>Queens Services</u>	FAX #:	
BUSINESS (MAILING) ADDRESS: (street address, P.O. Box) <u>23430 102nd Ave SE.</u> (city, state, zip) <u>Kent Wa 98031</u>		
PHYSICAL ADDRESS: (street address, if different)		

INDIVIDUAL PARTNERSHIP CORPORATION - STATE OF INCORPORATION _____
(LP, LLP, LLC)

NAME	TITLE	ADDRESS	STOCK DISTRIBUTION OR PERCENTAGE OF SHARE
Rebecca A. Harris	Owner	23830 102nd Ave SE	
		Kent WA 98031	100%

TRANSFER OF PERMIT NUMBER

Complete this section if you are transferring an existing permit to a new owner. List name of current 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 PERMIT: _____ PERMIT NUMBER: _____

Signature of current permit holder _____

Date _____

INSURANCE REQUIREMENTS (must check one)

<input checked="" type="checkbox"/> The applicant <u>WILL NOT HAUL</u> hazardous materials in any quantity and <u>WILL</u> only operate vehicles less than 10,000 pounds gross weight rating-- \$300,000 in Public Liability and Property Damage Insurance is required. You do not need to complete the Safety Fitness Survey.	<input type="checkbox"/> The applicant <u>WILL NOT HAUL</u> 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.	<input type="checkbox"/> The applicant <u>WILL HAUL</u> hazardous materials requiring \$1 million in Public Liability and Property Damage Insurance and submit the Safety Fitness Survey - Sections 1 and 2.	<input type="checkbox"/> The applicant <u>WILL HAUL</u> hazardous materials requiring \$5 million in Public Liability and Property Damage Insurance. Complete and submit the Safety Fitness Survey - Sections 1 and 2.
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EQUIPMENT LIST (Attach additional list if necessary)

UNIT#	LICENSE#	STATE	VIN#
1	AFK 4648	Wa. state	5TD2K2
2	897-WFO	Wa. STATE	5TD2K23C588135065
			1B46P44G1Y8716184

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.

Rebecca A. Harris
Signature(s)

2/23/2012
Date

Mr. Ken Chapman
Washington UTC
PO Box 47250
Olympia, WA 98504

Dear Mr. Chapman,

Enclosed is my application for a Common Carrier Permit. I am applying to be a licensed common carrier who will not haul hazardous materials and who will not operate vehicles with gross vehicle weight ratings of ten thousand pounds or more. I understand that a common carrier of this type operating locally does not require a USDOT number. Thank you for your assistance in processing my application.

Sincerely,

A handwritten signature in cursive script that reads "Robert Harris". The signature is written in black ink and is positioned above the phone number.

206-380-1394



STATE OF
WASHINGTON

MASTER LICENSE SERVICE
PO Box 9034 • Olympia, WA 98507-9034 • (360) 664-1400

REGISTRATIONS AND LICENSES

Sole Proprietorship

Unified Business ID #: 603 081 161

Business ID #: 1

Location: 1

REBECCA A HARRIS
QUEENS SERVICES
23830 102ND AVE SE
KENT WA 98031

TAX REGISTRATION

REGISTERED TRADE NAMES:
QUEEN'S SERVICES

The licensee named above has been issued the business registrations or licenses listed. By accepting this document the licensee certifies the information provided on the application for these licenses was complete, true, and accurate to the best of his or her knowledge, and that business will be conducted in compliance with all applicable Washington state, county, and city regulations.

Elizabeth A. Luce
Director, Department of Licensing

6833

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

Filed with Washington Utilities and Transportation Commission (hereinafter called Commission)

This is to certify, that the COLUMBIA INSURANCE COMPANY (hereinafter called Company)

of 3024 HARNEY STREET, OMAHA, NEBRASKA 68131

has issued to REBECCA A. HARRIS DBA QUEEN SERVICE of 23890 162ND AVE SE KENT, WA 98031

a policy or policies of insurance effective from 1-8-2012 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 3024 HARNEY STREET, OMAHA, NE 68131

this 9 day of JAN, 2012

Insurance Company File No. 71APR268638
(Policy Number)

LES BALLER
(Authorized Company Representative)