

REINSTATEMENT TV 120301

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)

FOR OFFICIAL USE ONLY

Reception Number: **037853**

Safety: *[Signature]*

Carrier ID#: **458407**

111 0268 200 02 \$100.00

Insurance: *[Signature]*

Employee: *[Signature]*

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 ARMORED 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 #: **092549**

TYPE OF PAYMENT

Check Money Order Amex Discover Mastercard Visa

Expiration Date

5

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): **G. Scott Blankenship**

Date: **3-1-2012**

Signature: *G. Scott Blankenship*

Title: **Owner**

MOTOR CARRIER IDENTIFICATION

CC#: **60126**

US DOT#: **1735288**

WA UNIFIED BUSINESS IDENTIFIER (UBI) #: **604 084981**

APPLICANT NAME: **Scottco Joint Venture**

PHONE#: **509 646 3486**

d/b/a: **Scottco**

FAX #: **509 646 3486**

BUSINESS (MAILING) ADDRESS: (street address, P.O. Box) **PO Box 595 (Washueco WA 99371**

(city, state, zip)

PHYSICAL ADDRESS: (street address, if different) **210 SW Cooper Washueco WA 99371**

TYPE OF BUSINESS STRUCTURE

(check individual or complete partnership/corporation information)

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

NAME **TITLE** **STOCK DISTRIBUTION OR PERCENTAGE OF SHARE**

Blankenship Enterprises Inc Ptnr 50% Both corps owned by
Magnady Farms Inc Ptnr 50% G. Scott Blankenship &

Spouse

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)

(Permit will not be issued until acceptable insurance is received)

- The applicant WILL NOT HAUL hazardous materials in any quantity and WILL 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.
- 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 HAUL hazardous materials requiring \$1 million in Public Liability and Property Damage Insurance and submit the Safety Fitness Survey - Sections 1 and 2.
- 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.

EQUIPMENT LIST (Attach additional list if necessary)

UNIT#	LICENSE#	STATE	VIN#
<u>3493</u>	<u>B2730T</u>	<u>WA</u>	<u>1XKWD R9X7FJ845948</u>

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.

G. Scott Blankenship
Signature(s)

3-1-2012
Date

(000)

Form E
UNIFORM MOTOR CARRIER BODILY INJURY AND PROPERTY
DAMAGE LIABILITY CERTIFICATE OF INSURANCE
(Executed in Triplicate)

Filed with WA UTILITIES & TRANSPORTATION COMMISSION (hereinafter called Commission)
(Name of Commission)

This is to certify that the QODA RISK RETENTION GROUP INC
 (hereinafter called Company) of 38 EAST VIEW LANE, SUITE 2, WAHNE, YI 05441
(Home Office Address of Company)

has issued to SCOTTCO JOINT VENTURE of 210 SW COOPER ST. WASHUCNA, WA 99371
(Name of Motor Carrier) (Address of Motor Carrier)

a policy or policies of insurance effective from 3-02-2012 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 1 NW OODA DRIVE GRAN VALLEY MISSOURI 64028
(Street Address) (City) (State) (Zip Code)

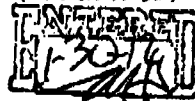
this 30TH day of JANUARY 2012

Insurance Company File No. PL109512827
(Policy Number)

Deborah Winkler
 (Authorized Company Representative)

Member # 942281

MC 1833a (Ed. 8-89) UNIFORM INFORMATION SERVICES, INC.



IRB 35388