

# REINSTATEMENT

TV 120366

## 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: <b>037948</b>	Safety: <b>47772</b>	Carrier ID# <b>128384</b>
111 0268 200 02	Insurance: <b>4-17-12 Form #</b>	Employee: <b>[Signature]</b>

#### TYPE OF APPLICATION (check one)

New Common Carrier Permit Authority, or Transfer of Existing Permit Number	Extension of Common Carrier Permit Authority
<input type="checkbox"/> \$275 GENERAL COMMODITIES ONLY	<input type="checkbox"/> \$100 GENERAL COMMODITIES, including ARMORED CAR SERVICE
<input type="checkbox"/> \$275 GENERAL COMMODITIES, including ARMORED CAR SERVICE	<input type="checkbox"/> \$100 GENERAL COMMODITIES, including HAZARDOUS MATERIALS
<input type="checkbox"/> \$275 GENERAL COMMODITIES, including HAZARDOUS MATERIALS	<input type="checkbox"/> \$100 GENERAL COMMODITIES, including HAZARDOUS MATERIALS and ARMORED CAR SERVICE
<input type="checkbox"/> \$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 #: **094806**

#### TYPE OF PAYMENT

Check  Money Order  American Express  Other

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): **KEN BREMMeyer** Date: **3-15-12**

Signature: **[Signature]** Title: **owner**

#### MOTOR CARRIER IDENTIFICATION

CC#: <b>60120</b>	US DOT# <b>10788750</b>	WA UNIFIED BUSINESS IDENTIFIER (UBI) #: <b>602-506-5320</b>
-------------------	-------------------------	---

APPLICANT NAME: <b>BROTHERS Trucking LLC</b>	PHONE#: <b>253-334-1119</b>
--	-----------------------------

d/b/a: <b>Ken Bremmeyer / Jerry Althaus</b>	FAX #: <b>425-432-1261</b>
---	----------------------------

BUSINESS (MAILING) ADDRESS: (street address, P.O. Box) <b>PO Box 922</b>	<b>RAVENSDALE, WA-98051</b>
--	-----------------------------

(city, state, zip) <b>22226 6th Ave S. #202</b>	<b>Des Moines, WA-98198</b>
---	-----------------------------

PHYSICAL ADDRESS: (street address, if different)

**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
<u>Ken Bremner</u>	<u>owner</u>	<u>40%</u>
<u>Jerry Althuser</u>	<u>owner</u>	<u>60%</u>

**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)

- |  |  |   |   |
|--|--|---|---|
| <input 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-- <u>\$300,000</u> in Public Liability and Property Damage Insurance is required. You do not need to complete the Safety Fitness Survey. | <input checked="" type="checkbox"/> The applicant <u>WILL NOT HAUL</u> hazardous materials in any quantity -- <u>\$750,000</u> 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 <u>\$1 million</u> 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 <u>\$5 million</u> 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>SEE</u>	<u>ATTACH.</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.

Ken Bremner  
Signature(s)

3-15-12  
Date

# UNITRIN

## Washington Insurance Identification Card

<b>Name and Address of Policyholder</b> BREMEYER KENNETH BROTHERS TRUCKING LLC 27034 KENT KANGLEY RD RAVENSDALE WA 98051	<b>Insurance Company</b> Charter Indemnity Company PO BOX 223687 Dallas, TX 75222-3687 For Claims, contact us at (800) 234-3606
<b>Agent</b> THE DOUGLAS GROUP INC 2301 S JACKSON ST STE 213-A SEATTLE WA 98144 206-324-7400	<b>Insured Vehicle(s)</b> Year / Make / Model / VIN
<b>Policy Number</b> CCCICR6233330-02	1989 KENW DUMP TRUCK — UNIT # 2 1XKDD29X2KSS36817 1997 KENW DUMP # 4 1NKMXXU0X4VR752764 1997 TRAI OLYM TRANS 1S9CS4335VL189093 # 5 1998 PETE TRACTOR # 5 1NPFLLB0X9WD441890
<b>Policy Effective Date</b> 04/22/2012	2003 TRAI T17 TRAIL 5RETE03893L036147 2006 KENW DUMP TRUCK # 3 1NKKDXB0X26R119421 2011 TRAI OLYM TILT 1C9TF36378T1997024
<b>Policy Expiration Date</b> 04/22/2013	

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

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)

has issued to

BROTHERS TRUCKING LLC  
(Name of Motor Carrier)

of 27034 KENT KANGLEY RD

RAVENSDALE WA 98051  
(Address of Motor Carrier)

a policy or policies of insurance effective from 04/22/2011 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.

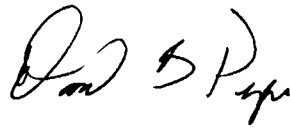
This certificate and the endorsement described herein may not be cancelled without cancellation of the policy to which it is attached. Such cancellation may be effected by the Company or the insured giving thirty (30) days' notice in writing to the State Commission, such thirty (30) days' notice to commence 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 23 day of MARCH 2012

WA DOT NO:

Insurance Company File No 6233330



(Authorized Company Representative)

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

IRB 3539B

RECEIVED

MAR 26 2012

WASH. UT. & TP. COMM

Pending as of 3/12/12  
M 38384