

REINSTATEMENT

TV-120467

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: 111 0268 200 02	Safety: 5-3-12	Carrier ID#: 5873
038200 226.00	Insurance: FOME	Employee: 2

TYPE OF APPLICATION (check one)

New Common Carrier Permit Authority, or Transfer of Existing Permit Number	Extension of Common Carrier Permit Authority
<input checked="" 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 #: 01557C

TYPE OF PAYMENT

Check Money Order

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): DIANE J. ACORD Date: 4-9-10

Signature: [Signature] Title: Sec/Treas.

MOTOR CARRIER IDENTIFICATION

CC#: 50565	US DOT#: 700662 OK 5-3-12	WA UNIFIED BUSINESS IDENTIFIER (UBI) #: 602-739-1770
APPLICANT NAME: <u>TOM E. ACORD</u>	PHONE#: 509-476-2907	
d/b/a: <u>Double A Logging, Inc</u>	FAX #: 509-476-2907	
BUSINESS (MAILING) ADDRESS: (street address, P.O. Box) <u>PO Box 2207</u>		
(city, state, zip) <u>OROVILLE WA 98844</u>		
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)

<u>NAME</u>	<u>TITLE</u>	<u>ADDRESS</u>	<u>STOCK DISTRIBUTION OR PERCENTAGE OF SHARE</u>
Thomas E. Acord	Pres	PO Box 2207 Orville WA 98844	50%
Diane J. Acord	V. Pres	PO Box 2207 Orville WA 98844	50%

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: Double A Logging, Inc PERMIT NUMBER: 50565
Tom Acord 4-2-12
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.
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EQUIPMENT LIST (Attach additional list if necessary)

UNITY#	LICENSE#	STATE	VIN#
<u>See attached sheet</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.

Tom E Acord 4-2-12
Signature(s) Date

UNIT#	LICENSE#	STATE	VIN#
10	B37013N	WA	1XKWDB9X6RS634624
7	A37929U	WA	1FUVDXYB2KP343725
9	55731W	WA	1NKWLB9X6JS513478
8	A01002G	WA	2HSFBAGR9JC011532
6	37270Y	WA	2XKWDB9X4NM572861
5	A0118G	WA	NKWL49X0YR859555

NR Amadise
cc
5813
(P)

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

Filed with WUTC (hereinafter called Commission)
(Name of Commission)

This is to certify, that the AMERICAN FOREST CASUALTY COMPANY, RISK RETENTION GROUP
(Name of Company)

(hereinafter called Company) of 1330 LADY STREET COLUMBIA, SC 29211
(Home Office Address of Company)

Has issued to Double "A" Logging, Inc. of PO Box 2207 Oroville, WA 98844
(Name of Motor Carrier) (Address of Motor Carrier)

a policy or policies of insurance effective from 12/31/2011 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 affect 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 1605 Main Street Suite 800 Sarasota, Florida 34236
(Street Address) (City) (State) (Zip Code)

This 31st day of December 2011

Insurance Company File No. 030282-11
(Policy Number)

Whitney Cook

(Authorized Company Representative)

Pend up
5873

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