

PART A

TV# 120818

WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION

RECEIVED

1300 S Evergreen Park Dr SW, PO Box 47250, Olympia, WA 98504-7250

Telephone (360) 664-1222 - Fax (360) 586-1181

JUN 04 2012

Intrastate Common Carrier Operating Authority

APPLICATION FOR PERMIT

WASH. UT. & TP. COMM

Pay ID# 8186

(excluding Household Goods and Common Carrier Brokers)

FOR OFFICIAL USE ONLY

Reception Number: 039160	Safety: under 10K lbs 6/20/12	Carrier ID#: 6934
111 0268 200 02 245.00	Insurance: 6-12 Binder	Employee: [Signature]

TYPE OF APPLICATION (check one)

<input checked="" type="checkbox"/> <b>New Common Carrier Permit Authority, or Transfer of Existing Permit Number</b>	<input type="checkbox"/> <b>Extension of Common Carrier Permit Authority</b>
<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 #:

TYPE OF PAYMENT

Check  Money Order  Amex  Discover  Mastercard  Visa Expiration Date

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): \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

MOTOR CARRIER IDENTIFICATION

CC#: 64627	US DOT#: Under 10,000	WA UNIFIED BUSINESS IDENTIFIER (UBI) #: 600-277-144
APPLICANT NAME: James R Hawley		PHONE#: (206) 909-2582
d/b/a: Hawley Transportation Services	FAX#: [Signature]	
BUSINESS (MAILING) ADDRESS: (street address, P.O. Box) 13926 SE 241 ST		
(city, state, zip) Kent, WA 98042		
PHYSICAL ADDRESS: (street address, if different) Same		

**TYPE OF BUSINESS STRUCTURE**

(check individual or complete partnership/corporation information)

INDIVIDUAL     PARTNERSHIP     CORPORATION (LP, LLP, LLC)  
STATE OF INCORPORATION \_\_\_\_\_

<u>NAME</u>	<u>TITLE</u>	<u>ADDRESS</u>	<u>STOCK DISTRIBUTION OR PERCENTAGE OF SHARE</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)**

A permit will not be issued until acceptable insurance is received

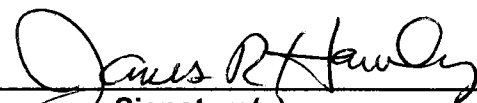
- |  |  |   |   |
|--|--|---|---|
| <input checked="" type="checkbox"/> You will not haul hazardous materials in any quantity. You will only operate vehicles with a GVWR of less than 10,000 pounds. You must obtain \$300,000 in Public Liability and Property Damage Insurance. You do not need to complete Part B. | <input type="checkbox"/> You will not haul hazardous materials in any quantity. You will operate vehicles with a GVWR of 10,000 pounds or more. You must obtain \$750,000 in Public Liability and Property Damage Insurance. You must complete Part B. | <input type="checkbox"/> You will haul hazardous materials requiring \$1 million in Public Liability and Property Damage Insurance. You must complete Part C, Sections 1 and 2. | <input type="checkbox"/> You will haul hazardous materials requiring \$5 million in Public Liability and Property Damage Insurance. You must complete Part C, Sections 1 and 2. |
|--|--|---|---|

**MOTOR VEHICLE LIST (Attach additional pages if necessary)**

UNIT#	LICENSE#	STATE	VIN#
1	ABD8306	WA	4T3ZF13C2XU165426
2	AC22062	WA	JT2BG21K2W0221955

**Signature**

*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.*

  
 \_\_\_\_\_  
 Signature(s)

5-31-12 ✓  
 \_\_\_\_\_  
 Date

6934  
Pending  
FARMERS

# Commercial Certificate of Insurance



Agency  
Name • Gary Foster  
& • 1048 W James St Ste 103  
Address • Kent, WA 98032-4600  
• 253-859-1139

Issue Date (MM/DD/YY) 06/20/2012

This certificate is issued as a matter of information only and confers no rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policies shown below.

St. 79 Dist. 44 Agent 328

### Companies Providing Coverage:

Insured  
Name • JAMES HAWLEY  
& • HAWLEY TRANSPORTATION SERVICE  
Address • 13926 SE 241ST ST  
• KENT, WA 98042

- Company A Truck Insurance Exchange
- Letter
- Company B Farmers Insurance Exchange
- Letter
- Company C Mid-Century Insurance Company
- Letter
- Company D
- Letter

### Coverages

This is to certify that the policies of insurance listed below have been issued to the insured named above for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions and conditions of such policies. Limits shown may have been reduced by paid claims.

Co. Ltr.	Type of Insurance	Policy Number	Policy Effective Date (MM/DD/YY)	Policy Expiration Date (MM/DD/YY)	Policy Limits
	General Liability Commercial General Liability - Occurrence Version Contractual - Incidental Only Owners & Contractors Prot.				General Aggregate Products-Comp/OPS Aggregate \$ Personal & Advertising Injury Each Occurrence \$ Fire Damage (Any one fire) \$ Medical Expense (Any one person) \$
C	Automobile Liability All Owned Commercial Autos X Scheduled Autos Hired Autos Non-Owned Autos Garage Liability	605100648	05/07/2012	05/07/2013	Combined Single Limit \$ 300,000 Bodily Injury (Per person) \$ Bodily Injury (Per accident) \$ Property Damage \$ Garage Aggregate \$
	Umbrella Liability				Limit \$
	Workers' Compensation and Employers' Liability				Statutory Each Accident \$ Disease - Each Employee \$ Disease - Policy Limit \$

Description of Operations/Vehicles/Restrictions/Special items:  
Vehicle(s): 1999 TOYOTA SIENNA LE/ 4T3ZF13C2XU165426  
Endorsement - (IF APPLICABLE, WILL BE DELIVERED WITH POLICY).

### Certificate Holder

Name • WUTC  
& • PO Box 47250  
Address • Olympia, WA 98504

### Cancellation

Should any of the above described policies be cancelled before the expiration date thereof, the issuing company will endeavor to mail 30 days written notice to the certificate holder named to the left, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives.

*[Signature]*  
Authorized Representative