

REINSTATEMENT

TY-121045

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 | 039211 100.00 | Safety: 6-19-12 | Carrier ID#: W39093 |
| | | Insurance: 6-19-12 | Employee: Lue |

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 # 02012C

TYPE OF PAYMENT

Check

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): KAROL L. Larson Date: 6-12-12
Signature: Karol Larson Title: _____

MOTOR CARRIER IDENTIFICATION

| | | |
|---|-----------------------|--|
| CC#: <u>61451</u> | US DOT# <u>973059</u> | WA UNIFIED BUSINESS IDENTIFIER (UBI) #: <u>602126990</u> |
| APPLICANT NAME: <u>Juan Carlos Barranco Soto</u> | | PHONE#: <u>509-840-4342</u> |
| d/b/a: <u>JC Soto Trucking</u> | | FAX #: <u>509-837-8056</u> |
| BUSINESS (MAILING) ADDRESS: (street address, P.O. Box) <u>140 S Mclean Rd</u> (city, state, zip) <u>Sunnyside, WA 98944</u> | | |

PHYSICAL ADDRESS: (street address, if different)

TYPE OF BUSINESS STRUCTURE
(check individual or complete partnership/corporation information)

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

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

Kevin Barrera / Owner / 11405 McLean Rd Sunnyside WA 98944

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# |
|-------|----------|-------|-------------------|
| 25 | 15611RP | WA | 1FUPCDYB6YDG31029 |
| 26 | 19640RP | WA | 1XP5DB9X7SD369616 |
| 27 | 22035RP | WA | 1XP5DR9X6YD487643 |

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.

Kevin Soto
Signature(s) _____ Date *6/10/12* _____

m 390393

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

\$0
\$0

Filed with WA Utilities & Trans. Comm. (hereinafter called Commission)
(Name of Commission)

608147

This is to certify, that the National Casualty Company
(Name of Company)

(hereinafter called Company) of 8877 N. Galney Center Drive, Scottsdale, AZ 85258
can be (Home Office Address of Company)

has issued to JUAN BARRANCO SOTO DBA JC SOTO TRUCKING of 140 S MCLEAN RD, SUNNYSIDE, WA 98944
(Name of Motor Carrier) (Address of Motor Carrier)

a policy or policies of insurance effective from June 19, 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 8877 N. Galney Center Drive, Scottsdale, AZ 85258
(Street Address) (City) (State) (Zip Code)

this 19 day of June 2012

Insurance Company File No. LTO0006628
(Policy Number)

[Signature]
(Authorized Company Representative)