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PART A

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

	N FOR PERMIT s and Common Carrier Brokers)
	ALUSE ONLY
Reception Number: 039232 Safety:	19 (2 Carrier ID#: 6949
111 0268 200 02 270,00 Insurance: P ₄ (y Che 6-1912 Employee: De
	ATION (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 ARMORDED 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 COMM (Must be filed within 10 months of cancellation)	ON CARRIER PERMIT For Compression Use Only Auth #:
	PAYMENT
☐ Check ☐ Money Order ☐ Ar	900,000
that I am authorized to execute and file this document on valid. Name (printed):	behalf of the applicant, and that all information is true and correct, behalf of the applicant, and that all information on file is current and Date:
	R IDENTIFICATION
CC#: 64635 US DOT# mder 10, k	WA UNIFIED BUSINESS IDENTIFIER (UBI) #:
APPLICANT NAME: Lance N. A	// PHONE#:
d/b/a: AA SERVICES	FAX #:
BUSINESS (MAILING) ADDRESS: (street address, P.O. Box) \$202 No.	5 State Hwy 104 Suite 102#
(city, state, zip) King Ston (s)	<i>//</i>
	A 98346-9454
PHYSICAL ADDRESS: (street address, if differen	, , , , , , , , , , , , , , , , , , , ,

776-776-776-776-776-776-776-776-776-776	0-00-0			-		
	(chec		PE OF BUSINES al or complete part	4.0.1	STRUCTURE hip/corporation information	on)
INDIVIDUAL PARTNERSHIP CORPORATION (LP, LLP, LLC) STATE OF INCORPORATION						
NAME Lonce Avere	<u> </u>	LE	ADDRE	<u>ess</u>	· · · · · · · · · · · · · · · · · · ·	CK DISTRIBUTION OR RCENTAGE OF SHARE
DE AA SE		Junor	8202 N		t. Hwy 104 4	Fute 102 # 286
	N. 1241	TR	ANSEGIGOERI			
holder ar		are transfe	rring an existing p	ermit	to a new owner. List na	ime of <u>current</u> permit gn below to authorize the
NAME ON PERI	MIT:		······································		PERMIT NU	JMBER:
Signature of cu	rrent permit	holder				Date
Oignature of co	The second secon			JEN	TS (must check one)	Date
	A pe	rmit will no	it be issued until a	ccep	table insurance is receiv	
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.		☐ 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.		haz requ Pub Pro Insu con 1 au	You will haul cardous materials uiring \$1 million in blic Liability and perty Damage urance. You must applete Part C, Sections and 2.	You will haul hazardous materials requiring \$5 million in Public Liability and Property Damage Insurance. You must complete Part C, Sections 1 and 2.
UNIT#	LICEN		STATE	11:40		sary, /in#
93 Bulck	1BN32		Tolk!	/	164A655NUP	6445293
			Signa	fure		
operate and th	at no opera and affirm	itions may	be conducted un	ntil a	on does not in itself con permit is received from in this application is th	m the Commission.
	Signet	ure(s)	A	· ·		15/12 Date



CERTIFICATE OF LIABILITY INSURANCE

6 q 48 OP ID: EH

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

	DUCER	206	5-285-7735	CONTACT NAME:	Edward				
Lovsted-Worthington LLC 206-285-3461 424 3rd Ave West		PHONE (A/C, No, Ext): 206-838-1017 (A/C, No): 206-285-3461 E-MAIL ADAIL							
									ettle, WA 98119
LO	sted Worthington LLC			COGTONE			DING COVERAGE		NAIC #
INSL	IRED Lance Averett			INSURER(S) AFFORDING COVERAGE INSURER A : Mutual of Enumclaw					14761
	Attn: Lance								14701
	8202 NE State HW 104 #10	02 #286		INSURER B:					-
	Kingston, WA 98346			INSURER		-			
				INSURER					
				INSURER		·			
				INSURER	F:				
			NUMBER:	WE DEEN	ICOLIED TO		REVISION NUMBER:	UE DA	LIOV DEDICE
11	HIS IS TO CERTIFY THAT THE POLICIES IDICATED. NOTWITHSTANDING ANY REC	OUREME	NT TERM OR CONDITION	OF ANY	CONTRACT	OR OTHER I	DOCUMENT WITH RESPE	CT TO	WHICH THIS
С	ERTIFICATE MAY BE ISSUED OR MAY P	PERTAIN,	THE INSURANCE AFFORD	DED BY TH	HE POLICIE	S DESCRIBE			
	XCLUSIONS AND CONDITIONS OF SUCH P						·		
NSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	(r	POLICY EFF MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMI	rs	
	GENERAL LIABILITY				·		EACH OCCURRENCE	\$	
	COMMERCIAL GENERAL LIABILITY			1			DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	
	CLAIMS-MADE OCCUR						MED EXP (Any one person)	\$	
							PERSONAL & ADV INJURY	3	
							GENERAL AGGREGATE	\$	-
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$	
	POUCY PRO- LOC	i					PRODUCTS - COMPTOP AGG	\$	
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT	 	
^	1		TDD		05/16/12	05/16/13	(Ea accident)	\$	1,000,000
Α	X ANY AUTO	1	TBD		V3/10/12	05/10/13	BODILY INJURY (Per person)	\$	
	ALL OWNED AUTOS	ļ		ĺ			BODILY INJURY (Per accident)	\$	
_	SCHEDULED AUTOS						PROPERTY DAMAGE	\$	
A	X HIRED AUTOS		TBD		05/16/12	05/16/13	(Per accident)		
Α	X NON-OWNED AUTOS		TBD	1	05/16/12	05/16/13	UIM/UM	\$	1,000,000
<u> </u>	X UIM/UM		TBD		05/16/12	05/16/13		\$	
	UMBRELLA LIAB OCCUR	Ì	}	Ì		i	EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE			-			AGGREGATE	\$	
	DEDUCTIBLE	-		Ì				\$	
	RETENTION \$							\$	
	WORKERS COMPENSATION						WC STATU- OTH- TORY LIMITS ER		
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE						E.L. EACH ACCIDENT	s	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A					E.L. DISEASE - EA EMPLOYEE		
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	 	
-	SECOND HON OF OF ENAFIONS DEIDW	-					C.L. DISEASE - FOLIGT CIVIT	L .	
				1					
JES.	CRIPTION OF OPERATIONS / LOCATIONS / VEHICLE	EQ [Attack	ACORD 101 Additional Remains	Schedul- '*	more care :	required)	1		
	1993 Buick Century VIN#: 1G4AG55N			Scriedure, II	more space is	required			
:vid	ence of Insurance								
. VIU	ence of mountice								
CE	RTIFICATE HOLDER			CANCE	LLATION				
			WASHU-2						
				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN					
Washington Utilities & Transportation Commission						Y PROVISIONS.	J. DE		
	Attn: Tina			AUTHORIZ	ED REPRESE	NTATIVE			
PO Box 47250			18. 1 da						
Olympia, WA 98504				Edward Harley					