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

APPLICATION FOR PERIVIT (excluding Household Goods and Common Carrier Brokers)							
	AL USE ONLY						
Reception Number: 039235 Safety: Windows	(165 -6-20-72 Carrier ID#: 6950						
111 0268 200 02 275.00 Insurance: 6-20							
TYPE OF APPLICA	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 COMMO (Must be filed within 10 months of cancellation)	N CARRIER PERMIT For Commission Use Only: Auth #: WOUDLE						
TYPEOFI	PAYMENT						
☐ Check ☐ Money Order ☐ Amex ☐ Discover ☐	Mastercard □ Visa Expiration Date						
CERTIFICATION: I, the undersigned, under penalty for false that I am authorized to execute and file this document on be valid.	e statement, certify that the following information is true and correct, shalf of the applicant, and that all information on file is current and						
Name (printed):	Date:						
Signature:	Title:						
MOTOR CARRIER							
CC#: 64637 US DOT# Water 10,000	WA UNIFIED BUSINESS IDENTIFIER (UBI) #:						
APPLICANT NAME: LIVINGSTONE K. KAMENDE	PHONE#: 253 283 6818						
d/b/a: RIACKSTONE LUGISTICS MANAGEMEN	/ EAV #-						
BUSINESS (MAILING) ADDRESS: (street address, P.O. Box) 17/7 5.847L	(1+ # E-53.						
(city, state, zip)							
TACOMA WA 98444.							
PHYSICAL ADDRESS: (street address, if different)							
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CERTIFICATE OF LIABILITY INSURANCE

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