

# PART A

TV# 121212

## 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: <b>039345</b>	Safety: <b>7-27-12</b>	Carrier ID#: <b>6976</b>
111 0268 200 02 <b>275.00</b>	Insurance: <b>7-27-12 FOMC</b>	Employee: <b>KWC</b>

#### 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 #

#### TYPE OF PAYMENT

Check    Money Order    Amex    Discover    Mastercard    Visa   Expiration D. \_\_\_\_\_

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): Margaux Carter Date: 7-19-12

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

#### MOTOR CARRIER IDENTIFICATION

CC#: <u>64660</u>	US DOT#: <u>under 10,000</u>	WA UNIFIED BUSINESS IDENTIFIER (UBI) #: <u>603 218 6910</u>
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APPLICANT NAME: Jeannie A. Carter PHONE#: 206 321 7747

d/b/a: JC Services FAX #: \_\_\_\_\_

BUSINESS (MAILING) ADDRESS: (street address, P.O. Box) 16818 22nd Ave SE  
(city, state, zip) Bethell, wa. 98012

PHYSICAL ADDRESS: (street address, if different)

Same as above

**TYPE OF BUSINESS STRUCTURE**

(check individual or complete partnership/corporation information)

INDIVIDUAL     PARTNERSHIP     CORPORATION (LP, LLP, LLC)

STATE OF INCORPORATION \_\_\_\_\_

NAME	TITLE	ADDRESS	STOCK DISTRIBUTION OR PERCENTAGE OF SHARE
Jeannie Carter	owner	14818 22nd Ave SE, Bothell	WA 98012 100%

**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.

N/A

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	ACS 3281	WA	1N4AL2AP4BN413540

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.

Jeannie A. Carter  
Signature(s)

7/17/12  
Date

Form E

UNIFORM MOTOR CARRIER BODILY INJURY AND PROPERTY DAMAGE LIABILITY CERTIFICATE OF INSURANCE

6978

(Executed in triplicate)

Filed with WASHINGTON UTILITIES AND TRANSPORTATION COMM hereinafter called Commission

This is to certify that the AMERICAN FAMILY MUTUAL INSURANCE COMPANY

(hereinafter called Company) of 6000 AMERICAN PARKWAY MADISON, WI 53783

has issued to CARTER, JEANNIE A. of 16818 22ND AVE SE BOTHELL, WA 98012-6448

a policy or policies of insurance effective from 07-15-2012 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 of the motor carrier law of the State in which the Commission has jurisdiction of thereon.

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.

Counter-signed at 4802 MITCHELL AVE ST. JOSEPH, MISSOURI 64507

(Street Address) (City) (State) (Zip Code)

this 25TH day of JULY 2012

insurance Company File No. 46X18099

MC 1633a (Ed. 8-99) UNIFORM INFORMATION SERVICES, INC. (Policy Number) (Authorized Company Representative)

Janet A. Embrey