REINSTATEMENT	TV	12
N		

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

Internated Common Ca	rrier Operating Authority				
	N FOR PERMIT				
(excluding Household Goods	and Common Carrier Brokers)				
FOR OFFICIAL USE ONLY					
Reception Number: 039362 Safety: 7-27					
	M E 7-27-12 Employee:				
TYPE OF APPLICATION (check one)					
New Common Carrier Permit Authority, or Extension of Common Carrier Permit Authority					
Transfer of Existing Permit Number					
\$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 COMMON CARRIER PERMIT (Must be filed within 10 months of cancellation) For Commission Use Only: Auth #:					
	PAYMENT				
□ Check L					
	• • =				
CERTIFICATION: I, the undersigned, under penalty for false statement, certify that the following information is true and correct, under some authorized to execute and file this document on behalf of the applicant, and that all information on file is current and valid.					
	R Date: 7-24-12				
Signature: Water 7. Bramen Title: CWNER					
MOTOR CARRIE	R IDENTIFICATION				
CC#:64016 US DOT# 5860 WAUNIFIED BUSINESS IDENTIFIER (UBI) #:					
APPLICANT NAME: Trucking, INC PHONE#: 949-4969					
d/b/a: FAX#: 509-865-2266					
BUSINESS (MAILING) ADDRESS: (street address, P.O. Box) 1340 Larue Zd					
(city, state, zip) TOPPENISH, WA. 98948					
PHYSICAL ADDRESS: (street address, if different)					
SAME 1					

No. 5090 F. Z PAGE 03

Jul. 24. 2012 1:40PM Licensing Services

,	TYPE OF BUSINES		<u> </u>		
(chec	k individual or complete parti	nership/corporation information	on)		
☐ INDIVIDUAL ☐ PARTNERSHIP CORPORATION — STATE OF INCORPORATION WA					
NAME TITLE ADDRESS STOCK DISTRIBUTION OR PERCENTAGE OF SHARE					
Walter F.B	remen OWN	er shub	100%		
	j.				
	TRANSFER OF PI	EDMIT NUMBED			
			me of current permit		
Complete this section if you are transferring an existing permit to a new owner. List name of <u>current</u> 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	· <u></u>	Date		
	ISURANCE REQUIRE	MENTS (must check one			
	it will not be issued until ac				
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.		
E	QUIPMENT LIST (Attach	additional list if necessary)		
2 1995 Intt 940 84 0 3 1969 Fruhauf Trailer 74 4 1999 Intt 920 84 6 5 1999 Ent 562 84 6	792B WA 539P WA 716L WA	4V1WDBRF6KN618948 2HSFHAER0SC029609 QMK450703 2HSFMAMR0XC027741 1FUBSDYB2XP966366	/IN#		
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) $\frac{7-24-12}{\text{Date}}$					
2					

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

Filed with the WASHINGTON UTILITIES & TRANSPORTATION COMMISSION-OPERATIONS DIVISION (hereinafter called Commission) of PO BOX 47250, OLYMPIA, WA 98504

This is to certify, that the United Financial Casualty Company (hereinafter called Company) of PO BOX 94739, CLEVELAND, OH 44101 has issued to BREMER TRUCKING INC of 1340 LARUE RD, TOPPENISH, WA 98948 a policy or policies of insurance effective from 07/24/2012 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 6300 WILSON MILLS, MAYFIELD VILLAGE, OH 44143

this 27th day of July, 2012

Insurance Company File No. CA 07573285

(Policy Number)

(Authorized Company Representative)

MC1633a(08/99)

IRB3539B