

REINSTATEMENT

TV121238

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)

July 30/12

FOR OFFICIAL USE ONLY

Reception Number: 039375	Safety: <i>None</i>	Carrier ID#: 6792
111 0268 200 02 100.00	Insurance: <i>None</i>	Employee: <i>RUC</i>

TYPE OF APPLICATION (check one)

<input checked="" type="checkbox"/> New Common Carrier Permit Authority, or Transfer of Existing Permit Number <input type="checkbox"/> \$275 GENERAL COMMODITIES ONLY <input type="checkbox"/> \$275 GENERAL COMMODITIES, Including ARMORED CAR SERVICE <input type="checkbox"/> \$275 GENERAL COMMODITIES, Including HAZARDOUS MATERIALS <input type="checkbox"/> \$275 GENERAL COMMODITIES, INCLUDING HAZARDOUS MATERIALS and ARMORED CAR SERVICE	<input type="checkbox"/> Extension of Common Carrier Permit Authority <input type="checkbox"/> \$100 GENERAL COMMODITIES, Including ARMORED CAR SERVICE <input type="checkbox"/> \$100 GENERAL COMMODITIES, Including HAZARDOUS MATERIALS <input type="checkbox"/> \$100 GENERAL COMMODITIES, Including HAZARDOUS MATERIALS and ARMORED CAR SERVICE
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<input checked="" type="checkbox"/> \$100 REINSTATEMENT OF CANCELLED COMMON CARRIER PERMIT (Must be filed within 10 months of cancellation)	For Commission Use Only Auth #: 192151
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TYPE OF PAYMENT

Check
 Money Order
 Amex
 Discover
 Mastercard
 Visa
 Expiration Dat _____

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): Vladislav Volovik Date: 7-26-12
 Signature: Vlad Volovik Title: owner

MOTOR CARRIER IDENTIFICATION

CC#: MC# 679452	US DOT# 1885300	WA UNIFIED BUSINESS IDENTIFIER (UBI) #: 602919989
APPLICANT NAME: Vladislav Volovik		PHONE#: 360.723.5341*2
d/b/a: Diesel Auto Express		FAX #: 360.723.5342
BUSINESS (MAILING) ADDRESS: 11509 NE 177th CIR (street address, P.O. Box) Battle Ground, WA 98604		
(city, state, zip) 11509 NE 177th CIR Battle Ground, WA 98604		
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 STOCK DISTRIBUTION OR PERCENTAGE OF SHARE
Vladislav Volovik / DBA Diesel Auto Express

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)

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> The applicant <u>WILL NOT HAUL</u> hazardous materials in any quantity and <u>WILL</u> only operate vehicles less than 10,000 pounds gross weight rating-- <u>\$300,000</u> in Public Liability and Property Damage Insurance is required. You do not need to complete the Safety Fitness Survey. | <input checked="" type="checkbox"/> The applicant <u>WILL NOT HAUL</u> hazardous materials in any quantity -- <u>\$750,000</u> in Public Liability and Property Damage Insurance is required. Complete and submit the Safety Fitness Survey-- Section 1. | <input type="checkbox"/> The applicant <u>WILL HAUL</u> hazardous materials requiring <u>\$1 million</u> in Public Liability and Property Damage Insurance and submit the Safety Fitness Survey -- Sections 1 and 2. | <input type="checkbox"/> The applicant <u>WILL HAUL</u> hazardous materials requiring <u>\$5 million</u> 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#
<i>See attachment</i>			

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.

Vlad Volovik
Signature(s)

7.26.12
Date

Year	Make	Unit#	License#	State	Vin#
2006	Volvo	05	19891RP	WA	4V4NC9TK96N425425
2003	Sun Valley	855	4576UR	WA	1S9CA53213P297724
2006	Western Star	07	27585RP	WA	5KKHAECK76PV54645
2006	Cotrell	14	0659VQ	WA	5E0AK14436G099401
2006	Western Star	11	32152RP	WA	5KKHAECK06PV54647
2006	Cotrell	14	2176XF	WA	5E0AK14496G057301
2005	Freight Liner	70	33396RP	WA	1FUBA5CG95LU01878
2007	Miller	77	4852XE	WA	1M9CSFC207T486659
2012	Dodge Ram	3500	36152RP	WA	3C63DRGL1CG215321
2005	Infinity	N/A	6276-4V	WA	1Z9GC28295C220049



Auto Express

11509 NE 177th CIR Battle Ground, WA 98604

Phone: 360-723-5341 Fax: 360-723-5342

E-mail: dieselautoexpress@live.com

Attention: Licensing Dep. Date: 7.26.12

Re: Reinstatement

Fax # 360.586.1181

From: Inna / Vlad

This fax transmission consists of 4 pages including the cover letter.

Comments: Please call me for any
questions or missing info @
360.513.4184
Thanks,
Inna

FAX

Date:	7/26/2012
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Pages including cover sheet:	5
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To:	+13605861181
Phone	
Fax Number	+13605861181

From:	Diesel Auto Express
	Diesel Auto Express
	11509 ne 177th cir
	Battle ground
	WA 98604
Phone	+1 (360) 624-7434
Fax Number	(360) 552-9511

NOTE:

Motor Freight Carrier Permit reinstatement

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

Filed with Washington Utilities & Transportation Commission (herein after called Agency)
(Name of Agency)

This is to certify that the Gramercy Insurance Company
(Name of Company)
(herein after called Company) of 6000 Quorum Drive, Suite 111, Dallas, TX, 75254
(Home Address of Company)

(DBA) Diesel Auto Express

has issued to Vladislav Voloyik of 11509 NE 177th Cir, Battle Ground, WA, 98604
(Name of Motor Carrier) (Address of Motor Carrier)

A policy or policies of insurance effective from 11/11/2011 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 Agency has jurisdiction or regulations promulgated in accordance therewith.

Whenever requested, the Company agrees to furnish the Agency 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 effective by the Company or the insured giving thirty (30) days' notice in writing to the State Agency, such thirty (30) days' notice to commence to run from the date notice is actually received in the office of the Agency.

Countersigned at 3036 South Church Street This 27th day of Jul 20 12
Burlington (Address) (Day) (Month) (Year)
NC 27215

Insurance Company File No. GIC 46-1900-00047
(Policy No)

Joseph P. Huetelmyer
(Authorized Company Representative)

Underlying Limit :0.00 Liability Limit :1,000,000.00

RECEIVED
PROGRAM MANAGEMENT
2012 JUL 27 PM 1:55
STATE OF WASH
UTIL AND TRANS
COMMISSION