

REINSTATEMENT

WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION

1300 S Evergreen Park Dr SW, PQ 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: 039394 Safety: 8-1-12 Carrier ID#: 6127							
111 0268 200 02 100,00 Insurance: 131 M							
TYPE OF APPLICATION (check one)							
New Common Carrier Permit Authority, or 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 BERVICE							
\$100 REINSTATEMENT OF CANCELLED COMMON CARRIER PERMIT (Must be filled withfin 10 months of cancellation) For Commission Des Only (Auth #							
TYPE OF	*						
□ Check □ Money Order □ Arnex □ Discover ☑ Mastercard □ Visa							
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): Antonio CAM pos Date: 7/30/12							
Signature:							
MOTOR CARRIER IDENTIFICATION							
CC#: 63609 US DOT# 1893906	WA UNIFIED BUSINESS IDENTIFIER (UBI) #: 503-979-533						
APPLICANT NAME: T+R Legacy LLC PHONE#: 509-366-3151							
d/b/a:	+campos 60@charter.net						
(street address, P.O. Box) . 4812 Salvia C+							
(city, state, zip) Pasco, WA 99301							
PHYSICAL ADDRESS: (street address, if different)							

								
TYPE OF BUSINESS STRUCTURE								
(check individual or complete partnership/corporation information)								
□ INDIVIDUAL □ PARTNERSHIP ☑ CORPORATION — STATE OF INCORPORATION WA (LP, LLP, LLC)								
NAME TITLE STOCK DISTRIBUTION OR PERCENTAGE OF SHARE								
MAME TITLE STOCK DISTRIBUTION OR PERCENTAGE OF SHARE futonic Cumps - 0 were - 100% Per utc Records								
TRANSFER OF PERMIT NUMBER								
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 PER	PERMIT: PERMIT NUMBER:							
Signature of current permit holder Date								
INSURANCE REQUIREMENTS (must check one)								
(Permit will not be issued until acceptable insurance is received)								
MOT HAUL hazardous materials in any quantity and WILL only operate vehicles less than 10,000 and Propounds gross weight rating—\$300,000 in Public Liability and Property Damage Insurance is required. You do not need to complete the Safety Fttness Survey.		applicant WILL UL hazardous in any quantity— In Public Liability erty Damage is required. a and submit the thess Survey— 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.				
EQUIPMENT LIST (Attach additional list if necessary)								
UNIT#	LICÈN		STATE		VIN#			
	A03153T		WA	IXPCDEGXE		5LD284896 1		
·	 							
е.	<u> </u>							
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) Date								
X Please email information to teampos 60 a charter								

ACORD

No. 1585 6 12 CERTIFICATE OF LIABILITY INSURANCE Poud

OP ID: AM DATE (MM/DD/YYY)

07/30/12

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 REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED 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). PRODUCER 360-293-2135 CONTACT RIS Insurance Services PHONE (A/C, No. Ext): E-MAIL ADDRESS: PRODUCER 360-293-2385 PO Box 1059 FAX (A/C, No): Anacortes, WA 98221 CUSTOMER ID M. T&RLE-1 INSURER(S) AFFORDING COVERAGE NAIC # INSURED T&R LEGACY LLC INSURER A : Progressive Insurance Cos. Caus (DE) 4812 Salvia Ct INSURER 8 : Pasco, WA 99301 INSURER C : INSURER D : INSURER E : INSURER F : **COVERAGES** CERTIFICATE NUMBER: **REVISION NUMBER:** THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. ADDL SUBR TYPE OF INSURANCE POLICY EFF POLICY EXP
(MM/DD/YYYY) (MM/DD/YYYY) POLICY NUMBER LIMITS GENERAL LIABILITY EACH OCCURRENCE \$ COMMERCIAL GENERAL LIABILITY DAMAGE TO RENTED PREMISES (Ea occurrence) CLAIMS-MADE OCCUR MED EXP (Any one person) \$ PERSONAL & ADV INJURY 5 GENERAL AGGREGATE 2 GEN'L AGGREGATE LIMIT APPLIES PER: PRODUCTS - COMP/OP AGG S PRO-POLICY \$ AUTOMOBILE LIABILITY COMBINED SINGLE LIMIT 1,000,000 \$ (Es accident) Δ ANY AUTO 07645157-0 09/28/11 09/28/12 BODILY INJURY (Per person) \$ ALL OWNED AUTOS BODILY INJURY (Per accident) 5 X SCHEDULED AUTOS PROPERTY DAMAGE HIRED AUTOS \$ (Per accident) NON-OWNED AUTOS 8 S UMBRELLA LIAB OCCUR EACH OCCURRENCE \$ EXCESS LIAB CLAIMS-MADE **AGGREGATE** S DEDUCTIBLE 5 RETENTION S \$ WORKERS COMPENSATION WC STATU-TORY LIMITS AND EMPLOYERS LIABILITY ANY PROPRIÉTOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDEO? E.L. EACH ACCIDENT N/A (Mandatory in NH) E.L. DISEASE - EA EMPLOYEE \$ If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT | \$ CARGO/BROAD FORM 07645157-0 09/28/11 09/28/12 1.000 10,000 PHYSICAL DAMAGE 07646157-0 09/28/11 09/28/12 \$500/1000 COMP & COLL DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) FAX 360-586-1181 **CERTIFICATE HOLDER** CANCELLATION WUTC000 SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN **WASHINGTON UTILITIES &** ACCORDANCE WITH THE POLICY PROVISIONS. TRANSPORTATION COMMISSION P.O. BOX 47250 AUTHORIZED REPRESENTATIVE OLYMPIA, WA 98504-7250