REINSTATEMEN 1 2012 12:44PM No. 5251 TENER LENGT PENER LENGT PROPERTY OF THE P

WASHINGTON UTILITIES AND TRANSPORTATION COM

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: 039406	Safety: 8-2-		Carrier ID#: m31233						
111 0268 200 02	Insurance: 6-8	-6-12	Employee: W						
TYPE OF APPLICATION (check one)									
New Common Carrier Permit Authority, or Transfer of Existing Permit Number		Extension of Common Carrier Permit Authority							
\$275 GENERAL COMMODITI		\$100 GENERAL COMMODITIES, including ARMORED CAR SERVICE							
\$275 GENERAL COMMODITIES ARMORDED CAR SERVICE		\$100 GENERAL COMMODITIES, including HAZARDOUS MATERIALS							
\$275 GENERAL COMMODITIE HAZARDOUS MATERIALS		\$100	GENERAL COMMODITIES, including HAZARDOUS MATERIALS and ARMORED CAR SERVICE						
\$275 GENERAL COMMODITIES HAZARDOUS MATERIALS an SERVICE	ES, including of armored car								
\$100 REINSTATEMENT OF CA (Must be filed within 10 months of c	RMIT For Commission Use, Oply: Auth #: 007216								
TYPE OF PAYMENT									
☐ Check ☐ Money Order ☐ Ame	x Discover D	Mestercard M V	sa Expiration Date						
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.									
authorized to execute and file this document	on behalf of the applicar	ent, certify that the nt, and that all info	following information is true and correct, that I ammation on file is current and valid.	m					
CERTIFICATION: I, the undersigned, under p authorized to execute and file this document of Name (printed): IERRY SOUR	on behalf of the applicar	ent, certify that the nt, and that all info	following information is true and correct, that I amend on file is current and valid.	m					
authorized to execute and file this document	on behalf of the applicar	nt, and that all info	following information is true and correct, that I amend on the is current and valid. 8 // / 2	m					
authorized to execute and file this document of Name (printed): 16884 Source Signature: 10144 Source S	on behalf of the applicar	nt, and that all infoDate: Title:(mation on file is current and valid. S///2 D(WWW)	m					
Name (printed): FREU DOUK Signature: FOILL FREU MO	on behalf of the applicant	Title: (WA UNI	mation on file is current and valid. S///2 CATION FIED BUSINESS IDENTIFIER (UBI) #:	m					
Name (printed): 16 RRU DOUR Signature: 40 JUL DOT# CC#: US DOT#	TOR CARRIER	Title: (WA UNI	mation on file is current and valid. S///2 CATION FIED BUSINESS IDENTIFIER (UBI) #:	m					
authorized to execute and file this document of Name (printed): Signature: MO CC#: US DOT# APPLICANT NAME:	TOR CARRIER	Title: (WA UNI WAC	mation on file is current and valid. S///2 CATION FIED BUSINESS IDENTIFIER (UBI) #: 560-936-2 PHONE#:	m					
authorized to execute and file this document of Name (printed): Signature: MO CC#: US DOT# APPLICANT NAME: TERRY SWANGE	TOR CARRIER	Title: (WA UNI WAC	Market on the is current and valid. Ship is current and valid.	m					
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authorized to execute and file this document of Name (printed): Signature: MO CC#: US DOT# APPLICANT NAME: TERRY SAME d/b/a: BUSINESS (MAILING) ADDRESS (street address, P.O. Box) (city, state, zip)	TOR CARRIER (if required) (if 48	Title: (WA UNI WAC	Market on the is current and valid. Ship is current and valid.	m					

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Signature of	f current permit					Date
	tr (perm	15UKA iit will no	NCE REQUIRE of be issued until a	EME	NTS (must check one table insurance is rece)) :
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 NOT HAUL hazardo materials in any qua \$750,000 in Public land Property Damage Insurance is require Complete and subm Safety Fitness Surve Section 1.		ne applicant WILL AUL hazardous als in any quantity— 00 in Public Liability operty Damage ace is required. ate and submit the Fitness Survey— 1.	The applicant WILL HAUL hazardous materials requiring		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.	
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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 TERRY BOUNDS of 105 LINDA STREET, ZILLAH, WA 98953-0000 a policy or policies of insurance effective from 08/06/2012 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 2nd day of August, 2012

Insurance Company File No. CA 01768852

(Policy Number)

(Authorized Company Representative

MC1633a(08/99)

IRB3539B