

PART A

TV# 121294

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)

done 8/24/12

FOR OFFICIAL USE ONLY

Reception Number: 039413

Safety:

Carrier ID#: 6994

111 0268 200 02 275.00

Insurance: Under Rec'd

Employee:

TYPE OF APPLICATION (check one)

New Common Carrier Permit Authority, or Transfer of Existing Permit Number

Extension of Common Carrier Permit Authority

\$275 GENERAL COMMODITIES ONLY

\$100 GENERAL COMMODITIES, including ARMORED CAR SERVICE

\$275 GENERAL COMMODITIES, including ARMORED 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 #:

TYPE OF PAYMENT

Check Money Order Amex Discover Mastercard Visa

Expiration Date

* BILLING Address ON THE CREDIT CARD IS P.O. BOX 88572, TUKWILA, WA 98138
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): BALDEV SINGH KHEHRA Date: 08/01/2012

Signature: Baldev Khehra Title: OWNER

MOTOR CARRIER IDENTIFICATION

CC#: 64673

US DOT# Under 10,000

WA UNIFIED BUSINESS IDENTIFIER (UBI) #: 602 937 822

APPLICANT NAME:

BALDEV SINGH KHEHRA

PHONE#: (206) 251-6330

d/b/a: COURIER EXPRESS

FAX #: (253) 239-3238

BUSINESS (MAILING) ADDRESS:

(street address, P.O. Box) 11449 SE 194th STREET

(city, state, zip) KENT, WA - 98031

PHYSICAL ADDRESS: (street address, if different)

BALDEV SINGH KHEHRA
page 2 of 2

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

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)

A permit will not be issued until acceptable insurance is received

- 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.
- 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.
- You will haul hazardous materials requiring \$1 million in Public Liability and Property Damage Insurance. You must complete Part C, Sections 1 and 2.
- 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#
	911XYD	WA	1N4AL11D63C175879

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.

Baldev Khehna
Signature(s)

08/01/2012
Date

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If "Non-revenue" appears after Tax Registration Number, the account is not registered with the Department of Revenue. However, it may be registered with other agencies in the state.

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Washington State Department of Revenue State Business Records Database Detail

TAX REGISTRATION NO: 602937822	ACCOUNT OPENED: 07/01/2012
UBI: 602937822	ACCOUNT CLOSED: OPEN
ENTITY NAME: KHEHRA BALDEV S	
BUSINESS NAME: BK TRUCKING COMPANY	
MAILING ADDRESS: PO BOX 88572 TUKWILA, WA 98138-2572	BUSINESS LOCATION: 11449 SE 194TH ST KENT, WA 98031-0009
ENTITY TYPE: SOLE PROPRIETOR	RESELLER PERMIT NO: N/A
	PERMIT EFFECTIVE: N/A
NAICS CODE: 484110	PERMIT EXPIRES: N/A
NAICS DEFINITION: GENERAL FREIGHT TRUCKING, LOCAL (PT)	

FOR NON-COMMERCIAL USE ONLY

08/02/2012 3:29 PM

If you are unable to find the reseller permit you are looking for, try searching by tax registration/UBI number.

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Access Washington

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Voter registration assistance (SECRETARY OF STATE)

6994

CERTIFICATE OF LIABILITY INSURANCE

American Family Insurance Company
 American Family Mutual Insurance Company if selection box is not checked.
 6000 American Pky Madison, Wisconsin 53783-0001

Insured's Name and Address
 Baldev Singh Khehra
 11449 SE 194th St
 Renton, WA 98055-7109

Agent's Name, Address and Phone Number (Agt./Dist.)
 Ben Conner (253) 840-6350
 1011 E Main Ste 206
 Puyallup, WA 98372-6776 (008/354)

This certificate is issued as a matter of information only and confers no rights upon the Certificate Holder.
 This certificate does not amend, extend or alter the coverage afforded by the policies listed below.

COVERAGES				
This is to certify that 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.				
TYPE OF INSURANCE	POLICY NUMBER	POLICY DATE		LIMITS OF LIABILITY
		EFFECTIVE (Mo, Day, Yr)	EXPIRATION (Mo, Day, Yr)	
Homeowners/ Mobilehomeowners Liability				Bodily Injury and Property Damage Each Occurrence \$,000
Boatowners Liability				Bodily Injury and Property Damage Each Occurrence \$,000
Personal Umbrella Liability				Bodily Injury and Property Damage Each Occurrence \$,000
Farm/Ranch Liability				Farm Liability & Personal Liability Each Occurrence \$,000 Farm Employer's Liability Each Occurrence \$,000
Workers Compensation and Employers Liability †				Statutory ***** Each Accident \$,000 Disease - Each Employee \$,000 Disease - Policy Limit \$,000
General Liability <input type="checkbox"/> Commercial General Liability (occurrence) <input type="checkbox"/> <input type="checkbox"/>				General Aggregate \$,000 Products - Completed Operations Aggregate \$,000 Personal and Advertising Injury \$,000 Each Occurrence \$,000 Damage to Premises Rented to You \$,000 Medical Expense (Any One Person) \$,000
Businessowners Liability				Each Occurrence†† \$,000 Aggregate†† \$,000
Liquor Liability				Common Cause Limit \$,000 Aggregate Limit \$,000
Automobile Liability <input type="checkbox"/> Any Auto <input checked="" type="checkbox"/> All Owned Autos <input type="checkbox"/> Scheduled Autos <input type="checkbox"/> Hired Auto <input type="checkbox"/> Nonowned Autos <input type="checkbox"/>	46-X18226-01-00	8/2/2012	8/2/2013	Bodily Injury - Each Person \$ 100 ,000 Bodily Injury - Each Accident \$ 300 ,000 Property Damage \$ 100 ,000 Bodily Injury and Property Damage Combined \$,000
Excess Liability <input type="checkbox"/> Commercial Blanket Excess <input type="checkbox"/>				Each Occurrence/Aggregate \$,000
Other (Miscellaneous Coverages) MP, UIM/PD, Camp/Coll				
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / RESTRICTIONS / SPECIAL ITEMS Courier				† The individual or partners shown as insured <input type="checkbox"/> Have <input type="checkbox"/> Have not elected to be covered as employees under this policy. †† Products-Completed Operations aggregate is equal to each occurrence limit and is included in policy aggregate.
CERTIFICATE HOLDER'S NAME AND ADDRESS			CANCELLATION	
• Washington Utilities & Transportation Commission PO Box 47250 Olympia, WA 98503			<input type="checkbox"/> Should any of the above described policies be cancelled before the expiration date thereof, the company will endeavor to mail * (days) written notice to the Certificate Holder named, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives. *10 days unless different number of days shown. <input checked="" type="checkbox"/> This certifies coverage on the date of issue only. The above described policies are subject to cancellation in conformity with their terms and by the laws of the state of issue.	
			DATE ISSUED 8/23/2012	AUTHORIZED REPRESENTATIVE