

# REINSTATEMENT

TY121356

## 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)

#### FOR OFFICIAL USE ONLY

|                                 |                                 |                          |
|---------------------------------|---------------------------------|--------------------------|
| Reception Number: <b>039482</b> | Safety: <b>8-23-12</b>          | Carrier ID#: <b>6647</b> |
| 111 0268 200 02 <b>100.00</b>   | Insurance: <b>Budon 8-23-12</b> | Employee: <b>KWC</b>     |

#### TYPE OF APPLICATION (check one)

| New Common Carrier Permit Authority, or Transfer of Existing Permit Number                                | Extension of Common Carrier Permit Authority  |
|---|---|
| <input type="checkbox"/> \$275 GENERAL COMMODITIES ONLY   | <input type="checkbox"/> \$100 GENERAL COMMODITIES, including ARMORED CAR SERVICE                         |
| <input type="checkbox"/> \$275 GENERAL COMMODITIES, including ARMORED CAR SERVICE                         | <input type="checkbox"/> \$100 GENERAL COMMODITIES, including HAZARDOUS MATERIALS                         |
| <input type="checkbox"/> \$275 GENERAL COMMODITIES, including HAZARDOUS MATERIALS                         | <input type="checkbox"/> \$100 GENERAL COMMODITIES, including HAZARDOUS MATERIALS and ARMORED CAR SERVICE |
| <input type="checkbox"/> \$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 #: **23321B**

#### TYPE OF PAYMENT

Check

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.

Name (printed): **Robert B. Martinez** Date: **8/15/12**  
 Signature: *[Handwritten Signature]* Title: **Owner**

#### MOTOR CARRIER IDENTIFICATION

|                   |                        |  |
|-------------------|------------------------|--|
| CC#: <b>64415</b> | US DOT# <b>2062239</b> | WA UNIFIED BUSINESS IDENTIFIER (UBI) #: <b>603-030-784</b> |
|-------------------|------------------------|--|

|   |                             |
|---|-----------------------------|
| APPLICANT NAME: <b>Robert B. Martinez</b> | PHONE#: <b>509-833-0984</b> |
|---|-----------------------------|

|                           |        |
|---------------------------|--------|
| d/b/a: <b>RB MARTINEZ</b> | FAX #: |
|---------------------------|--------|

BUSINESS (MAILING) ADDRESS: (street address, P.O. Box) **101 VAN Ave**

(city, state, zip) **Toppenish wa 98948**

PHYSICAL ADDRESS: (street address, if different) **8350 Ashue Rd**

**TYPE OF BUSINESS STRUCTURE**

(check individual or complete partnership/corporation information)

INDIVIDUAL     PARTNERSHIP     CORPORATION - STATE OF INCORPORATION \_\_\_\_\_  
(LP, LLP, LLC)

| <u>NAME</u>        | <u>TITLE</u> | <u>ADDRESS</u>                         | <u>STOCK DISTRIBUTION OR PERCENTAGE OF SHARE</u> |
|--------------------|--------------|--|--|
| Robert B. Martinez | owner        | 8350 Ashue Rd<br>Toppenish Wa<br>98948 | 100% <input checked="" type="checkbox"/>         |

**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— <b>\$300,000</b> 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 -- <b>\$750,000</b> 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 <b>\$1 million</b> 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 <b>\$5 million</b> 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#                |
|-------------|----------|-------|---------------------|
| 96 Kenworth | B 98930R | WA    | 1XKADB9X4TR 721 267 |
|             |          |       |                     |
|             |          |       |                     |

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)

8/15/12  
Date

6047




# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
08/21/2012

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 BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**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).

|  |  |
|--|--|
| <b>PRODUCER</b><br>Matthias Insurance Agency Inc<br>Gilbert L Matthias, Agent<br>219 S Toppenish Ave,<br>Toppenish, WA 98948<br> | <b>CONTACT NAME:</b> Sunshine<br><b>PHONE (A/C No, Ext):</b> 509-865-3095<br><b>E-MAIL ADDRESS:</b> Sunshine.M.Shirley.lej6@Statefarm.com<br><b>FAX (A/C No):</b> 509-865-3566 |
|  | <b>INSURER(S) AFFORDING COVERAGE</b><br>INSURER A : State Farm Mutual Automobile Insurance Company<br>INSURER B :<br>INSURER C :<br>INSURER D :<br>INSURER E :<br>INSURER F :  |
| <b>INSURED</b><br>Martinez, Robert B<br>8350 Ashue Rd<br>Toppenish, WA 98948-9781  | <b>NAIC #</b><br>25178   |

**COVERAGES**                      **CERTIFICATE NUMBER:**                      **REVISION NUMBER:**

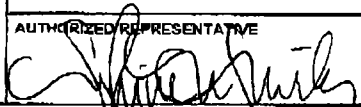
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE 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.

| INSR LTR | TYPE OF INSURANCE  | ADDL SUBR INSR WVD  | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS   |
|----------|--|---|---------------|-------------------------|-------------------------|--|
|          | GENERAL LIABILITY<br><input type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC |   |               |                         |                         | EACH OCCURRENCE \$<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$<br>MED EXP (Any one person) \$<br>PERSONAL & ADV INJURY \$<br>GENERAL AGGREGATE \$<br>PRODUCTS - COMPROP AGG \$ |
|          | AUTOMOBILE LIABILITY<br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> ALL OWNED AUTOS<br><input checked="" type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> HIRED AUTOS<br><input type="checkbox"/> NON-OWNED AUTOS   | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N                              | 47-2478-001   | 08/03/2012              | 02/03/2012              | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$                          |
|          | UMBRELLA LIAB<br>EXCESS LIAB<br>DED RETENTION \$   | <input type="checkbox"/> Y <input type="checkbox"/> N<br><input type="checkbox"/> CLAIMS-MADE |               |                         |                         | EACH OCCURRENCE \$<br>AGGREGATE \$   |
|          | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY<br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below  | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N<br>N/A                       |               |                         |                         | <input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER<br>E.L. EACH ACCIDENT \$<br>E.L. DISEASE - EA EMPLOYEE \$<br>E.L. DISEASE - POLICY LIMIT \$            |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

1996 Kenworth T600(1XKADB9X4TR721267)  
 1995 Farm Bed Eagle (49385B114627)

**CERTIFICATE HOLDER**                      **CANCELLATION**

|   |   |
|---|---|
| Washington Utilities and Transportation Commission<br>1300 S Evergreen Park, DR, SW<br>PO Box 47250<br>Olympia, WA 98504-7250 | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.<br><br>AUTHORIZED REPRESENTATIVE<br> |
|---|---|

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