

# REINSTATEMENT

N 121422

## 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>039570</b>	Safety:	Carrier ID#:
111 0268 200 02	Insurance: <i>Order rec'd</i>	Employee:

#### 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 #: **029520**

#### TYPE OF PAYMENT

Check  Money Order  Amex  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): **ANGIE GARZA** Date: **8/29/12**  
Signature: *Angie Garza* Title: **BOOKKEEPER**

#### MOTOR CARRIER IDENTIFICATION

CC#: **62488** US DOT# **19326050** WA UNIFIED BUSINESS IDENTIFIER (UBI) #: **602-648-8723360**  
APPLICANT NAME: **IGNACIO AYALA** PHONE#: **(509) 348-8723**  
d/b/a: **SALUANO TRUCKING** FAX#: **(509) 488-2084**  
BUSINESS (MAILING) ADDRESS: (street address, P.O. Box) **640 S. TAYLOR RD.**  
(city, state, zip) **OTHELLO, WA 99344**  
PHYSICAL ADDRESS: (street address, if different) **SAME**

**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
IGNACIO	AYALA	OWNER 100%

**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: N/A PERMIT NUMBER: \_\_\_\_\_

Signature of current permit holder

Date

**INSURANCE REQUIREMENTS (must check one)**  
(Permit will not be issued until acceptable insurance is received)

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 WILL NOT HAUL hazardous materials in any quantity - \$750,000 in Public Liability and Property Damage Insurance is required. Complete and submit the Safety Fitness Survey - Section 1.

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#	LICENSE#	STATE	VIN#
01	A34331F	WA	1XPCDB9X0H0250483

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.

Ignacio Ayala  
Signature(s)

8/29/12  
Date

**ACORD** Pending

M 4/6/15

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
9/5/2012

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> Sloan-Leavitt Insurance Agency, Inc. PO Box 449 91 South 6th Ave. Othello WA 99344		<b>CONTACT NAME:</b> Carolyn Beus <b>PHONE (A/C No. Ext):</b> (509) 488-9623 <b>FAX (A/C No.):</b> (509) 488-2143 <b>E-MAIL ADDRESS:</b> carolyn-beus@leavitt.com <b>PRODUCER CUSTOMER ID #:</b> 00003099	
<b>INSURED</b> IGNACIO AYALA DBA: SAHUAYO TRUCKING 640 S Taylor Rd Othello WA 99344		<b>INSURER(S) AFFORDING COVERAGE</b>	
		<b>INSURER A:</b> Progressive	<b>NAIC #</b> 024260
		<b>INSURER B:</b>	
		<b>INSURER C:</b>	
		<b>INSURER D:</b>	
		<b>INSURER E:</b>	
		<b>INSURER F:</b>	

**COVERAGES**      **CERTIFICATE NUMBER:** CL129502813      **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 INSR	INSR YWYD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>GENERAL LIABILITY</b>						
	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE \$
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$
							MED EXP (Any one person) \$
							PERSONAL & ADV INJURY \$
							GENERAL AGGREGATE \$
							PRODUCTS - COM/POP AGG \$
							\$
	<b>GEN'L AGGREGATE LIMIT APPLIES PER:</b>						
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						
A	<b>AUTOMOBILE LIABILITY</b>			01811197-0	8/28/2012	2/28/2013	
	<input type="checkbox"/> ANY AUTO						COMBINED SINGLE LIMIT (Ea accident) \$ 750,000
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per person) \$ 100,00
	<input checked="" type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per accident) \$ 100,00
	<input type="checkbox"/> HIRED AUTOS						PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> NON-OWNED AUTOS						Business Auto \$
							Underinsured Motorist \$ 300,000
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR						EACH OCCURRENCE \$
	<b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE						AGGREGATE \$
	<b>DEDUCTIBLE</b>						\$
	<b>RETENTION \$</b>						\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>						
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		Y/N				WC STATUTORY LIMITS OTH-ER
	If yes, describe under DESCRIPTION OF OPERATIONS below			N/A			E.L. EACH ACCIDENT \$
							E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$

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

**CERTIFICATE HOLDER**

(360) 586-1181

WUTC  
1300 S. Evergreen Park Drive  
PO BOX 47250  
Olympia, WA 98504-7250

**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Carolyn Beus