

REINSTATEMENT

TV 121435

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 9/10/12

FOR OFFICIAL USE ONLY

Reception Number: 039580	Safety:	Carrier ID#: <i>6605</i>
111 0268 200 02 <i>100.00</i>	Insurance: <i>OK</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 #: *B7 0096*

TYPE OF PAYMENT

MasterCard

Check Money Order Amex Discover Mastercard Visa 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): *Miguel Salcedo* Date: *8-29-12*

Signature: *Miguel Salcedo* Title: *Owner*

MOTOR CARRIER IDENTIFICATION

CC#: <i>64379</i>	US DOT#: <i>2184645</i>	WA UNIFIED BUSINESS IDENTIFIER (UBI) #: <i>603138252</i>
APPLICANT NAME: <i>Miguel Salcedo</i>		PHONE#: <i>(509) 830-2177</i>
d/b/a: <i>M. Salcedo Trucking</i>		FAX #: <i>(509) 854-1839</i>
BUSINESS (MAILING) ADDRESS: (street address, P.O. Box) <i>P.O. Box 954</i>		
(city, state, zip) <i>Granger wa 98932</i>		
PHYSICAL ADDRESS: (street address, if different) <i>1080 Hudson Rd, Granger wa 98932</i>		

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**

Miguel Salcedo Owner P.O. Box 9154 Granger WA 98932

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--\$300,000 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 -- <u>\$750,000</u> 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 <u>\$1 million</u> 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 <u>\$5 million</u> 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#
107	A91477P	WA	1X1KWD169X4YR853403

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.

Miguel Salcedo
Signature(s)

8-29-12
Date

Pending

10605

ACCEPTABLE ONLY IF DOCKET NUMBER CERTIFICATE NUMBER OR PERMIT NUMBER IS SPECIFIED. No. _____

Approved _____

Form E

UNIFORM MOTOR CARRIER BODILY INJURY AND PROPERTY
DAMAGE LIABILITY CERTIFICATE OF INSURANCE
(Executed in Triplicate)

Filed with WUTC (Name of Commission) (hereinafter called Commission)

This is to certify, that the ZURICH AMERICAN INSURANCE COMPANY (Name of Company)
(hereinafter called Company) SCHAUMBURG, IL (Home Office Address of Company)

has issued to MIGUEL SALCEDO (Name of Motor Carrier) to PO BOX 954 GRANGER, WA 98932 (Address of Motor Carrier)

a policy or policies of insurance effective from AUGUST 22, 2012 12:01 A.M. standard time at the address of the insured stated in said policy or policies and continuing until canceled 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 herewith.

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 canceled without cancellation of the policy to which it is attached. Such cancellation may be affected 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 1333 S RUSTLE RD (Street Address) SPOKANE (City) WA (State) 99224 (Zip Code)

this 10TH day of SEPTEMBER 2012

Tom Cochran

NS. CO. ID# _____

Insurance Company File No. PRA-9015499 (Policy Number)

(Authorized Company Representative)
PO BOX 19150 SPOKANE, WA 99219 (Address of Authorized Company Representative)