

REINSTATEMENT

TV121473

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 9/11/12

FOR OFFICIAL USE ONLY

Reception Number: 039606	Safety: <i>[Signature]</i>	Carrier ID#: 4748
111 0268 200 02 100.00	Insurance: <i>[Signature]</i>	Employee: <i>[Signature]</i>

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 # **001309**

TYPE OF PAYMENT

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): Claro Avelar Date: 9-6-12
 Signature: *Claro Avelar* Title: Owner

MOTOR CARRIER IDENTIFICATION

CC#: <u>063004</u>	US DOT#: <u>1797643</u>	WA UNIFIED BUSINESS IDENTIFIER (UBI) #: <u>602 852 360</u>
APPLICANT NAME: <u>Claro Avelar</u>		PHONE#: <u>509-438-8500</u>
d/b/a: <u>C.A. Trucking</u>		FAX #: <u>509-545-5325</u>
BUSINESS (MAILING) ADDRESS: (street address, P.O. Box) <u>P.O. Box 189 Pasco WA 99301</u> (city, state, zip) <u>PASCO, WA 99301</u>		
PHYSICAL ADDRESS: (street address, if different) <u>625 Madrona Ave Pasco, WA 99301</u>		

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**
Clara Avelar Driver/owner

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 checked="" 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— <u>\$300,000</u> in Public Liability and Property Damage Insurance is required. You do not need to complete the Safety Fitness Survey. | <input 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#
#1	A840514	Washington	TFUPYDYB9CH208784
#2	B12269W	Washington	TFU43EDBXT714385

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.

Clara Avelar
Signature(s)

9-6-12
Date



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
9/4/2012

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).

PRODUCER The Simmons Agency PO Box 808 702 E Main Street Hermiston OR 97838	CONTACT NAME: Simmons Truckers Inc PHONE (A/C No. Ex): (541) 567-6271 FAX (A/C No.): (541) 567-2113 E-MAIL ADDRESS: _____ INSURER(S) AFFORDING COVERAGE INSURER A: United Financial Casualty Comp INSURER B: _____ INSURER C: _____ INSURER D: _____ INSURER E: _____ INSURER F: _____
INSURED Claro Avelar DBA: C A Trucking 625 N. Madrona Pasco WA 99301	NAIC # _____

COVERAGES **CERTIFICATE NUMBER: CL129405889** **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	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR _____ GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ _____ \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			01821140-0	9/4/2012	3/4/2013	COMBINED SINGLE LIMIT (Ea accident) \$ 750,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ _____ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED _____ RETENTION \$ _____						EACH OCCURRENCE \$ AGGREGATE \$ _____ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				WC STATU-TORY LIMITS _____ OTH-ER _____ E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Motor Truck Cargo			01821140-0	9/4/2012	3/4/2013	\$10,000 Limit \$500 DED

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

1982 FROHT VIN#1FUPYDYB9CH208784
 1996 FROHT VIN#1FUYP3EDBXT714385

CERTIFICATE HOLDER

CANCELLATION

Washington UTC PO Box 47250 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. AUTHORIZED REPRESENTATIVE
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