TV# /30/3

PART A

WASHINGTON UTILITIES AND TRANSPORTATION COMMISSIOR ECEIVE 1300 S Evergreen Park Dr SW, PO Box 47250, Olympia, WA 98504-7250 Telephone (360) 664-1222 – Fax (360) 586-1181

Intrastate Common Carr	ier Op	erating	Authority	,			N 3 0 2013
APPLICATION	_				MA	1 42	IT O TO -
(excluding Household Goods a						O11. C	IT & TP COM
FOR OFFICIA	L USE	ONLY		10#	714	de	
Reception Number: 043433 Safety:	, <u>a</u>		Parrier		46	$\zeta \downarrow$	
111 0268 200 02 775.00 Insurance()			Employ	ye ¢ :			
TYPE OF APPLICA)	
New Common Carrier Permit Authority, or Transfer of Existing Permit Number	Exter	nsion o	f Common	Carrie	r Per	mix A	uthority
\$275 GENERAL COMMODITIES ONLY		\$100	GENERAL COMMODITIES, including ARMORED CAR SERVICE				ıding
\$275 GENERAL COMMODITIES, including ARMORDED CAR SERVICE		\$100	GENERAL COMMODITIES, including HAZARDOUS MATERIALS				ıding
\$275 GENERAL COMMODITIES, including HAZARDOUS MATERIALS	\$100 GENERAL COMMODITIES, in HAZARDOUS MATERIALS and ARI SERVICE						
\$275 GENERAL COMMODITIES, INCLUDING HAZARDOUS MATERIALS and ARMORED CAR SERVICE						· .	
\$100 REINSTATEMENT OF CANCELLED COMMO (Must be filed within 10 months of cancellation)	N CARI	RIER PE	RMIT	For Cor Auth #	nmissior t	n Use C	enty:
TYPE OF	PAYM	ENT					
☑ Check ☐ Money Order ☐ Amex ☐ Discover ☐	Mastero	ard D V	isa	Expir	ation D	ate_	
		l					<u> </u>
CERTIFICATION: I, the undersigned, under penalty for false that I am authorized to execute and file this document on be valid.	ehalf of th	ne applica	int, and that all	informatio	on on th	e is cui	rrent and
Name (printed): Red Ui Jun	Date: JAN 28, 2013						
Signature:	-	Title:	OWY	ner			
MOTOR CARRIER	RIDEN	TIFICA	TION				
CC#: 64809 US DOT# 10,000	WA UNIFIED BUSINESS IDENTIFIER (UBI) #: 601 348 585						
APPLICANT NAME: Red Will) UN PHONE#: 206) 747-053.							538
d/b/a: Highway Express not	region	Here	FAX#: duhde	ı Ul.	31		
BUSINESS (MAILING) ADDRESS: (street address, P.O. Box)	J 33	6th 5	it Al		12		
(city, state, zip) Federal Wa)	Wa	980	03			
PHYSICAL ADDRESS: (street address, if different)	•		·····	·			
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\T\ 1\1000				nership/corporation in		му			
₩ INDIVIDUA	L L PAF	KINERSHI		ATION (LP, LLP, LLC)					
			SIAIEO	F INCORPORATION					
NAME	TIT	TLE ADDRESS			STOCK DISTRIBUTION OR				
			· · · · · · · · · · · · · · · · · · ·		PER	RCENTAGE OF SHARE			
Réd ui Jui	n ow	ner	2100 5 3	336th st Apt M2	2 Fide	ern way wa 95 co.3			
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		TR	ANSFER OF PE	ERMIT NUMBER					
Complete this s	ection if you	are transfe	erring an existing pe	ermit to a new owner.	List na must sig	rme of <u>current</u> permit gn below to authorize the			
	of the permit			F	- 3 - 3	-			
	•				7841 7 ***	IMPED:			
NAME ON PER	MII:			PEF	KIVIII NU	JMBER:			
					_				
Signature of c						Date			
		NSURAN		MENTS (must chec					
	A pe	ermit will no	ot be issued until ac	cceptable insurance is					
☑ You will not h			ill not haul	☐ You will haul	_]	You will haul			
hazardous mate	•		us materials in	hazardous materials requiring \$1 million i	1	hazardous materials requiring \$5 million in			
quantity. You w operate vehicle	•		ntity. You will vehicles with a	requiring \$1 million Public Liability and	"'	Public Liability and			
GVWR of less t			f 10,000 pounds	Property Damage	1	Property Damage			
pounds. You ma		1	You must obtain	Insurance. You mus					
\$300,000 in Pu			in Public Liability	complete Part C, Se		complete Part C,			
and Property D	amage	and Prop	and Property Damage 1 and 2.		ì	Sections 1 and 2.			
Insurance. You			e. You must	1					
need to comple		complete			W				
i iku-u				h additional pages i		sary) /IN#			
UNIT#	LICEN								
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			<u> </u>						
			Signa	ture					
			pres prince		1 10	malify the mouth made of the			
I, as applicant	, understan	d that the	tiling of this appli	ication does not in it	tself col	ristitute authority to			
operate and th	nat no opera	ations may	y pe conducted u	ritii a permit is recei	ived Troi	m the Commission. I			
		ı tnat the i.	rirormation contai	mea in this applicati	ion is th	ue to the best of my			
knowledge an	a Dellet.								
		STATE OF THE PARTY.			γ Α	, 20 2012			
				 -	700	28,2013			
	Signat	ure(s)				Date			
			5						
			9						



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

01/28/2013

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).

certificate holder in lieu of such endors	ement(s	3).	CONTACT				· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		
Vern Fonk Insurance Services Inc			NAME: MARC PEREZ							
			(A/C, No. Ext):		59-4894		(A/C, No): 206	-859-4899		
23830 Pacific Hwy S Ste	€ 104		ADDRESS:	marc	@vernfonk.c	om				
Kent, WA 98032			INS	URER(S) AFFOR	DING COVERAGE		NAIC#			
			INSURER A: Victoria Fire and Casualty					42889		
INSURED			INSURER B :							
RED U JUN			INSURER C :							
2100 S 336TH ST UNIT I	M2		INSURER D :							
FEDERAL WAY, WA 98003			INSURER E :							
		INSURER F:								
		E NUMBER: 00128394-8				REVISION NUI				
THIS IS TO CERTIFY THAT THE POLICIES O INDICATED. NOTWITHSTANDING ANY REQ CERTIFICATE MAY BE ISSUED OR MAY PER EXCLUSIONS AND CONDITIONS OF SUCH PARTY.	UIREME RTAIN, TI POLICIES	NT, TERM OR CONDITION O HE INSURANCE AFFORDED S. LIMITS SHOWN MAY HAVE	F ANY CONT BY THE POLI BEEN REDU	RACT OF CIES DE ICED BY	ROTHER DOC SCRIBED HER PAID CLAIMS	UMENT WITH RE	SPECT TO W	HICH THIS		
NSR LTR TYPE OF INSURANCE	ADDL SUB	POLICY NUMBER	POL (MM/	JCY EFF DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS			
COMMERCIAL GENERAL LIABILITY CLAIMS-MADE OCCUR						EACH OCCURRENT DAMAGE TO RENT PREMISES (Ea occ MED EXP (Any one	ED surrence) \$	·		
						PERSONAL & ADV				
						GENERAL AGGRE				
GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COM				
POLICY PRO- JECT LOC						11000010-001	\$			
A AUTOMOBILE LIABILITY	N N	9216758	09/0	1/2012	09/01/2013	COMBINED SINGL	E LIMIT	300,000		
ANY AUTO	" "	0210700	09/0	112012	09/01/2013	(Ea accident) BODILY INJURY (P	er person) \$	300,000		
ALL OWNED SCHEDULED						BODILY INJURY (F				
X HIRED AUTOS X AUTOS NON-OWNED AUTOS						PROPERTY DAMA	· · · · · · · · · · · · · · · · · · ·	200.000		
A HIRED AUTOS A AUTOS						(Per accident)	\s	300,000		
UMBRELLA LIAB COCUR				-		 		 		
H-ya-aa H OCCUR						EACH OCCURREN				
CLAINS-INADE						AGGREGATE	\$			
DED RETENTION \$ WORKERS COMPENSATION						WC STATU-	S OTH-			
AND EMPLOYERS' LIABILITY						TORY LIMITS	l ler			
	N/A					E.L. EACH ACCIDE	NT \$			
(Mandatory In NH) If yes, describe under						E.L. DISEASE - EA	EMPLOYEE \$			
DÉSCRIPTION OF OPERATIONS below						E.L. DISEASE - PO	LICY LIMIT \$			
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICL Washington State UTC E-Filing is in #3FAFP13P01R208343	ES (Attac	h ACORD 101, Additional Remarks with the auto policy. (Schedule, if mo Covered ve	re space is hicle:	s required) 2001 FORD	ESCORT, VII	N			
CERTIFICATE HOLDER			CANCELL	ATION						
WUTC 1300 S. Evergreen Park OLYMPIA, WA 98504-72	N	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.								
ULTIVIFIA, VVA 985U4-725U				© 1988-2010 ACORD CORPORATION. All rights reserve						