

PART A

TV# 130287

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

2/27/13

APPLICATION FOR PERMIT

(excluding Household Goods and Common Carrier Brokers)

CASH

FOR OFFICIAL USE ONLY

Reception Number: 044175

Safety:

Carrier ID#: 1201

111 0268 200 02

279.00

Insurance: Underwritten

Employee:

TYPE OF APPLICATION (check one)

New Common Carrier Permit Authority, or Transfer of Existing Permit Number

Extension of Common Carrier Permit Authority

\$275 GENERAL COMMODITIES ONLY

\$100 GENERAL COMMODITIES, including ARMORED CAR SERVICE

\$275 GENERAL COMMODITIES, including ARMORED CAR SERVICE

\$100 GENERAL COMMODITIES, including HAZARDOUS MATERIALS

\$275 GENERAL COMMODITIES, including HAZARDOUS MATERIALS

\$100 GENERAL COMMODITIES, including HAZARDOUS MATERIALS and ARMORED CAR SERVICE

\$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 #:

TYPE OF PAYMENT CASH

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):

Christine L. Dekoning Date: 2-22-13

Signature:

Christine L. Dekoning

Title:

MOTOR CARRIER IDENTIFICATION

CC#:

64841

US DOT#

Under 10,000

WA UNIFIED BUSINESS IDENTIFIER (UBI) #:

602-198-174-1-0

APPLICANT NAME:

Christine L. Dekoning

PHONE#:

253-324-2025

d/b/a:

CT-Services

BAX #:

n/a

BUSINESS (MAILING) ADDRESS:

(street address, P.O. Box)

9107 madrone Cr. W

(city, state, zip)

University PL. WA 98467

PHYSICAL ADDRESS: (street address, if different)

Same

TYPE OF BUSINESS STRUCTURE

(check individual or complete partnership/corporation information)

INDIVIDUAL PARTNERSHIP CORPORATION (LP, LLP, LLC)

STATE OF INCORPORATION _____

NAME

TITLE

ADDRESS

STOCK DISTRIBUTION OR PERCENTAGE OF SHARE

Sole proprietor
Christine Dekoning

9107 Madrone U.W
University PL WA 98467

0

TRANSFER OF PERMIT NUMBER

n/a

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)

A permit will not be issued until acceptable insurance is received

You will not haul hazardous materials in any quantity. You will only operate vehicles with a GVWR of less than 10,000 pounds. You must obtain \$300,000 in Public Liability and Property Damage Insurance. You do not need to complete Part B.

You will not haul hazardous materials in any quantity. You will operate vehicles with a GVWR of 10,000 pounds or more. You must obtain \$750,000 in Public Liability and Property Damage Insurance. You must complete Part B.

You will haul hazardous materials requiring \$1 million in Public Liability and Property Damage Insurance. You must complete Part C, Sections 1 and 2.

You will haul hazardous materials requiring \$5 million in Public Liability and Property Damage Insurance. You must complete Part C, Sections 1 and 2.

MOTOR VEHICLE LIST (Attach additional pages if necessary)

| UNIT# | LICENSE# | STATE | VIN# |
|-------|----------|-------|-------------------|
| 1 | | WA | KNDMG4C73C6466780 |
| | | | |
| | | | |

Signature

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.

Christine Dekoning
Signature(s)

2-22-13
Date



VEHICLE OR EQUIPMENT CERTIFICATE OF INSURANCE

DATE (MM/DD/YYYY)
02/27/2013

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.

This form is used to report coverages provided to a single specific vehicle or equipment. Do not use this form to report liability coverage provided to multiple vehicles under a single policy. Use ACORD 25 for that purpose.

| | | | | |
|---|--|--|--|-----------------------|
| PRODUCER State Farm MARSHA MOODY INS AGCY INC 6706 24TH ST W, SUITE B UNIVERSITY PLACE, WA 98466 | | CONTACT NAME: WENDY JENSEN PHONE (A/C, No, Ext): E-MAIL: ADDRESS: PRODUCER CUSTOMER ID #: | | FAX (A/C, No): |
| INSURED CHRISTINE L DEKONING 9107 MADRONE CIRCLE W UNIVERSITY PLACE, WA 98467 | | INSURER(S) AFFORDING COVERAGE | | NAIC # |
| | | INSURER A: STATE FARM MUTUAL | | |
| | | INSURER B: | | |
| | | INSURER C: | | |
| | | INSURER D: | | |
| | | INSURER E: | | |

| DESCRIPTION OF VEHICLE OR EQUIPMENT | | | | |
|-------------------------------------|-----------------------------------|------------------------|-------------------------|---|
| YEAR 2012 | MAKE / MANUFACTURER KIA | MODEL SEDONA | BODY TYPE VAN | VEHICLE IDENTIFICATION NUMBER KNDMG4C73C6466780 |
| DESCRIPTION VAN | | | SERIAL NUMBER | |

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

THIS IS TO CERTIFY THAT THE POLICY(IES) OF INSURANCE LISTED BELOW HAS/HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD(S) INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICY(IES).

| INSR LTR | ADDL INSRD | LOSS PAYEE | TYPE OF INSURANCE | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YYYY) | POLICY EXPIRATION DATE (MM/DD/YYYY) | LIMITS | |
|----------|------------|------------|---|---------------|------------------------------------|-------------------------------------|--|--|
| A | | | <input checked="" type="checkbox"/> VEHICLE LIABILITY | 47-2804-TBA | 02/22/2013 | 08/22/2013 | COMBINED SINGLE LIMIT | \$ |
| | | | <input type="checkbox"/> GENERAL LIABILITY | | | | BODILY INJURY (Per person) | \$ 100,000 |
| | | | <input type="checkbox"/> OCCURRENCE | | | | BODILY INJURY (Per accident) | \$ 300,000 |
| | | | <input type="checkbox"/> CLAIMS MADE | | | | PROPERTY DAMAGE | \$ 50,000 |
| | | | | | | | EACH OCCURENCE | \$ |
| | | | | | | | GENERAL AGGREGATE | \$ |
| | | | | | | | | \$ |
| INSR LTR | LOSS PAYEE | | TYPE OF INSURANCE | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YYYY) | POLICY EXPIRATION DATE (MM/DD/YYYY) | LIMITS / DEDUCTIBLE | |
| | | | <input type="checkbox"/> VEH COLLISION LOSS | | | | <input type="checkbox"/> ACV | <input type="checkbox"/> AGREED AMT \$ LIMIT |
| | | | <input type="checkbox"/> VEH COMP | | | | <input type="checkbox"/> STATED AMT \$ DED | |
| | | | <input type="checkbox"/> VEH OTC | | | | <input type="checkbox"/> ACV | <input type="checkbox"/> AGREED AMT \$ LIMIT |
| | | | <input type="checkbox"/> PROPERTY | | | | <input type="checkbox"/> STATED AMT \$ DED | |
| | | | <input type="checkbox"/> BASIC | | | | <input type="checkbox"/> ACV | <input type="checkbox"/> AGREED AMT \$ LIMIT |
| | | | <input type="checkbox"/> BROAD | | | | <input type="checkbox"/> RC | <input type="checkbox"/> STATED AMT \$ DED |
| | | | <input type="checkbox"/> SPECIAL | | | | <input type="checkbox"/> | \$ |

REMARKS (INCLUDING SPECIAL CONDITIONS / OTHER COVERAGES) (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

ADDITIONAL INTEREST **CANCELLATION**

Select one of the following:

The additional interest described below has been added to the policy(ies) listed herein by policy number(s). A request has been submitted to add the additional interest described below to the policy(ies) listed herein by policy number(s).

VEHICLE / EQUIPMENT INTEREST: LEASED FINANCED

NAME AND ADDRESS OF ADDITIONAL INTEREST

UTILITIES & TRANSPORTATION COMMISSION
P.O. BOX 47250
OLYMPIA, WA 98504

Attch: Tina

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

DESCRIPTION OF THE ADDITIONAL INTEREST

ADDITIONAL INSURED LOSS PAYEE

LENDER'S LOSS PAYEE

LOAN / LEASE NUMBER

AUTHORIZED REPRESENTATIVE

Wendy Jensen