

PART A

TV# 130298

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)

RECEIVED

FEB 27 2013

CK# 3226

WASH. UT & TP COMM

FOR OFFICIAL USE ONLY

Reception Number: 111 0268 200 02	Safety: 044199 275.00	Carrier ID#: 1505 1205
Insurance:	Employee:	

TYPE OF APPLICATION (check one)

<input checked="" type="checkbox"/> New Common Carrier Permit Authority, or Transfer of Existing Permit Number	<input type="checkbox"/> Extension of Common Carrier Permit Authority
<input checked="" 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 #:

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): PEDRO M. SALINAS Date: 02/25/13

Signature: [Signature] Title: OWNER

MOTOR CARRIER IDENTIFICATION

CC#: 64044 US DOT#: Under 10,000 WA UNIFIED BUSINESS IDENTIFIER (UBI) #: 603 214 561

APPLICANT NAME: PEDRO SALINAS PHONE#: (253) 548-5534

d/b/a: 08/30/69 Pedro Salinas Deliveries FAX #: E-MAIL: recordatps@yahoo.com

BUSINESS (MAILING) ADDRESS: 5617 75th. AVE CT. WEST UNIVERSITY PLACE, 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 _____

<u>NAME</u>	<u>TITLE</u>	<u>ADDRESS</u>	<u>STOCK DISTRIBUTION OR PERCENTAGE OF SHARE</u>
Pedro Salinas	Owner	5617 75th. Ave Ct. W University Place WA 98467	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: _____ PERMIT NUMBER: _____

Signature of current permit holder

Date

INSURANCE REQUIREMENTS (must check one)

A permit will not be issued until acceptable insurance is received

- | | | | |
|--|--|---|---|
| <input checked="" type="checkbox"/> 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. | <input type="checkbox"/> 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. | <input type="checkbox"/> You will haul hazardous materials requiring \$1 million in Public Liability and Property Damage Insurance. You must complete Part C, Sections 1 and 2. | <input type="checkbox"/> 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#
01	B73003W	WA	1FTRE14W66HB13331

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.



Signature(s)

02/25/13

Date

PS.

WASHINGTON INSURANCE IDENTIFICATION CARD

COMPANY NUMBER COMPANY COMMERCIAL PERSONAL
19232 Allstate Insurance Company
POLICY NUMBER EFFECTIVE DATE EXPIRATION DATE
648562745 12-15-2012 12-15-2013
YEAR MAKE/MODEL VEHICLE IDENTIFICATION NUMBER
2006 FORD ECONOLINE 1FTRE14W66HB13331
AGENCY/COMPANY ISSUING CARD
LARSON FINANCIAL
3560 BRIDGEPORT WY W STE A2 A2
UNIVERSITY PLACE, WA 98466

INSURED
PEDRO SALINAS
3012 S WARNER ST
TACOMA, WA 98409-4812

IDCARDWA 10-11
SEE IMPORTANT NOTICE ON REVERSE SIDE

Pedro Salinas
Deliveries
(253) 548.5534
recordaris@yahoo.com

25571004150001

PS.

PEDRO MARTIN SALINAS
PEDRO SALINAS DELIVERIES
3012 S WARNER ST
TACOMA WA 98409-4812

004150

DETACH BEFORE POSTING



STATE OF
WASHINGTON

BUSINESS LICENSE

Sole Proprietorship

Unified Business ID #: 603 214 561
Business ID #: 1
Location: 1

PEDRO MARTIN SALINAS
PEDRO SALINAS DELIVERIES
3012 S WARNER ST
TACOMA WA 98409 4812

TAX REGISTRATION

REGISTERED TRADE NAMES:
PEDRO SALINAS DELIVERIES


This document lists the registrations, endorsements, and licenses authorized for the business named above. By accepting this document, the licensee certifies the information on the application was complete, true, and accurate to the best of his or her knowledge, and that business will be conducted in compliance with all applicable Washington state, county, and city regulations.

Brad Flaherty
Director, Department of Revenue

WA
USA

WASHINGTON DRIVER LICENSE



4d LIC# **SALINPM317NT** DONOR 
1 **SALINAS TOLEDO**
2 **PLDRO MARTIN**
3 DOB **08-30-1969** 4a ISS **02-19-2013**
5 **5617 75TH AVENUE CT W**
UNIVERSITY PLACE WA 98467-4513
15 Sex **M** 16 Hgt **6-00**
17 Wgt **230** 18 Eyes **BRN**
9 Class 9a End **NONE** 4b Exp **08-30-2016**
12 Restrictions **NONE**



TEMP EXP 04-05-2013

5 DD SALINPM317NT33130503G1641

Rev 09-16-2009

ACORD™ CERTIFICATE OF LIABILITY INSURANCE		DATE (MM/DD/YYYY) 03/12/13
PRODUCER LARSON FINANCIAL & INSURANCE 3560 BRIDGEPORT WAY STE 2A UNIVERSITY PLACE, WA 98466		THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.
INSURED Pedro Salinas 3012 S Warner St Tacoma, WA 98409		INSURERS AFFORDING COVERAGE INSURER A: ALLSTATE INSURANCE COMPANY INSURER B: INSURER C: INSURER D: INSURER E:
		NAIC #

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR	INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
		GENERAL LIABILITY COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" 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 - COM/PO/ AGG \$
A		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	917687571	12/15/2012	12/15/2013	COMBINED SINGLE LIMIT (Ea accident) \$ 750,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				<input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
		OTHER				

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

DESCRIPTION OF RISK: COMMERCIAL AUTO

CERTIFICATE HOLDER <input checked="" type="checkbox"/> WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION P.O. BOX 47250 OLYMPIA WA 98504	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE
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[Signature]
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Allstate
You're in good hands.

Larson Financial & Insurance

FACSIMILE TRANSMITTAL SHEET

TOTAL NUMBER OF PAGES: 2

TO:
Att: Susan

FROM:
Kevin Klein

COMPANY:
Allstate

DATE:
3/21/2013

FAX NUMBER:
1 360 586 1181

SENDER'S FAX NUMBER:
253-565-8895

PHONE NUMBER:

SENDER'S PHONE NUMBER:
253-565-8890

E-MAIL ADDRESS
kevinklein@allstate.com

✓ URGENT

PLEASE RECYCLE

NOTES/COMMENTS:

Please see attached for Pedro Salinas.

State Filing has been made through Allstate and Form E generates from Chicago Headquarters from underwriting and should be received by you soon.

If anything else is needed please let me know.

Thank you

Kevin



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