

PART A

TV# 30348

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)

VISA

done 4/2/13

FOR OFFICIAL USE ONLY

Reception Number: 044276

Safety: N/A

Carrier ID#: 7213

111 0268 200 02 276.00

Insurance: [signature]

Employee: [signature]

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 #: 057160

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): Natalia Zayshlyy

Date: 02.22.13

Signature: [signature]

Title: Driver

MOTOR CARRIER IDENTIFICATION

CC#: 64858

US DOT#: Under 10,000

WA UNIFIED BUSINESS IDENTIFIER (UBI) #: 602 429 370

APPLICANT NAME: Valeriy Zayshlyy

PHONE#: (253) 389-7655

d/b/a: ~~Driver~~ Valeriy Medical Service Delivery

FAX #: (253) 277-1593

BUSINESS (MAILING) ADDRESS: 5924 S 232nd Ct Kent WA 98032

PHYSICAL ADDRESS: (street address, if different)

**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>
Valeriy Medical Service Delivery	Driver	5924 S 232nd Ct Kent WA 98032	

**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

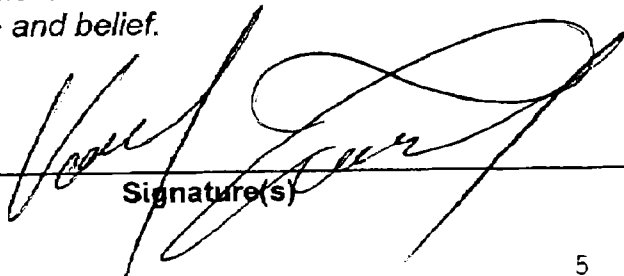
- |  |  |   |   |
|--|--|---|---|
| <input checked="" type="checkbox"/> You will not haul hazardous materials in any quantity. You will only operate vehicles with a GVWR of less than 10,000 pounds. You must obtain \$300,000 in Public Liability and Property Damage Insurance. You do not need to complete 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#
1	AIM 3272	WA	JTDZIN3E U6 C 3066870

**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)

02-22-13

Date

*Reading*

UNIFORM MOTOR CARRIER BODILY INJURY AND PROPERTY DAMAGE LIABILITY CERTIFICATE OF INSURANCE

RECEIVED

(Executed in Triplicate)

APR 07 2013

Filed with WASHINGTON UTILITIES & TRANSPORTATION COMMISSION (Name of Commission) (hereinafter called Commission) WASH. UT. & TP COMM

This is to certify, that the CHARTER INDEMNITY COMPANY (Name of Company)

(hereinafter called Company) of EXECUTIVE CENTER II, 8360 LBJ FWY, DALLAS, TX 75243 (Home Office Address of Company)

has issued to ZAYSHLYY V. VALERIY (Name of Motor Carrier) of 5924 S. 232ND CT KENT, WA 98032 (Address of Motor Carrier)

a policy or policies of insurance effective from 3/19/13 12:01 A.M. standard time at the address of the insured stated in said policy or policies and continuing until cancelled 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 therewith.

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 cancelled without cancellation of the policy to which it is attached. Such cancellation may be effected 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 EXECUTIVE CENTER II, 8360 LBJ FWY, DALLAS, TX 75243 (Street Address) (City) (State) (Zip Code)

this 27th day of MARCH 20 13

Insurance Company File No. 1370375 (Policy Number)

*[Signature]*  
(Authorized Company Representative)

IRB 3539B