

PART A

TV# 130362

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)

MC

JME 4/30/13

FOR OFFICIAL USE ONLY

Reception Number: 044298

Safety: JME

Carrier ID#: 7226

111 0268 200 02 275.00

Insurance: JME

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 #: 031517

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): DANIEL V. TOFT SR Date: 3/8/2013

Signature: [Signature] Title: owner

MOTOR CARRIER IDENTIFICATION

CC#: 64862 US DOT# UNDER 10,000

WA UNIFIED BUSINESS IDENTIFIER (UBI) #: 601952442

APPLICANT NAME: DANIEL V. TOFT PHONE#: 253 229 1489-253 283 49417

d/b/a: DANIEL TOFT COURIER FAX #:

BUSINESS (MAILING) ADDRESS: 4501 GRANDVIEW DR W. TIOZ, UNIVERSITY PLACE WA 98466

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 \_\_\_\_\_

**NAME**                      **TITLE**                      **ADDRESS**                      **STOCK DISTRIBUTION OR PERCENTAGE OF SHARE**

**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

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.

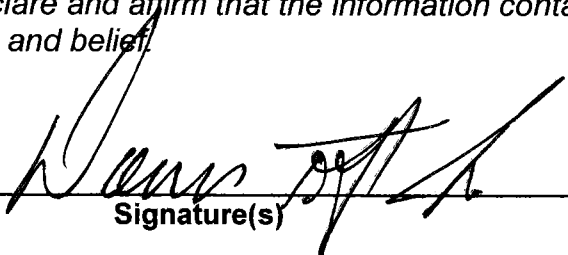
You will haul hazardous materials requiring \$5 million in Public Liability and Property Damage Insurance. You must complete Part C, Sections 1 and 2.

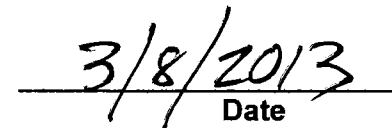
**MOTOR VEHICLE LIST (Attach additional pages if necessary)**

| UNIT# | LICENSE# | STATE | VIN#                 |
|-------|----------|-------|----------------------|
| 1     | 0631     | Wa    | KN0M3 2334660 84 754 |
|       |          |       |                      |
|       |          |       |                      |

**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)

  
\_\_\_\_\_  
Date

CC-64852:

*Pending*

*7224*

**RECEIVED** **FORM E**  
**UNIFORM MOTOR CARRIER BODILY INJURY AND PROPERTY**  
**DAMAGE LIABILITY CERTIFICATE OF INSURANCE**

APR 08 2013

(EXECUTED IN TRIPLICATE)

Filed with **WASHINGTON COMMERCIAL & TRANSPORTATION COMMISSION** (hereinafter called Commission)

This is to certify, that the **Mutual of Enumclaw Insurance Company #1359**

(hereinafter called Company) of **1460 Wells Street, Enumclaw WA 98022**

has issued to **DANIEL TOFT DBA DANIEL TOFT COURIER** of 4501 GRANDVIEW DR W T-102, UNIVERSITY PLACE, WA 98466

a policy or policies of insurance effective from 4/8/13 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 affected 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 **1460 Wells St, Enumclaw WA 98022**

this 8 day of APRIL 2013.

Insurance Company File No: BAP0003064

*Denise Paulow / mm*

(Authorized Company Representative)