

PART A

TV# 130370

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)

CK # 1078

FOR OFFICIAL USE ONLY

Reception Number: <u>044312</u>	Safety:	Carrier ID#: <u>1230</u>
111 0268 200 02 <u>275.00</u>	Insurance:	Employee:

TYPE OF APPLICATION (check one)

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

<input type="checkbox"/> \$100 REINSTATEMENT OF CANCELLED COMMON CARRIER PERMIT (Must be filed within 10 months of cancellation)	For Commission Use Only: Auth #:
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TYPE OF PAYMENT

<input type="checkbox"/> Check	<input type="checkbox"/> Money Order	<input type="checkbox"/> Amex	<input type="checkbox"/> Discover	<input type="checkbox"/> Mastercard	<input type="checkbox"/> Visa	Expiration Date
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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): Shawn Dodde Date: 3/10/13
 Signature: Shawn Dodde Title: Owner SKD Services

MOTOR CARRIER IDENTIFICATION

CC# <u>104865</u>	US DOT# <u>under 10,000</u>	WA UNIFIED BUSINESS IDENTIFIER (UBI) #: <u>602929210</u>
APPLICANT NAME: <u>Shawn Dodde/SKD Services</u>		PHONE#: <u>(253) 720-7661</u>
d/b/a: <u>Commercial Carrier SKD Services</u>		FAX #:
BUSINESS (MAILING) ADDRESS: (street address, P.O. Box) <u>333 S. 320th St</u> (city, state, zip) <u>Federal Way, WA 98003</u>		
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>
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Shawn Kathleen Dodds	Owner	333 S. 370th St, Federal Way, WA 98003	
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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. |
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MOTOR VEHICLE LIST (Attach additional pages if necessary)

UNIT#	LICENSE#	STATE	VIN#
		WA	KNJLT06HSV6216333

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.

Shawn Dodds

3/10/13

Signature(s)

Date



SHAW-00

OP ID: EH

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

03/11/13

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).

PRODUCER Lovsted-Worthington LLC P.O. Box 607 Bothell WA 98041 424 Third Ave W Seattle, WA 98119 Lovsted Worthington LLC		206-285-7735 206-285-3461	CONTACT NAME: Edward Hadley PHONE (A/C, No, Ext): 206-838-1017 E-MAIL ADDRESS: edward@lovstedworthington.com FAX (A/C, No): 206-285-3461
INSURED Shawn Dodde DBA: SKD Services Attn: Shawn 333 S 320th Street Federal Way, WA 98003		INSURER(S) AFFORDING COVERAGE INSURER A: Mutual of Enumclaw INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	
		NAIC # 14761	

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INBR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input 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 (Per occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$
A	<input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS			TBD <i>OK</i>	03/11/13	03/11/14	COMBINED SINGLE LIMIT (Per accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ UIM/UM \$ 1,000,000
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			N/A			<input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTH-CR E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
RE: 1997 Ford Aspire VIN#: KNJLT06R5V6216333

Evidence of Insurance. *They need cc # in order to process Policy #*

CERTIFICATE HOLDER WASHU-2 Washington Utilities & Transportation Commission PO Box 47250 Olympia, WA 98504	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE <i>Edward Hadley</i>
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