

PART A

TV# 130 422

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)

FOR OFFICIAL USE ONLY

Reception Number: 044403	Safety:	Carrier ID#: 7258
111 0268 200 02 275.00	Insurance:	Employee: Catrina

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 #: **# 50299**

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): **ABDIRAHMAN MAHDI** Date: **03/21/2013**

Signature: *Abdirahman* Title: _____

MOTOR CARRIER IDENTIFICATION

CC#: 04873	US DOT#: 1695 XNAN 10,000	WA UNIFIED BUSINESS IDENTIFIER (UBI) #: 603-030-271
APPLICANT NAME: ABDIRAHMAN MAHDI		PHONE#: 206-802-5760
d/b/a: MAHDI COURIER SERVICES		FAX #: 855-355-8108
BUSINESS (MAILING) ADDRESS: (street address, P.O. Box) 3726 S 180TH ST #C204		
(city, state, zip) SEACAC WA 98188		
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

- | | | | |
|--|--|---|---|
| <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	AEM0300	WA	1NXBR32E15ZA20967

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.

Abdirahman
 Signature(s)

03/21/2013
 Date

[Authority Number]:

7238
AR

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

(EXECUTED IN TRIPLICATE)

RECEIVED
MAR 11 2013
WASH. UT. & TP. COMM

Filed with **WASHINGTON UTILITIES & 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 **ABDIRAHMAN MAHDI DBA MAHDI COURIER SERVICES** of 2726 S 180TH ST #C-204, SEATAC,
WA 98188

a policy or policies of insurance effective from 2/25/13 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 25 day of FEBRUARY 2013.

Insurance Company File No: BAP0002955

Denise Pavlov / mcm

(Authorized Company Representative)