

REINSTATEMENT

TV 130448

WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION
RECEIVED 1300 S Evergreen Park Dr SW, PO Box 47250
Olympia, WA 98504-7250

MAR 25 2013

Telephone (360) 664-1222 ~ Fax (360) 586-1181
Intrastate Common Carrier Operating Authority

WASH. UT. & TP COMM

APPLICATION FOR PERMIT

(excluding Household Goods and Common Carrier Brokers)

FOR OFFICIAL USE ONLY

Reception Number: 044391	Safety:	Carrier ID#: 7010
111 0268 200 02 100.00	Insurance:	Employee: CARINA

TYPE OF APPLICATION (check one)

New Common Carrier Permit Authority, or Transfer of Existing Permit Number	Extension of Common Carrier Permit Authority
<input 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	

RECEIVED
2013 MAR 20 AM 8:30
FINANCIAL SERVICES

<input checked="" 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 checked="" 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: 8-30
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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): MARIO A. NAVARRO Date: 3-19-13

Signature: [Signature] Title: Owner

MOTOR CARRIER IDENTIFICATION

CC#: <u>64689</u>	US DOT# <u>2334245</u> ✓	WA UNIFIED BUSINESS IDENTIFIER (UBI) #: <u>603-227-648</u> ✓
APPLICANT NAME: <u>JDA Trucking LLC (Mario A. Navarro)</u> ✓		PHONE#: <u>(509) 398-2803</u>
d/b/a: <u>9-7-1980 N/A</u>	FAX #:	
BUSINESS (MAILING) ADDRESS: (street address, P.O. Box) <u>P.O. Box 1876</u> (city, state, zip) <u>Quincy, Wa. 98848</u>		
PHYSICAL ADDRESS: (street address, if different) <u>200 A St NW</u>		

ACCEPTABLE ONLY IF DOCKET NUMBER CERTIFICATE NUMBER OR PERMIT NUMBER IS SPECIFIED. No. _____

Approved _____

Form E

UNIFORM MOTOR CARRIER BODILY INJURY AND PROPERTY
DAMAGE LIABILITY CERTIFICATE OF INSURANCE
(Executed in Triplicate)

7010

Filed with WUTC (Name of Commission) (hereinafter called Commission)

This is to certify, that the ZURICH AMERICAN INSURANCE COMPANY (Name of Company)

(hereinafter called Company) SCHAUMBURG, IL (Home Office Address of Company)

has issued to JDA TRUCKING LLC to 603 K ST SW QUINCY, WA 98848
(Name of Motor Carrier) (Address of Motor Carrier)

a policy or policies of insurance effective from FEBRUARY 4, 2013 12:01 A.M. standard time at the address of the insured stated in said policy or policies and continuing until canceled 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 herewith.

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 canceled 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 1333 S RUSTLE RD SPOKANE WA 99224
(Street Address) (City) (State) (Zip Code)

this 5TH day of APRIL, 2013

INS. CO. ID# _____



(Authorized Company Representative)

Insurance Company File No. PRA-9015626
(Policy Number)

PO BOX 19150 SPOKANE, WA 99219
(Address of Authorized Company Representative)



STATE OF WASHINGTON

WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION

1300 S. Evergreen Park Dr. S.W., P.O. Box 47250 • Olympia, Washington 98504-7250

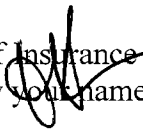
(360) 664-1160 • TTY (360) 586-8203

JDA Trucking LLC
PO Box 1876
Quincy WA 98848

March 28, 2013

Notice of Deficient Application

The following items either need to be completed and/or corrected for prompt processing of your application for operating authority:

- X Obtain a Uniform Motor Carrier Certificate of Insurance (Form E) from your insurance company. The insurance must show  your name EXACTLY as it is shown above.

Who do I contact if I have questions?

You may call 360-664-1222 or e-mail us at transportation@utc.wa.gov. Our fax number is 360-586-1181.

Thank You.