REINSTATEMENT

WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION

RECEIVED 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							
WASH UT & TP COMMexcluding Household Goods and Common Carrier Brokers) FOR OFFICIAL USE ONLY							
Reception Number: 044391 Safety:	Carrier ID#: 7 () (.)						
111 0268 200 02 \ \(\text{100,00} \) Insurance:	Employee: MY NA						
TYPE OF APPLICATION (check one)							
New Common Carrier Permit Authority, or Transfer of Extension of Common Carrier Permit Authority							
\$275 GENERAL COMMODITIES ONLY	\$100 GENERAL COMMODITIES, Including ARMORED CAR SERVICE						
\$275 GENERAL COMMODITIES, Including ARMORDED CAR SERVICE	\$100 GENERAL COMMODITIES, including HAZARDOUS MATERIALS						
\$275 GENERAL COMMODITIES, including HAZARDOUS MATERIALS	S100 GENERAL COMMODITIES, including HAZARDOUS MATERIALS and ARMORED CAR SERVICE						
\$275 GENERAL COMMODITIES, INCLUDING HAZARDOUS MATERIALS and ARMORED CAR SERVICE	NANC						
\$100 REINSTATEMENT OF CANCELLED COMMON CARRIER PERMIT (Must be filed within 10 months of cancellation) For Commission Use Only: Auth #:							
TYPE OF I							
© Check ☐ Money Order ☐ Amex ☐ Discover ☐	Mastercard ☐ Visa Expiration Bate 🚥 🔠						
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. Wavarra Date: 3-19-13							
Signalure: Signalure: Tille: Owner							
MOTOR CARRIER							
CC#: US DOT# WA UNIFIED BUSINESS IDENTIFIER (UBI) #: 64689 2334245 603-227-648 V							
APPLICANT NAME: PHONE#: JDA Trucking LLc (Mario A. Nevarro) (509) 398-2803							
d/b/a: FAX#:							
BUSINESS (MAÎLING) ADDRESS: (street address, P.O. Box) P.O. Box 1876							
(city, state, zip) Qury, Wa. 98848							
PHYSICAL ADDRESS: (street address, if different) 200 A St NW							

TYPE OF BUSINESS STRUCTURE (check individual or complete partnership/corporation information)								
☐ INDIVIDUAL ☐ PARTNERSHIP (X CORPORATION – STATE OF INCORPORATION Wa (LP. LLC)								
NAME TITLE STOCK DISTRIBUTION OR PERCENTAGE OF SHARE								
TDA Torkey 11 8								
Mario & Navarro -owner								
TRANSFER OF PERMIT NUMBER								
Complete this section if you are transferring an existing permit to a new owner. List name of <u>current</u> 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: JDA Trucking LLx PERMIT NUMBER: CC - 64689								
Signature of cu	Signature of current permit holder Date							
INSURANCE REQUIREMENTS (must check one)								
(Permit will not be issued until acceptable Insurance is received)								
MOT HAUL hazardous materials in any quantity and WILL only operate vehicles less than 10,000 and Propounds gross weight rating\$300,000 in Public Liability and Property		MOT HAU materials \$750,000 and Prop Insurance Complete	terials in any quantity—50,000 in Public Liability d Property Damage urance Is required. mplete and submit the fety Fitness Survey—ction 1.		The applicant WILL AUL hazardous aterials requiring million in Public ability and Property amage Insurance and bmit the Safety Fitness arvey – Sections 1 and	The applicant WILL HAUL hazardous materials requiring \$5 million in Public Liability and Property Damage Insurance. Complete and submit the Safety Fitness Survey – Sections 1 and 2.		
EQUIPMENT LIST (Attach additional list if necessary)								
UNIT#	LICEN	SE#	STATE	VIN#				
01 8593265		Wa		1XKTDR9X7VJ752290				
· · · · · · · · · · · · · · · · · · ·					•			
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. 3-19-13 Signature(s) Date								
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DOCKET NUMBER CERTIFICATE NUMBER OR PERMIT NUMBER IS SPECIFIED. No. UNIFORM MOTOR CARRIER BODILY INJURY AND PROPERTY DAMAGE LIABILITY CERTIFICATE OF INSURANCE (Executed in Triplicate) (hereinafter called Commission) (Name of Commission) **ZURICH AMERICAN INSURANCE COMPANY** (hereinafter called Company) SCHAUMBURG, IL $_{to}$ 603 K ST SW QUINCY, WA 98848 JDA TRUCKING LLC FEBRUARY 4, 2013 a policy or policies of insurance effective from FEDRUALT 4, ZUID 12:91 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 Camer 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 camer by the provisions of the motor carrier law of the State in which the Commission has jurisdiction or regulations. 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** day of APRIL, 2013 this 5TH NS. CO. ID# PRA-9015626 PO BOX 19150 SPOKANE, WA 99219 (Policy Number) (Address of Authorized Company Representative Hart Forms & Services Reorder No. 14-0166



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 Instrance (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 <u>transportation@utc.wa.gov</u>. Our fax number is 360-586-1181.

Thank You.