

PART A

TV# 130603

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)

CASH

FOR OFFICIAL USE ONLY

Reception Number: 044644

Safety:

Carrier ID#: 12.72

111 0268 200 02 275.00

Insurance:

Employee: [Signature]

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 #:

TYPE OF PAYMENT

Check Money Order Amex Discover Mastercard Visa CASH 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): Jerab Grimes Date: 4-23-2013

Signature: Jerab Grimes Title: OWNER

MOTOR CARRIER IDENTIFICATION

CC#: 104893

US DOT# under 10,000

WA UNIFIED BUSINESS IDENTIFIER (UBI)#: 603-227-241 ✓

APPLICANT NAME: SEALYFE L.L.C

PHONE#:

d/b/a: SAVVY COURIER

FAX #:

BUSINESS (MAILING) ADDRESS: (street address, P.O. Box) 3621 33rd ave S Ste C-10

(city, state, zip) Seattle WA 98118

PHYSICAL ADDRESS: (street address, if different) SAME

TYPE OF BUSINESS STRUCTURE

(check individual or complete partnership/corporation information)

INDIVIDUAL PARTNERSHIP CORPORATION (LP, LLP, LLC)
 STATE OF INCORPORATION WASHINGTON

| | | | |
|--------------------|---------------------|------------------------------------|---|
| <u>NAME</u> | <u>TITLE</u> | <u>ADDRESS</u> | <u>STOCK DISTRIBUTION OR PERCENTAGE OF SHARE</u> |
| JERAB GRIMES | OWNER | 8801 41st ave S, Seattle, WA 98118 | 100% |

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 | 914 2UX | WA | JHMCMS6814C000359 |
| | | | |
| | | | |
| | | | |

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.

Jerab Grimes
Signature(s)

4-23-2013
Date



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

Sealyfe LLC
3621 33rd Ave S Ste C-10
Seattle WA 98118

April 25, 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 Your application is missing some information. Please complete the highlighted areas and return to our office by May 23, 2013.
 - **Motor Vehicle** list needs to be provided. You can email it to cmurphy@utc.wa.gov or by fax 360-586-1181

- 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.