

PART A

TV# 130661

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: <u>040770</u>	Safety:	Carrier ID#: <u>7278</u>
111 0268 200 02 <u>275.00</u>	Insurance:	Employee: <u>Catrina</u>

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"/> \$100 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 ARMORED CAR SERVICE			
<input type="checkbox"/> \$275 GENERAL COMMODITIES, including HAZARDOUS MATERIALS			
<input type="checkbox"/> \$275 GENERAL COMMODITIES, INCLUDING HAZARDOUS MATERIALS and ARMORED CAR SERVICE			

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

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): Vira Tomyeva Date: 04/05/13

Signature: [Signature] Title: _____

MOTOR CARRIER IDENTIFICATION

CC#: <u>64897</u>	US DOT# <u>under 10000</u>	WA UNIFIED BUSINESS IDENTIFIER (UBI) #: <u>602-777-971</u>
APPLICANT NAME: <u>Vasyl Tomyev</u>		PHONE#: <u>(425) 749-0179</u>
d/b/a: <u>Vasyl Tomyev DBA V Sprinters Delivery</u>		FAX #:
BUSINESS (MAILING) ADDRESS: <u>17850 110th PL SE Renton WA 98055</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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V SPRINTERS DELIVERY	Owner	17850 110 th PL SE Renton WA 98055	100 %
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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. |
|--|--|---|---|

MOTOR VEHICLE LIST (Attach additional pages if necessary)

UNIT#	LICENSE#	STATE	VIN#
	B08397S	WA	WD2YD341025552690

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.

A handwritten signature in cursive script, appearing to read "Hasy", written over a horizontal line.

Signature(s)

04/05/13

Date

RIG QUOTE
 1338 S FOOTHLL DR 222
 SALT LAKE CITY, UT 84108
 1-888-701-1795

Policy number: 08427983-1

Underwritten by:
 UNITED FINANCIAL CASUALTY COMPANY
 April 24, 2013
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Certificate of Insurance

Certificate Holder	Insured	Agent
UTC PO BOX 47250 OLYMPIA, WA 98504	VASYL TOMYEV 17850 110TH PLACE SE RENTON, WA 98055	RIG QUOTE 1338 S FOOTHLL DR 222 SALT LAKE CITY, UT 84108

This document certifies that insurance policies identified below have been issued by the designated insurer to the insured named above for the period(s) indicated. This Certificate is issued for information purposes only. It confers no rights upon the certificate holder and does not change, alter, modify, or extend the coverages afforded by the policies listed below. The coverages afforded by the policies listed below are subject to all the terms, exclusions, limitations, endorsements, and conditions of these policies.

Policy Effective Date: Feb 3, 2013

Policy Expiration Date: Feb 3, 2014

Insurance coverage(s)	Limits
BODILY INJURY/PROPERTY DAMAGE	\$300,000 COMBINED SINGLE LIMIT
UNDERINSURED MOTORIST BODILY INJURY	\$300,000 COMBINED SINGLE LIMIT
UNDERINSURED MOTORIST PROPERTY DAMAGE	\$10,000 W/\$100 DED (\$300 IF HIT & RUN)

Description of Location/Vehicles/Special Items

Scheduled autos only

Description	Amount	Stated Amount
2002 FRHT SPRINTER WD2YD341025352690		\$10,000
COMPREHENSIVE	\$1,000 DED	
COLLISION	\$1,000 DED	

Certificate number

11413NET983

Please be advised that the certificate holder will not be notified in the event of a mid-term cancellation.

