

PART A

TV# 130769

WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION

1300 S Evergreen Park Dr SW, PO Box 47250, Olympia, WA 98504 RECEIVED

Telephone (360) 664-1222 - Fax (360) 586-1181

Intrastate Common Carrier Operating Authority

MAY 16 2013

APPLICATION FOR PERMIT

(excluding Household Goods and Common Carrier Brokers)

CK# 1160

FOR OFFICIAL USE ONLY

WASH. UT & TP COMM

Reception Number: 045135	Safety:	Carrier ID#: 7307
111 0268 200 02 275.00	Insurance:	Employee: CA

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 #:
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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): BRYANT HAMBLEN / ANGELA HAMBLEN Date: 5/9/13
 Signature: [Handwritten Signature] Title: OWNERS

MOTOR CARRIER IDENTIFICATION

CC#: <u>64921</u>	US DOT#: <u>UNDER 10,000</u>	WA UNIFIED BUSINESS IDENTIFIER (UBI) #: <u>602 752 252</u>
APPLICANT NAME: <u>BRYANT HAMBLEN / ANGELA HAMBLEN</u>		PHONE#: <u>360-840-0240</u>
d/b/a:	FAX #:	
BUSINESS (MAILING) ADDRESS: <u>15162 DECEPTION RD. ANACORTES WA 98221</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>

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#
BH001	AIC7619	WA	1J4FA54167L205591
AH002	905WNO	WA	JN1CAZ1DVT876057

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.


Signature(s)

5/9/13
Date

7207

PROGRESSIVE®

PROG COMMERCIAL
PO BOX 94739
CLEVELAND OH44101
(800) 895-2886

Policy number: 016203691
Underwritten by
United Financial Casualty
Company
05/23/2013

Certificate of Insurance

Certificate Holder	Insured	Agent
BRYANT HAMBLEN 15162 DECEPTION RD ANACORTES WA 98221	BRYANT HAMBLEN 15162 DECEPTION RD ANACORTES WA 98221	PROG COMMERCIAL PO BOX 94739 CLEVELAND OH44101 (800) 895-2886

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: 05/22/2013

Policy Expiration Date: 05/22/2014

Insurance coverage(s)	Limits
BODILY INJURY	\$25,000/PERSON \$50,000/ACCIDENT
PROPERTY DAMAGE	\$10,000/ACCIDENT

Description of Location/Vehicles/Special Items

Scheduled autos only
97 NISSAN MAXIMA GLE/GXE JN1CA21D0VT876857

Certificate number
14313DSF369

Please be advised we will not notify certificate holders in the event of mid-term cancellation.



Form 5241 (10/02)