

PART - A

RECEIVED

MAY 21 2013

WASH. UT. & TP. COMM

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)

TV131022

FOR OFFICIAL USE ONLY

Reception Number: 111 0268 200 02	Safety: 275.00	Insurance: Ondell Reed	Carrier ID#: 1290
			Employee: [Signature]

TYPE OF APPLICATION (check one)

<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	

\$100 REINSTATEMENT OF CANCELLED COMMON CARRIER PERMIT (Must be filed within 10 months of cancellation)

For Commission Use Only  
Auth #: 02163B

TYPE OF PAYMENT

Check  Money Order  Amex  Discover  Mastercard  Visa

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): Mykhailo IAROSHCHUK Date: 05.16.13

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

MOTOR CARRIER IDENTIFICATION

CC#: 104934	US DOT#: Ondell 2323423	WA UNIFIED BUSINESS IDENTIFIER (UBI) #: 003229512 [Signature]
APPLICANT NAME: Mykhailo IAROSHCHUK	PHONE#: 253-335-8802	
d/b/a:	FAX #:	

BUSINESS (MAILING) ADDRESS:  
 (street address, P.O. Box) 27830 Pacific Hwy S Apt# I-201  
 (city, state, zip) Federal way WA 98003

PHYSICAL ADDRESS: (street address, if different)

**TYPE OF BUSINESS STRUCTURE**

INDIVIDUAL     PARTNERSHIP     CORPORATION – STATE OF INCORPORATION \_\_\_\_\_  
(LP, LLP, LLC)

<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

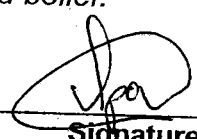
**INSURANCE REQUIREMENTS**

<input checked="" type="checkbox"/> The applicant <u>WILL NOT HAUL</u> hazardous materials in any quantity and <u>WILL</u> only operate vehicles less than 10,000 pounds gross weight rating-- <b>\$300,000</b> in Public Liability and Property Damage Insurance is required. You do not need to complete the Safety Fitness Survey.	<input type="checkbox"/> The applicant <u>WILL NOT HAUL</u> hazardous materials in any quantity – <b>\$750,000</b> in Public Liability and Property Damage Insurance is required. Complete and submit the Safety Fitness Survey—Section 1.	<input type="checkbox"/> The applicant <u>WILL HAUL</u> hazardous materials requiring <b>\$1 million</b> in Public Liability and Property Damage Insurance and submit the Safety Fitness Survey – Sections 1 and 2.	<input type="checkbox"/> The applicant <u>WILL HAUL</u> hazardous materials requiring <b>\$5 million</b> in Public Liability and Property Damage Insurance. Complete and submit the Safety Fitness Survey – Sections 1 and 2.
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**EQUIPMENT LIST**

<u>UNIT#</u>	<u>LICENSE#</u>	<u>STATE</u>	<u>VIN#</u>
1	B99709V	WA	JALC4B1K3W7000764

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)

05.16.13

Date



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
07/17/2013

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> W. Eric Collins Insurance Agency, Inc 7602 Bridgeport Way W Suite 4B Statefarm Lakewood WA 98499	<b>CONTACT NAME:</b> Eric Collins <b>PHONE:</b> (A/C No. Ext) 253.584.39914 <b>FAX:</b> (A/C No) 253.584.4264 <b>E-MAIL:</b> <b>ADDRESS:</b> eric@wecollinsinsurance.com
	<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> State Farm Mutual Automobile Insurance Company <b>INSURER B:</b> State Farm Mutual Automobile Insurance Company <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>
<b>INSURED</b> Mykhailo Iaroshchuk 27830 Pacific Hwy S Apt 1201 Federal Way, WA 98003	

**COVERAGES**      **CERTIFICATE NUMBER:**      **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN. THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR CTR	TYPE OF INSURANCE	ADDITIONAL INSUR. W/ND	POLICY NUMBER	POLICY EFF. (MM/DD/YYYY)	POLICY EXP. (MM/DD/YYYY)	LIMITS
	<b>GENERAL LIABILITY</b> <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR <b>Motor Cargo Coverage</b> <b>Employee Non Owned Liability</b> <input type="checkbox"/> ONLY AGGREGATE LIMIT APPLIES PER POLICY <input type="checkbox"/> W/ND <input type="checkbox"/> LOC					EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Per occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMPIRON AGG <b>Motor Cargo Coverage</b>
A	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS		187 7582-C20-47	03/20/2013	09/20/2013	<b>COMBINED SINGLE LIMIT (Per accident)</b> \$ 1,000,000 <b>BODILY INJURY (Per person)</b> \$ 1,000,000 <b>PROPERTY DAMAGE (Per accident)</b> \$ 1,000,000
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS MADE DED <input type="checkbox"/> RETENTION \$					EACH OCCURRENCE AGGREGATE
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/OWNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in WA) If yes, describe below: DESCRIPTION OF OPERATIONS below	Y/N	N/A			WC STATUTORY LIMITS OTHER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES** (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Listed Drivers: IAROSHCHUK, MYKHAILO

Auto Liability deductible \$0  
 General Liability Deductible \$0

<b>CERTIFICATE HOLDER</b> Washington Utilities and Transportation Commission	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE 
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