REINSTATEMENT

1/13/345

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 Contribut Carrier Institutes)									
Reception Number: Safety: Carrier ID#:									
Reception Number:		Employe							
111 0268 200 02	insuranca:			'					
TYPE OF APPLICATION (chock one)									
New Common Carrier Permit Authority, or Transfer of Existing Permit Number									
\$275 GENERAL COMMODITIES ONLY		\$100 GENERAL COMMODITIES, including ARMORED CAR SERVICE							
\$275 GENERAL COMMODITI	\$100 GENERAL COMMODITIES, including NAZARDOUS MATERIALS								
\$275 GENERAL COMMODITI HAZARDOUS MATERIAL	\$100	\$100 GENERAL COMMODITIES, including MAZARDOUS MATERIALS and ARMORED CAR SERVICE							
\$275 GENERAL COMMODITI HAZARDOUS MATERIALS & BERVICE	ies, including ad armored car								
\$100 REINSTATEMENT OF C	ANCELLED COMMO	N CARRIER PE	RMIT	For Commission (79498				
TYPE OF PAYMENT									
☐ Check ☐ Money Order ☐ Arnex ☐ Discover № Mastercard ☐ Visa									
CERTIFICATION: I, the undersigned, under penalty for false statement, certify that the following information is true and correct, that I am sutherized to execute and file this document on behalf of the applicant, and that all information on file is current and valid. Name (printed): Cookies Cookies									
Signature: HOGELLUGOL Title: BUDICICECTUC MOTOR CARRIER IDENTIFICATION									
CC#:/ US DOT		WA UN	IIFIED BUSINE	SS IDENTIFIE	R (UBI)				
04740	2014467	W C	603 - C	198-01	000				
APPLICANT NAME: MACIF	G. WER	A)	PHONE#:	509/26	5-4458				
d/b/a: RAMOS	TRUCKIN	G 00	FAX#:	09/481-	-2084				
BUSINESS (MAILING) ADDRESS: P.O. BOX 209									
(city, state, zip)	MESA	, WA.	993	343					
PHYSICAL ADDRESS: (street address, if different)									
211	1 FWIC	ST.	MESA	ω A-	9934				

	(che		E OF BUSINE			ion)			
INDIVIDUAL DEPARTNERSHIP CORPORATION - STATE OF INCORPORATION (LP, LLP, LLC)									
NAME		TITLE	STOC	K DISTRIBUTI	ON OR PER	CENTAGE OF SHARE			
MARIA G. OJEDA ONNER 10090									
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: PERMIT NUMBER:									
Signature of current permit holder Date									
	INSURANCE REQUIREMENTS (must check one) (permit will not be issued until acceptable insurance is received)								
The applicant WILL NOT HAUL hazardous materials in any quantity and WILL only operate vehicles less than 10,000 pounds gross weight rating—\$300,000 in Public Liability and Property Darnage Insurance is required, You do not need to complete the Safety Fitness Survey.		materials \$750,000 and Prop Insurance Complete Safety Fi Section 1		The applicant WILL HAUL hazardous materials requiring \$1 million in Public Liability and Property Damage insurance and submit the Safety Fitness Survey – Sections 1 and 2.		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.			
4 24 4 7 7 7 1	EC	2UIPME	NT LIST (Attach	additional list	if necessar	у)			
UNITW	LICEN	15E#	STATE		VIN#				
45	4075	TRP	WA		IFUYSZYB7X LASIJI6				
44	1 8243	312K	WD.	IXKA	DB9XY	RS615161			
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) Signature(s)									

Form E UNIFORM MOTOR CARRIER BODILY INJURY AND PROPERTY DAMAGE LIABILITY CERTIFICATE OF INSURANCE

Filed with the WASHINGTON UTILITIES & TRANSPORTATION COMMISSION-OPERATIONS DIVISION (hereinafter called Commission) of PO BOX 47250, OLYMPIA, WA 98504

This is to certify, that the United Financial Casualty Company (hereinafter called Company) of PO BOX 94739, CLEVELAND, OH 44101 has issued to MARIA G OJEDA, RAMOS TRUCKING of PO BOX 209, MESA, WA 99343-0000 a policy or policies of insurance effective from 07/17/2013 12:01 A.M. standard time at the address of the insured stated in said policy or policies and continuing until cancelled as provided herein, which, by attachment of the Uniform Motor Carrier 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 carrier by the provisions of the motor carrier law of the State in which the Commission has jurisdiction or regulations promulgated in accordance therewith.

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 cancelled without cancellation of the policy to which it is attached. Such cancellation may be effected 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 6300 WILSON MILLS, MAYFIELD VILLAGE, OH 44143

this 17th day of July, 2013

Insurance Company File No. CA 02308576

(Policy Number)

(Authorized Company Representative)

MC1633a(08/99)

IRB3539B