PAR	TV# 131	456								
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/OSE ONLY										
Reception Number: Safety Safety	1)	C arrier I	D#: 1919	-					
111 0268 200 02 246-00 Insurance:	10		Employ	ree:						
TYPE OF APPOCATION (checkone)										
New Common Carrier Permit Authority, or Transfer of Existing Permit Number		ensible	of Common	Carrier Permit A	Authority					
\$275 GENERAL COMMODITIES ONLY	/ _□ `	(61dp	GENERAL C	OMMODITIES, inclu AR SERVICE	ding					
\$275 GENERAL COMMODITIES, ticluding ARMORDED CAR SERVICE		\$100	GENERAL C HAZARDOUS	OMMODITIES, inclusion MATERIALS	ıding					
\$275 GENERAL COMMODITIES, including HAZARDOUS MATERIALS		\$100		COMMODITIES, inclu MATERIALS and ARMO						
\$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 goly Auth #:										
	OF PAYI									
☐ Check ☐ Money Order ☐ Amex ☐ Discover	□ Maste	rcard 🖺 V	isa	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): MUHAMMAD SHOATE	<u> </u>	_Date:	315/19) 	-					
Signature: Moh 1 Sha out	opera filipian de melling	Title: 🕦	WNER							
MOTOR CARRIER IDENTIFICATION										
CC#: 65035 US DOT# 2424179 .	X	WA UNI	FIED BUSINES	ss identifier (UB 390 - 393.	1) #:					
APPLICANT NAME: Muhammad Shoaib			PHONE#:	206-307-8842						
d/b/a: BM Transport, Inc.			FAX #:							
BUSINESS (MAILING) ADDRESS: 23414 93rd Ave W Edmonds WA 98020										
PHYSICAL ADDRESS: (street address, if differe	nt)	VA_		интеритет						

		TYI	PE OF BUSINE	SS STRUCT	JRE				
		ck individua	al or complete par			tion)			
□ INDIVIDU	AL 🗌 PA	RTNERSH	• • • • • • • • • • • • • • • • • • • •	RATION (LP, LLF DF INCORPORA		AW			
NAME			PE	STOCK DISTRIBUTION OR PERCENTAGE OF SHARE					
Najma Naheed, President 23414 93rd Ave W Edmonds WA 98020 50%									
Muhammad	Shoaib, Vice	President 2	3414 93rd Ave W	Edmonds WA 9	<u>8020 50%</u>				
		TR	ANSFER OF P	ERMIT NUME	3ER				
	mit number to umber.	be transfe				ame of <u>current</u> permit by to authorize the transfer			
MAINE ON FEI	XIVII I	1, 7 1	<u> </u>	<u> </u>	_ F LINIVIII IN	OWDER.			
Signature of o	current permit	holder				Date			
Signature of C			ICE REQUIRE	MENTS (must	check one)				
	A po	ermit will no	it be issued until a						
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. any quantity any quantity operate vents. GVWR of GV		s materials in tity. You will ehicles with a 10,000 pounds You must obtain in Public Liability erty Damage s. You must Part B.	☐ You will haul hazardous materials requiring \$1 million in Public Liability and Property Damage Insurance. You must complete Part C, Sections 1 and 2.		You will haul hazardous materials requiring \$5 million in Public Liability and Property Damage Insurance. You must complete Part C, Sections 1 and 2.				
UNIT#	LICEN	ISE#	STATE		VIN#				
	Bielo 9	18Y	WA 1XPHD		49X7CD126673				
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.									
Mo	hal S	haub			3	15/13			
Mohal Shaub Signature(s) 8/5/13 Date									
			ą						