

TV 131503

# REINSTATEMENT

2013

## 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: 111 0268 200 02	Safety: 100.00	Carrier ID#: 5577
	Insurance:	Employee:

#### TYPE OF APPLICATION (check one)

New Common Carrier Permit Authority, or Transfer of Existing Permit Number	Extension of Common Carrier Permit Authority
<input 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	"Fruit Harvest only"

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

For Commission Use Only  
Auth # 613173

#### 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): Ruth Carlisle      Date: 8-12-2013  
 Signature: Ruth Carlisle      Title: manager/owner

#### MOTOR CARRIER IDENTIFICATION

CC#: <u>22880</u>	US DOT#: <u>601779</u>	WA UNIFIED BUSINESS IDENTIFIER (UBI) #: <u>602-9286240</u>
APPLICANT NAME: <u>HTI, LLC (Ruth Carlisle)</u>		PHONE#: <u>509-829-5421</u>
d/b/a: <u>HTI, LLC</u>	FAX #: <u>*509-829-5336</u>	
BUSINESS (MAILING) ADDRESS: (street address, P.O. Box) <u>1560 Highland Drive</u>		
(city, state, zip) <u>Zillah, Wash. 98953</u>		
PHYSICAL ADDRESS: (street address, if different)		

**TYPE OF BUSINESS STRUCTURE**

(check individual or complete partnership/corporation information)

2013

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

NAME                      TITLE                      ADDRESS                      STOCK DISTRIBUTION OR PERCENTAGE OF SHARE

Ruth Carlisle Mnglowner  
1560 Highland Dr. Zillah, Wa. 98953

**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: HTI, LLC                      PERMIT NUMBER: CC22880  
Ruth Carlisle                      8-12-2013  
Signature of current permit holder                      Date

**INSURANCE REQUIREMENTS (must check one)**

(Permit will not be issued until acceptable insurance is received)

- |  |   |   |   |
|--|---|---|---|
| <input 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-- <u>\$300,000</u> in Public Liability and Property Damage Insurance is required. You do not need to complete the Safety Fitness Survey. | <input checked="" type="checkbox"/> The applicant <u>WILL NOT HAUL</u> hazardous materials in any quantity - <u>\$750,000</u> 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 <u>\$1 million</u> 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 <u>\$5 million</u> in Public Liability and Property Damage Insurance. Complete and submit the Safety Fitness Survey - Sections 1 and 2. |
|--|---|---|---|

**EQUIPMENT LIST (Attach additional list if necessary)**

UNIT#	LICENSE#	STATE	VIN#
	<u>See attached paper</u>		

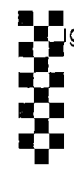
I, as applicant, understand that the filing of this application does not in itself constitute authority to operate and that no operations may be conducted until a permit is received from the Commission. I hereby declare and affirm that the information contained in this application is true to the best of my knowledge and belief.

Ruth Carlisle                      8-12-2013  
Signature(s)                      Date

2013

HTI, LLC  
EQUIPMENT LIST

Truck #	Year	Make/Model	VIN #	LICENSE #	VALUE
#1	2000	International/Conventional	2HSCNAMR2YC072794	B37541B	\$23,000.00
#2	2006	Freightliner	1FUJA6CK16PW56606	03211RP	\$30,000.00 price
#3	1996	International/Cabover	1HSRDALR9TH217393	A71217N	\$7,500.00
#4	2002	International/Conventional	2HSCNAMR12C026168	B11602E	\$23,000.00
#5	2006	Freightliner	1FUJA6CK36PW56610	03212RP	\$30,000.00 price
#6	2002	International/Conventional	2HSCEAMR82C033232	B87127K	\$25,000.00
#7	2006	Freightliner	1FUJA6CKX6PW56605	03274RP	\$30,000.00 price
#8	2002	International/Conventional	2HSCEAMR42C033244	B08200N	\$25,000.00
#9	2002	International Tractor	2HSCEAMR52C035052	B86983K	\$25,000.00
#10	2000	International/Conventional	2HSCEAMR9YC071125	A18863V	\$23,000.00
#11	2003	Freightliner FL3	1FUJAPCKX3DL96032	436930	\$25,000.00
#12	2006	Freightliner	1FUJA6CK46PW56616	03236RP	\$30,000.00 price
#13					
#14	2006	International/9400i	2HSCNAPR16C210592		\$17,065.00
#20	1980	Chevrolet/Stp Van	CPM32A3303265	A09753Y	\$5,000.00



HTI, LLC  
1560 Highland Dr.  
Zillah, WA 98953



Phone: (509) 829-5421  
Fax: (509) 829-5336  
Cell: (509) 728-1823

**FAX TRANSMITTAL**

DATE: 8-12-2013

TO: W.U.T.C  
Reinstate

*Please FAX me a copy ASAP AS SOON AS YOU  
hear From Ed Chadwick INS. in Yakima -  
mail original - Thank you Very much -  
FAX NUMBER: 360-586-1181*

NUMBER OF PAGES (INCLUDING TRANSMITTAL) 4

If problems arise with the transmission of these documents, please contact  
our office at (509) 829-5421.

*Ruth Carlisle*

ACCEPTABLE ONLY IF DOCKET NUMBER CERTIFICATE NUMBER OR PERMIT NUMBER IS SPECIFIED. No. \_\_\_\_\_

Approved \_\_\_\_\_

Form E

UNIFORM MOTOR CARRIER BODILY INJURY AND PROPERTY  
DAMAGE LIABILITY CERTIFICATE OF INSURANCE  
(Executed in Triplicate)

Filed with WUTC \_\_\_\_\_ (hereinafter called Commission)  
(Name of Commission)

This is to certify, that the ZURICH AMERICAN INSURANCE COMPANY  
(Name of Company)

(hereinafter called Company) SCHAUMBURG, IL  
(Home Office Address of Company)

has issued to HTI, LLC to 1560 HIGHLAND DRIVE ZILLAH, WA 98953  
(Name of Motor Carrier) (Address of Motor Carrier)

a policy or policies of insurance effective from 08/13/2013 12:01 A.M. standard time at the address of the insured stated in said policy or policies and continuing until  
canceled 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 herewith.

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 canceled without cancellation of the policy to which it is attached. Such cancellation may be affected 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.

Counthersigned at 1333 S RUSTLE RD SPOKANE WA 99224  
(Street Address) (City) (State) (Zip Code)

this 15TH day of AUGUST 2013



INS. CO. ID# \_\_\_\_\_

(Authorized Company Representative)

Insurance Company File No. PRA-9015830  
(Policy Number)

PO BOX 19150 SPOKANE WA 99219  
(Address of Authorized Company Representative)