REINSTATEMENT

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 PERIVIT (excluding Household Goods and Common Carrier Brokers)									
FOR OFFICIAL USE ONLY									
Reception Number: Saf	ety:			Carrier I	D#: U	127			
111 0268 200 02 100.00 ins	urance: Č	7		Employ	ee:	\mathbf{X}_{-}			
TYPE OF APPLICATION (check one)									
New Common Carrier Permit Authority, or Transfer of Existing Permit Number			ision o	f Common	Carrier I	Permit Aut	hority		
\$275 GENERAL COMMODITIES ONLY			\$100	GENERAL C			g		
\$275 GENERAL COMMODITIES, including ARMORDED CAR SERVICE			\$100	GENERAL C			18		
\$275 GENERAL COMMODITIES, Including HAZARDOUS MATERIALS			\$100		ENERAL COMMODITIES, including AZARDOUS MATERIALS and ARMORED CAR ERVICE				
\$275 GENERAL COMMODITIES, INCLUDING HAZARDOUS MATERIALS and ARMORED CAR SERVICE									
\$100 REINSTATEMENT OF CANCE (Must be filed within 10 months of cancel)	N CARR	IER PER	RMIT	For Commit Auth #:	ssion Use Only: 05536	, 6			
TYPE OF PAYMENT									
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): Signature: Title: Owner									
Signature: Title: OW ICE! MOTOR CARRIER IDENTIFICATION									
CC#; US DOT#	27628		WA UNIF	FIED BUSINE		IFIER (UBI) # 653	110		
APPLICANT NAME: PHONE#: JAMIE WITTIM Hagging 360-580-5540									
d/b/a: FAX#:									
BUSINESS (MAILING) ADDRESS: (street address, P.O. Box) 7006 Harrison Rd									
(city, state, zip) A 98530 PHYSICAL ADDRESS: (street address, if different)									
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	• = =	PE OF BUSINE	-		~		
INDIVIDUAL	☐ PARTNERSH	HIP [] CORPOR (LP, LLP,		- STATE OF INCORF	PORATION		
NAME	TITLE	STO	K DIS	STRIBUTION OR PERI	CENTAGE OF SHARE		
Jul	1 truck	cin y		Jamie	Jerara_		
	MANRO				0 '		
		ANOTED OF D		er Milkersen			
Complete this se		SANSFER OF P		o a new owner. List na	ome of current permit		
holder and permi	it number to be trans	ferred. The current	permit	holder must sign belo	w to authorize the transfer		
of the permit num NAME ON PERM		Hagara		PERMIT NU	JMBER: 64 101		
James Hasam					-30-13		
Signature of cur	rent permit holder			Date			
				ITS (must check one able insurance is rece			
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 Damage insurance is required. You do not need to complete the Safety Fitness Survey.		Is in any quantity— 10 in Public Liability perty Damage ce is required te and submit the Fitness Survey— 1.	HAU mate \$1 m Liabi Dam subn Surv 2.	The applicant WILL L hazardous erials requiring nillion in Public lity and Property lage Insurance and nit the Safety Fitness ey – Sections 1 and	The applicant WIL HAUL hazardous materials requiring \$5 million in Public Liability and Property Damage Insurance. Complete and submit the Safety Fitness Survey—Sections 1 and 2.		
UNIT#		ENT LIST (Attach	additi	Itional list if necessary)			
	LICENSE#	SIAIE		VIN#			
Renworth Pecless	8345 VZ	WA	+	· · · · · · · · · · · · · · · · · · ·			
100	05:0		 -				

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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 JAMIE W. HAGARA of 7006 HARRISON RD, ABERDEEN, WA 98520-0000 a policy or policies of insurance effective from 09/03/2013 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 9th day of October, 2013

Insurance Company File No. CA 02379990

(Policy Number)

MC1633a(08/99)

Authorized Company Representative)

IRB3539B