

REINSTATEMENT

TV 131655

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

done 10/9/13

APPLICATION FOR PERMIT

(excluding Household Goods and Common Carrier Brokers)

FOR OFFICIAL USE ONLY

Reception Number: 111 0268 200 02	Safety: <i>OP</i>	Carrier ID#: <i>60234</i>
100.00	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	

<input checked="" type="checkbox"/> \$100 REINSTATEMENT OF CANCELLED COMMON CARRIER PERMIT (Must be filed within 10 months of cancellation)	For Commission Use Only: Auth #: 055360
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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): JAMIE HAGARA Date: Hagara 8-30-13
Signature: Jamie Hagara Title: Owner

MOTOR CARRIER IDENTIFICATION

CC#: <u>64101</u>	US DOT#: <u>17876280</u>	WA UNIFIED BUSINESS IDENTIFIER (UBI) #: <u>602 831 653 110</u>
APPLICANT NAME: <u>JAMIE William Hagara</u>		PHONE#: <u>360-580-5540</u>
d/b/a: <u>JWH trucking</u>		FAX #:
BUSINESS (MAILING) ADDRESS: (street address, P.O. Box) <u>7006 Harrison Rd</u>		
(city, state, zip) <u>Aberdeen WA 98520</u>		
PHYSICAL ADDRESS: (street address, if different)		

Visa #

6324
Name?

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)



(Authorized Company Representative)

MC1633a(08/99)

IRB3539B