

PART A

TV# 131672

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)

VI

FOR OFFICIAL USE ONLY

| | | |
|--|----------------------|-------------------|
| Reception Number: 045718 111 0268 200 02 279.00 | Safety: <i>DD</i> | Carrier ID#: 7475 |
| | Insurance: <i>DD</i> | Employee: |

TYPE OF APPLICATION (CHECK ONE)

| New Common Carrier Permit Authority, or Transfer of Existing Permit Number | Extension of Common Carrier Permit Authority |
|--|---|
| <input checked="" 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 type="checkbox"/> \$100 REINSTATEMENT OF CANCELLED COMMON CARRIER PERMIT (Must be filed within 10 months of cancellation) | |

For Commission Use Only
Auth #: 65689

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): Suleo C. Martinez Ramos Date: 8-31-13
 Signature: *Suleo C. Martinez* Title: _____

MOTOR CARRIER IDENTIFICATION

CC#: 65089 US DOT# 2270454 WA UNIFIED BUSINESS IDENTIFIER (UBI) #: 603133711
 APPLICANT NAME: Suleo C. Martinez PHONE#: 7146 425-200
 d/b/a: SC Deliveries FAX #: _____
 BUSINESS (MAILING) ADDRESS: 17012 NE 106 St Redmond WA 98052
 PHYSICAL ADDRESS: (street address, if different)

Same as the above.

TYPE OF BUSINESS STRUCTURE

(Check individual or complete partnership, corporation, or international)

INDIVIDUAL PARTNERSHIP CORPORATION (LP, LLP, LLC)
STATE OF INCORPORATION _____

| NAME | TITLE | ADDRESS | STOCK DISTRIBUTION OR PERCENTAGE OF SHARE |
|------|-------|---------|---|
| | | | |

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: _____ PERMIT NUMBER: _____

Signature of current permit holder _____ Date _____

INSURANCE REQUIREMENTS

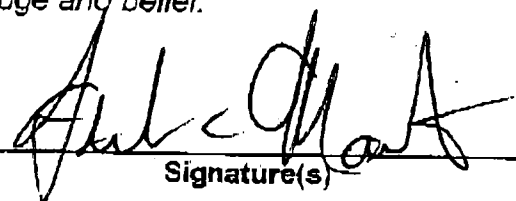
- | | | | |
|---|---|---|---|
| <input type="checkbox"/> You will not haul hazardous materials in any quantity. You will only operate vehicles with a GVWR of less than 10,000 pounds. You must obtain \$300,000 in Public Liability and Property Damage Insurance. You do not need to complete Part B. | <input checked="" type="checkbox"/> You will not haul hazardous materials in any quantity. You will operate vehicles with a GVWR of 10,000 pounds or more. You must obtain \$750,000 in Public Liability and Property Damage Insurance. You must complete Part B. | <input type="checkbox"/> You will haul hazardous materials requiring \$1 million in Public Liability and Property Damage Insurance. You must complete Part C, Sections 1 and 2. | <input type="checkbox"/> You will haul hazardous materials requiring \$5 million in Public Liability and Property Damage Insurance. You must complete Part C, Sections 1 and 2. |
|---|---|---|---|

MOTOR VEHICLE LIST

| UNIT# | LICENSE# | STATE | VIN# |
|-------|------------------------|-------|-------------------|
| | B01996Y ⁽⁵⁾ | WA | 1HTMMAAM97H438303 |
| | B75659P ⁽³⁾ | WA | 1EVACWDT9B0AX3454 |
| | B59922Y ⁽⁴⁾ | WA | 3HAMMAAL8EL776368 |
| | B30307X ⁽⁴⁾ | WA | 1HTMMAAL2DH481321 |

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.


Signature(s)

8-3-13
Date

Renton Highlands
4004 NE 4th St. #107
Renton, WA 98056
Tel: 425.271.8400
Fax: 425.271.0877
Email: Store4532@TheUpsStore.com



Fax Cover



To: WU & TE

Fax #: (360) 586-1181

Date: 9-3-13

of Pages (including cover sheet):

From: Sulva Martinez

Phone #: 425 (200) 71-40

Subject: Sc Deliveries

If you are not the intended recipient, do not disclose, copy, distribute or use this information. If you received this transmission in error, please call immediately to arrange return of the documents at no cost to you.



MAILING INSTRUCTIONS: MAIL FIRST THREE PARTS TO THE STATE COMMISSION. RETAIN FOURTH PART FOR YOUR FILE
Form E

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

7475
RECEIVED
SEP 09 2013
WASH. UT. & TP. COMM

Filed with Washington Utilities and Transportation Commission (hereinafter called Commission)
This is to certify, that the Zurich American Insurance Company of Illinois
(hereinafter called Company) of 1400 American Lane, Schaumburg, IL 60196
(Home Office Address of Company)
has issued to Julio Martinez DBA: JC Deliveries of 17018 106th St. NE, Redmond, WA 98052
(Name of Motor Carrier) (Address of Motor Carrier)

a policy or policies of insurance effective from 3/11/2013 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 of 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 canceled 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 P.O. Box 5990 Napa CA 94581
(Street Address) (City) (State) (Zip Code)

this 3rd day of September, 2013.

Insurance Company File No. 9839420
(Policy Number)


Authorized Company Representative

Liability Limit: \$1,000,000