## 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 Carrier ID#: Reception Number: Safety: 045715 111 0268 200 02 Insurance: Progressi U.L. Employee: TYPE OF APPLICATION (check one) New Common Carrier Permit Authority, or Extension of Common Carrier Permit Authority Transfer of Existing Permit Number GENERAL COMMODITHES Including \$100 \$275 GENERAL COMMODITIES ONLY ARMORED CAR SERVICE \$10b GENERAL COMMODITIES, including \$275 GENERAL COMMODITIES, including HAZARDOUS MAYERIALS ARMORDED CAR SERVICE GENERAL COMMODITIES, including \$275 GENERAL COMMODITIES, including MAZAR DOUS MATERIALS and ARMORED CAR SERVICE **HAZARDOUS MATERIALS** \$275 GENERAL COMMODITIES, INCLUDING HAZARDOUS MATERIALS and ARMORED CAR SERVICE \$100 REINSTATEMENT OF CANCELLED COMMON CARRIER PERMIT For Compiles Auth #: (Must be flied within 10 months of cancellation) TYPE OF PAYMENT ☐ Discover ☐ Mastercard ☑ Visa ☐ Money Order **Expiration Date** ☐ Check ☐ Amex 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. Date: 9-04-13 Name (printed): Signature: MOTOR CARRIER IDENTIFICATION WA UNIFIED BUSINESS IDENTIFIER (UNI) #: CC# US DOT# 1063004 603 852 360 APPLICANT NAME: 509-438-8500 d/b/a: Ruckmy BUSINESS (MAILING) ADDRE (street address, P.O. Box) (city, state, zip) PHYSICAL ADDRESS: (street address, if different)

Sep. 4. 201	Elsa Bookkeeping Service 115_10:4/AMLicensing Services				5095455325 p.1 No. (1539P. 2		
TYPE OF BUSINESS STRUCTURE  (check individual or complete partnership/corporation information)							
MINDIVIDUAL DEPARTMENSHIP DECORPORATION - STATE OF INCORPORATION							
NAME TITLE 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 <u>current</u> 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 (must check one) (Permit will not be issued until acceptable insurance is received)							
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.		NOT HA materials \$750,000 and Prop Insuranc Complete Safety FI Section 1	nls in any quantity  00 in Public Liability operty Damage nce is required. ate and submit the Fitness Survey—  1.		The applicant WILL AUL hazardous aterials requiring million in Public ability and Property mage Insurance and bmit the Safety Fitness rivey – Sections 1 and	The applicant WILL HAUL hazardous materials requiring \$5 mllllon 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#		
#2	512269W		WA		IFUY3 EDBX TP714385		
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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.    Quantum Coulombian   Q- 4-13							