

**PART A**

TV# 132167

**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

NOV 22 2013

Intrastate Common Carrier Operating Authority

**APPLICATION FOR PERMIT**

(excluding Household Goods and Common Carrier Brokers)

WASH. UT. & TP. COMM

**FOR OFFICIAL USE ONLY**

Reception Number: 047796	Safety: MD	Carrier ID#: 7593
111 0268 200 02 275-0	Insurance: MD	Employee: MD

**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 #:
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**TYPE OF PAYMENT**

<input type="checkbox"/> Check	<input type="checkbox"/> Money Order	<input type="checkbox"/> Amex	<input type="checkbox"/> Discover	<input type="checkbox"/> Mastercard	<input type="checkbox"/> Visa	Expiration Date
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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): \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

**MOTOR CARRIER IDENTIFICATION**

CC#: 65203	US DOT#: Under 10,000	WA UNIFIED BUSINESS IDENTIFIER (UBI) #: 603-075-891
APPLICANT NAME: Scott Stafford		PHONE#: 971-221-6396
d/b/a: Squeaky Wheels		FAX #:
BUSINESS (MAILING) ADDRESS: 2914 nw Hill St. Camas Wa. 98607		
PHYSICAL ADDRESS: (street address, if different)		

pay ID # 2351

**TYPE OF BUSINESS STRUCTURE**

(check individual or complete partnership/corporation information)

INDIVIDUAL     PARTNERSHIP     CORPORATION (LP, LLP, LLC)

STATE OF INCORPORATION \_\_\_\_\_

<u>NAME</u>	<u>TITLE</u>	<u>ADDRESS</u>	<u>STOCK DISTRIBUTION OR PERCENTAGE OF SHARE</u>
Scott Stafford	Owner	2914 NW Hill St Camas Wa. 98607	

**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 (must check one)**

A permit will not be issued until acceptable insurance is received

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.

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.

You will haul hazardous materials requiring \$1 million in Public Liability and Property Damage Insurance. You must complete Part C, Sections 1 and 2.

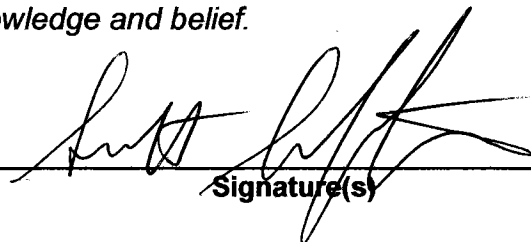
You will haul hazardous materials requiring \$5 million in Public Liability and Property Damage Insurance. You must complete Part C, Sections 1 and 2.

**MOTOR VEHICLE LIST (Attach additional pages if necessary)**

UNIT#	LICENSE#	STATE	VIN#
1	B40684N	Wa.	5TETX22N37Z441886

**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)

11/18/13  
Date



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
11/18/2013

7593

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER <b>FREEMAN INSURANCE &amp; FINANCIAL SERVICES INC</b> StateFarm 8519 SE WOODSTOCK BLVD PORTLAND, OREGON 97266	CONTACT NAME: KELI
	PHONE (A/C, No, Ext): 503 228 1311 FAX (A/C, No): 503 228 3967 E-MAIL ADDRESS:
INSURED <b>SCOTT STAFFORD</b> 2914 NW HILL ST CAMAS, WASHINGTON 98607	INSURER(S) AFFORDING COVERAGE
	INSURER A : State Farm Mutual Automobile Insurance Company NAIC # 25178
	INSURER B : State Farm Fire and Casualty Company 25143
	INSURER C :
	INSURER D :
	INSURER E :

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COM/POP AGG \$
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJ <input type="checkbox"/> LOC						
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			139 7695 F12 47A 139 7695 F12 47B	06/12/2013 12/12/2013	12/12/2013 06/12/2014	COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ 250,000 BODILY INJURY (Per accident) \$ 500,000 PROPERTY DAMAGE (Per accident) \$ 250,000
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB DED RETENTION \$			47-BZ-E62-37	11/18/2013	11/18/2014	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						WC STATUTORY LIMITS OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER <b>WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION</b> PO BOX 47520 OLYMPIA, WASHINGTON 98504-7250	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE <i>John Freeman</i>
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