PART A

TV# 40030

WASHINGTON UTILITIES AND TRANSPORTATION COMMISSIONECEIVED

1300 S Evergreen Park Dr SW, PO Box 47250, Olympia, WA 98504-7250
Telephone (360) 664-1222 – Fax (360) 586-1181

MM

| Telephone (360) 664-1222 - Fax (360) 586-1181 JAN 0 6 20 | | | | | | | |
|---|-----------------|--|-----------|--------------|---------------|--|--|
| Intrastate Common Carrier Operating Authority | | | | | | | |
| APPLICATION FOR PERMIT (excluding Household Goods and Common Carrier Brokers) WASH, UT, & TP, CO | | | | | | | |
| FOR OFFICIAL USE ONLY | | | | | | | |
| Reception Number: (うなおおり | Safety: | | Carrier I | D#: 764 | | | |
| 111 0268 200 02 275,@ | Insurance: | | Employ | ree: MM) | | | |
| 图 的 的 第二人 经 图 图 图 图 图 图 图 图 图 图 图 图 图 图 图 图 图 图 | TYPE OF APPLICA | | | | | | |
| New Common Carrier Permit Authority, or Extension of Common Carrier Permit Author | | | | | | | |
| Transfer of Existing Permit Number \$275 GENERAL COMMODITIES ONLY | | \$100 | CENEDALO | CMMODITIES | C in alredian | | |
| | | ARMORED CAR SERVICE | | | | | |
| \$275 GENERAL COMMODI ARMORDED CAR SERV | | \$100 GENERAL COMMODITIES, including HAZARDOUS MATERIALS | | | | | |
| \$275 GENERAL COMMODI HAZARDOUS MATERIA | | \$100 GENERAL COMMODITIES, including HAZARDOUS MATERIALS and ARMORED CAR SERVICE | | | | | |
| \$275 GENERAL COMMODI HAZARDOUS MATERIALS SERVICE | | Pay ID# 2499 | | | | | |
| \$100 REINSTATEMENT OF CANCELLED COMMON CARRIER PERMIT (Must be filed within 10 months of cancellation) For Commission Use Only: Auth #: | | | | | | | |
| TYPE OF PAYMENT | | | | | | | |
| ☐ Check ☐ Money Order ☐ A | mex Discover D | Mastercard □ Vi | sa | Expiration [|)ate | | |
| | | | | | l | | |
| 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, A. Rauch Date: 12.31.13 | | | | | | | |
| Signature: Title: auth. Rep. | | | | | | | |
| | MOTOR CARRIER | IDENTIFICA | TION | | | | |
| CC#: 6524 US DOT# WA UNIFIED BUSINESS IDENTIFIER (UBI) #: | | | | | | | |
| APPLICANT NAME: Stanley M. Ra | uch | | PHONE#: | 509-35 | 0-0562 | | |
| Rauch Delivery Service FAX#: 509-764-0572 | | | | | | | |
| BUSINESS (MAILING) ADDRESS: 1301 5 Hami Hon, Moses Lake, WA 98837 | | | | | | | |
| PHYSICAL ADDRESS: (street address, if different) | | | | | | | |
| Same | | | | | | | |

| 44.7 | | | SS STRUCTURE | rmation) | | | | |
|--|---|--|--|-----------------------------------|--|--|--|--|
| (check individual or complete partnership/corporation information) ■ INDIVIDUAL □ PARTNERSHIP □ CORPORATION (LP, LLP, LLC) STATE OF INCORPORATION | | | | | | | | |
| <u>NAME</u> | TITLE | ADDRI | _ | STOCK DISTRIBUTION OR | | | | |
| Stanley M | NAME TITLE ADDRESS STOCK DISTRIBUTION OR PERCENTAGE OF SHARE Stanley M Rauch 1301. S. Hamiton, Moses Lake, WA 98837 | | | | | | | |
| Started W. Isaact - 1501 - 100001 100, 1105es Lake 1004 78857 | | | | | | | | |
| | 3 12 | | ERMIT NUMBER | | | | | |
| | ection if you are transf | ferring an existing p | ermit to a new owner. L | ist 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) | | | | | | | | |
| ✓ You will not h | | ot be issued until a vill not haul | cceptable insurance is r I□ You will haul | eceived | | | | |
| hazardous mate | azardous materials in any hazardous materials in any quantity. You will hazardous materials requiring \$1 million in requiring \$5 million in | | | | | | | |
| operate vehicles | operate vehicles with a Operate vehicle vehicles with a Operate vehicles with a Operate vehicles with | | | | | | | |
| pounds. You mu \$300,000 in Pub | ıst obtain or more. | or more. You must obtain Insurance. You must | | Insurance. You must | | | | |
| and Property Da | image and Pro | perty Damage ce. You must | e 1 and 2. Sections 1 and 2. | | | | | |
| need to complet | e Part B. complete | e Part B. | | | | | | |
| UNIT# | LICENSE# | STATE | h additional pages if n | ecessary) VIN# | | | | |
| #1 | B56577P | II)A | 1010314 | 4419112533 | | | | |
| #19 | B56215R | AW | 168363 | | | | | |
| | | | | | | | | |
| | | Floria Signa | turo | Market Market State (1995) | | | | |
| Signature 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. | | | | | | | | |
| | | | | | | | | |
| 12.31.13 | | | | | | | | |
| Signature(s) Date | | | | | | | | |