

PART A

TV# 40030

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)

JAN 06 2014

WASH. UT. & TP. COMM

RECEIVED

FOR OFFICIAL USE ONLY

Reception Number: 040842 111 0268 200 02 275.00	Safety:	Carrier ID#: 764
Insurance:	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	pay ID# 2499

<input type="checkbox"/> \$100 REINSTATEMENT OF CANCELLED COMMON CARRIER PERMIT (Must be filed within 10 months of cancellation)	For Commission Use Only: Auth #:
---	-------------------------------------

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
--------------------------------	--------------------------------------	-------------------------------	-----------------------------------	-------------------------------------	-------------------------------	-----------------

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: [Signature] Title: Auth. Rep.

MOTOR CARRIER IDENTIFICATION

CC#: <u>15241</u>	US DOT# <u>2163089</u>	WA UNIFIED BUSINESS IDENTIFIER (UBI) #:
APPLICANT NAME: <u>Stanley M. Rauch</u>		PHONE#: <u>509-350-0562</u>
d/b/a: <u>Rauch Delivery Service</u>		FAX #: <u>509-764-0572</u>
BUSINESS (MAILING) ADDRESS: <u>1301 S Hamilton, Moses Lake, WA 98837</u>		
PHYSICAL ADDRESS: (street address, if different)		

same

