

REINSTATEMENT

TU-40235

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

Reception Number: 049142	Safety:	Carrier ID#: 6173
111 0268 200 02 100.0	Insurance:	Employee: MA

TYPE OF APPLICATION (check one)

New Common Carrier Permit Authority, or Transfer of Existing Permit Number	Extension of Common Carrier Permit Authority
<input 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 checked="" type="checkbox"/> \$100 REINSTATEMENT OF CANCELLED COMMON CARRIER PERMIT (Must be filed within 10 months of cancellation)	For Commission Use Only Auth #: 45202
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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): Jose Esquivel Date: 2-6-14
 Signature: [Signature] Title: Owner

MOTOR CARRIER IDENTIFICATION

CC#: 64045?	US DOT# 1990884	WA UNIFIED BUSINESS IDENTIFIER (UBI) #: 603-046-393
APPLICANT NAME: <u>Jose Esquivel</u>		PHONE#: 509-855-6033
d/b/a: <u>Jose Esquivel Trucking LLC</u>	FAX #:	
BUSINESS (MAILING) ADDRESS: (street address, P.O. Box) <u>2408 W. Jay St</u>		
(city, state, zip) <u>pasco, WA 99301</u>		
PHYSICAL ADDRESS: (street address, if different)		
EMAIL ADDRESS:		

TYPE OF BUSINESS STRUCTURE

(check individual or complete partnership/corporation information)

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

NAME	TITLE	ADDRESS	STOCK DISTRIBUTION OR PERCENTAGE OF SHARE
Jose Esquivel	owner	2408 W. 14th St Pasco, WA 99301	100%

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

- | | | | |
|---|---|---|---|
| <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. |
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MOTOR VEHICLE LIST (Attach additional pages if necessary)

UNIT#	LICENSE#	STATE	VIN#
17		WA	1FADCXVB6XPA14566
21		WA	1XKWD89X87R1172507

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)

2-6-14
Date

6173
Pending

CC64045

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

Filed with WA UTILITIES & TRANSPORTATION COMMISSION (hereinafter called Commission)
(Name of Commission)

This is to certify, that the OIDA RISK RETENTION GROUP, INC.
(Name of Company)

(hereinafter called Company) of 58 EAST VIEW LANE, SUITE 2; BARRE, VT 05641
(Home Office Address of Company)

has issued to JOSE ESQUIVEL TRUCKING LLC of 2408 W JAY ST; PASCO, WA 99301
(Name of Motor Carrier) (Address of Motor Carrier)

a policy or policies of insurance effective from 02-22-2014 12:01 A.M. standard time at the address of the insured stated in said policy or policies and continuing until cancelled 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 in 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 cancelled 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 1 NW OIDA DRIVE; GRAIN VALLEY, MISSOURI 64029
(Street Address) (City) (State) (Zip Code)

this 24TH day of FEBRUARY 2014.

Insurance Company File No. PL199519892
(Policy Number)


(Authorized Company Representative)

bz Member # 1182108