

WASHINGTON



1300 South Evergreen Park Drive
SW
PO Box 47250
Olympia, WA 98504-7250
Phone (360) 864-1222
Fax (360) 586-1181
Web Site: www.utc.wa.gov

40450

COMMON CARRIER OF PROPERTY
(excluding Household Goods carriers and Brokers)

7765

APPLICATION FOR CHANGE OF NAME OR BUSINESS STRUCTURE
FEE: \$50.00

Application for Change of Name or Business Structure may be used ONLY in the following circumstances:

- Changes of carrier's name, with no change in ownership or business structure.
- Change of business structure from individual to corporation to incorporate an individual's business when the individual is the majority stockholder or, by an individual to a partnership, when the individual is the majority partner or, from a corporation to a proprietorship of the majority shareholder or, by a partnership to a proprietorship of the majority partner.
- Change of name resulting from a change in business structure from a partnership to a corporation established to incorporate the partnership business, when the partners are the majority stockholders in the same proportionate ownership.
- Change of name resulting from a change in business structure from a corporation to another corporation where both corporations are wholly owned by the same stockholders in the same proportions.

TYPE OF PAYMENT

770261

Cash Check Money Order AMEX MasterCard Visa
Exp Date

Credit Card Information (if applicable)

Amount \$ 50.00 COMPANY NAME: HAZEL I ARVIZU
CONRADO ARVIZU
DBA-A-1 CAR

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.

Cardholder's signature: Hazel I Arvizu Date 3-18-14

For Commission Use Only

111-0268-200-02	<u>50.00</u>	Received date: <u>7-19-13</u>	ID: <u>049651</u>
			Insurance:

Holder of Permit CC-60251 asks the UTC for authority to change the name of or the business structure of the carrier named below under 81.80 RCW and WAC 480-14 to:

NEW BUSINESS INFORMATION

New Name: <u>HAZEL ARVIZU CONTRADO ARVIZU</u>	Phone #:
Trade Name: <u>DBA A-1 CAB</u>	Fax #: <u>509-576-8342</u>
Mailing Address: <u>4601 POWERHOUSE</u>	Physical Address: (if different)
Street/P.O. Box	Street
City, State Zip: <u>Yakima, Wa. 98909</u>	City, State Zip

USDOT # _____ (If you don't have one, you can apply online at www.fmcsa.dot.gov/online-registration or contact 360-596-3812 for assistance.)

Unified Business Identifier Number (UBI): 601 600 853

Individual Partnership Corporation - State of Incorporation _____
(LP, LLP, LLC)

NAME	TITLE	ADDRESS	PERCENTAGE OF SHARES
<u>HAZEL ARVIZU</u>			<u>99%</u>
<u>CONTRADO ARVIZU</u>			<u>1%</u>

CURRENT BUSINESS INFORMATION

Current Name: <u>HAZEL ARVIZU</u>	Phone #:
Trade Name: <u>DBA-A-1 CAB</u>	Fax #:
Mailing Address:	Physical Address:
Street/P.O. Box	Street
City, State Zip	City, State Zip

Individual Partnership Corporation (LP, LLP, LLC) State of Incorporation _____

NAME	TITLE	ADDRESS	PERCENTAGE OF SHARES
<u>HAZEL ARVIZU</u>	<u>OWNER</u>		<u>100%</u>

CERTIFICATION: Carrier affirms that the change of name or business structure does not involve a change in ownership, management, or control of the operating authority. The undersigned applicant requests that the Commission enter an order granting its petition as provided in 81.80 RCW.

I certify or declare under penalty of perjury under the laws of the State of Washington that the information contained in this application is true and correct.

Hazel Arvizu
Signature(s)

3-18-14
Date



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
3/12/2014

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 Terril Lewis & Wilke Ins P O Box 1789 112 S 4th Street Yakima WA 98907	CONTACT NAME: Donna Martinez PHONE (A/C No, Ext): (509) 248-3515 FAX (A/C No): (509) 248-3673 E-MAIL ADDRESS: dmartinez@tlwins.com	
	INSURER(S) AFFORDING COVERAGE NAIC #	
INSURED Conrado Arvizu & Hazel I Arvizu, DBA: A-1 Cab 4601 Powerhouse Road #43 Yakima WA 98908	INSURER A: National Casualty Co.	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** 14-15 Auto **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 SUBR INSR 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 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMPIOP AGG \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS		CA00249813	3/13/2014	3/13/2015	COMBINED SINGLE LIMIT (Ea accident) \$ 300,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ UM \$ 100,000
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> N/A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below					WC STATUTORY LIMITS OTH-ER 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)
 Permit: CC-60251

CERTIFICATE HOLDER Washington Utilities and Transportation C P O Box 47250 Olympia, WA 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 Aaron McCoy/DONNA