



REINSTATEMENT

12-140 605

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: **049850**

Safety:

Carrier ID#

118057

111 0268 200 02

275.0

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

\$275 GENERAL COMMODITIES ONLY

\$100 GENERAL COMMODITIES, including ARMORED CAR SERVICE

\$275 GENERAL COMMODITIES, including ARMORED CAR SERVICE

\$100 GENERAL COMMODITIES, including HAZARDOUS MATERIALS

\$275 GENERAL COMMODITIES, including HAZARDOUS MATERIALS

\$100 GENERAL COMMODITIES, including HAZARDOUS MATERIALS and ARMORED CAR SERVICE

\$275 GENERAL COMMODITIES, INCLUDING HAZARDOUS MATERIALS and ARMORED CAR SERVICE

\$100 REINSTATEMENT OF CANCELLED COMMON CARRIER PERMIT (Must be filed within 10 months of cancellation)

For Commission Use Only
Auth #: *025226*

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): *Melanie Kennedy*

Date: *4/9/14*

Signature: *[Handwritten Signature]*

Title: *MGR*

MOTOR CARRIER IDENTIFICATION

CC#: *37222*

US DOT#: *449406*

WA UNIFIED BUSINESS IDENTIFIER (UBI) #: *600581694*

APPLICANT NAME: *Kirkpatrick's Inc*

PHONE#: *360425-5230*

d/b/a:

FAX #: *360501-4995*

BUSINESS (MAILING) ADDRESS: (street address, P.O. Box) *2615 Hammond Rd*

(city, state, zip) *RAVIER, OR 97048*

PHYSICAL ADDRESS: (street address, if different) *SAME*

EMAIL ADDRESS: *kirkpatrickstruckers@yahoo.com*

TYPE OF BUSINESS STRUCTURE

(check individual or complete partnership/corporation information)

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

NAME	TITLE	ADDRESS	STOCK DISTRIBUTION OR PERCENTAGE OF SHARE
Tom Kirkpatrick	PRES	2005 Hammond Road 97048	80%
Sandra Kirkpatrick	Sec	"	20%

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)

(Permit will not be issued until acceptable insurance is received)

<input checked="" type="checkbox"/> The applicant <u>WILL NOT HAUL</u> hazardous materials in any quantity and <u>WILL</u> only operate vehicles less than 10,000 pounds gross weight rating— \$300,000 in Public Liability and Property Damage Insurance is required. You do not need to complete the Safety Fitness Survey.	<input checked="" type="checkbox"/> The applicant <u>WILL NOT HAUL</u> hazardous materials in any quantity -- \$750,000 in Public Liability and Property Damage Insurance is required. Complete and submit the Safety Fitness Survey—Section 1.	<input type="checkbox"/> The applicant <u>WILL HAUL</u> hazardous materials requiring \$1 million in Public Liability and Property Damage Insurance and submit the Safety Fitness Survey – Sections 1 and 2.	<input type="checkbox"/> The applicant <u>WILL HAUL</u> hazardous materials requiring \$5 million in Public Liability and Property Damage Insurance. Complete and submit the Safety Fitness Survey – Sections 1 and 2.
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EQUIPMENT LIST (Attach additional list if necessary)

UNIT#	LICENSE#	STATE	VIN#
	See Attached		

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) _____

Date 4-9-14

KIRKPATRICKS INC.**26915 Hammond Rd.****Rainier, OR 97048**

UNIT #	License #	State	Vin
1	YAGM188	OR	1XKAPR9X9HJ565267
2	YAGJ397	OR	1FUB3MDB0RPS83329
4	YAGH930	OR	1XKDD29X2KS526496
5	YAGN099	OR	1XKDDR9X4MS562833
7	YAHM721	OR	1FUVDZYB2WLA10906
8	YAGI918	OR	4V1VDBPF2SN712372
9	YAGN358	OR	1XKDDR9X5MS562825
10	YAGP789	OR	1XP7DB9X82D547879
11	YAFZ973	OR	1XKDDR9XXRJ610705
12	YAGT178	OR	1FUY3MDB3RP583321
14	YAGK420	OR	1XKADR9X9M5563513
15	YAHD525	OR	1NKDLB9X2RR619856
17	YAHB555	OR	1NKDLB9X6RR619861
18	YAHM722	OR	1NKDL29X2MS563841
19	YAGH932	OR	1XKAD28X7KJ517271
20	YAGK035	OR	1FUBDCYB6NP480220
21	YAGK036	OR	1FUB3MDB3SP603742
22	YAGK147	OR	1XKADB9X1JS514535
23	YAHA850	OR	1NKDL29X8JS512002
24	YAHB522	OR	1NKDL29X7HS347859
25	YAHA994	OR	1FUYSSEB6XPF36127
26	YAHB851	OR	1NKDLB9XXRR630071
27	YAGW986	OR	1XKDDR9X2PS584088
28	YAHD285	OR	1NKDL69X4NS570251
29	YAGM189	OR	1XKAD29X8KS523041
32	YAFZ979	OR	1NKDL29X9HS500001