

**PART A**

TV# 190759

**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: <b>050132</b> | Safety: <i>MD</i>    | Carrier ID#: <b>7850</b> |
| 111 0268 200 02 <b>275.00</b>   | Insurance: <i>MD</i> | Employee: <i>MD</i>      |

| 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 |   |

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

For Commission Use Only: Auth # **551028**

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): **JAMES W STONE**   Date: **26 APRIL 2014**

Signature: *James W. Stone*   Title: **MANAGING MEMBER**

|                   |                         |  |
|-------------------|-------------------------|--|
| CC#: <b>6539A</b> | US DOT# <b>MC866389</b> | WA UNIFIED BUSINESS IDENTIFIER (UBI) #: <b>603395545</b> |
|-------------------|-------------------------|--|

LEGAL NAME: **RPD SERVICES LLC**   PHONE#: **509.723.9869**

d/b/a:   FAX #: **509.834.7276**

BUSINESS (MAILING) ADDRESS: **2717 S RAYMOND RD, SPOKANE VALLEY WA 99206**

PHYSICAL ADDRESS: (street address, if different)

EMAIL ADDRESS: **99224rpd@gmail.com**

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

| <u>NAME</u>   | <u>TITLE</u>    | <u>ADDRESS</u>   | <u>STOCK DISTRIBUTION OR PERCENTAGE OF SHARE</u> |
|---------------|-----------------|------------------|--|
| JAMES W STONE | MANAGING MEMBER | SAME AS BUSINESS | 100%   |

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: \_\_\_\_\_

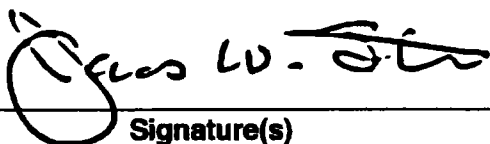
\_\_\_\_\_  
Signature of current permit holder

\_\_\_\_\_  
Date

|  |  |   |   |
|--|--|---|---|
| <input checked="" 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 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. |
|--|--|---|---|

| UNIT#           | LICENSE# | STATE | VIN# |
|-----------------|----------|-------|------|
| none at present |          |       |      |
|                 |          |       |      |
|                 |          |       |      |

*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)

26 APRIL 2014

\_\_\_\_\_  
Date

7850  
Fording

**Form E**  
**UNIFORM MOTOR CARRIER BODILY INJURY AND PROPERTY**  
**DAMAGE LIABILITY CERTIFICATE OF INSURANCE**

Filed with **Washington Utilities and Transportation Commission** (hereinafter called Commission)

This is to certify, that the **Western National Assurance Company** (hereinafter called Company)

of **9706 4<sup>th</sup> Ave NE, Seattle, WA 98115**

has issued to **RPD Services LLC** of **2717 S Raymond Rd Spokane Valley, WA 99206**

a policy or policies of insurance effective from **5-27-14** **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 **9706 4<sup>th</sup> Ave NE, Seattle, WA 98115**

this **29<sup>th</sup>** day of **May**, 2014

Insurance Company File No. **CPP1093770**  
(Policy Number)

**Norma Kageyama**  
(Authorized Company Representative)