PART A

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 Nu	mber:	0502	88	Safet	y:		C			Carrier I	D#()	862	2	
111 0268 20	00 02	275.00	\supset	Insurance: Emplo					Employ		ND			
TYPE OF APPLICATION (check one)														
New Common Carrier Permit Authority, or						Extension of Common Carrier Permit Authority								
Transfer of Existing Permit Number														•
\$275	GENE	RAL COM	RAL COMMODITIES ONLY					\$100	GENERAL COMMODITIES, including ARMORED CAR SERVICE					
\$275	\$275 GENERAL COMMODITIES, including ARMORED CAR SERVICE						\$100	GENERAL COMMODITIES, including HAZARDOUS MATERIALS						
\$275	\$275 GENERAL COMMODITIES, including HAZARDOUS MATERIALS						\$100	GENERAL COMMODITIES, including HAZARDOUS MATERIALS and ARMORED CAR SERVICE						
\$275		RAL COMI DOUS MATE												
\$100 REINSTATEMENT OF CANCELLED COMMON CARRIER PERMIT (Must be filed within 10 months of cancellation) For Commission Use Only: Auth #:								nly:						
TYPE OF PAYMENT TO THE PAYMENT OF TH														
Check ☐ Money Order ☐ Amex ☐ Discover ☐ Mastercard ☐ Visa														
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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): AHMED RASHID LATIFYAR Date: 4-24-14														
Signature:Title:Title:														
MOTOR CARRIER IDENTIFICATION														
CC#:654	03	US	DOT#					WA UNI	IFIED I	BUSINE 2 <i>80</i> -	SS IDE	ENTIFI つ	ER (UE	BI) #:
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d/b/a: FAX #:														
BUSINESS (MAILING) ADDRESS: 19752 40th Ave so Seater WA 98188														
PHYSICAL ADDRESS: (street address, if different)														
EMAIL ADDRESS: Fonyalmas 206 Q gmails cours														
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	(check i		PE OF BUSINE		TRUCTURE	ion)			
MOIVIDUA		NERSH	IP CORPOR	ATIO	N (LP, LLP, LLC) CORPORATION				
NAME	TITLE	<u>:</u>	ADDRE	<u>ESS</u>		STOCK DISTRIBUTION OR PERCENTAGE OF SHARE			
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Consulate this o			ANSFER OF PE						
holder and perm of the permit nu	nit number to be	e transte e transfe	erring an existing per erred. The current	ermit t permit	to a new owner. List n t holder must sign belo	ame of <u>current</u> permit ow to authorize the transfer			
NAME ON PER		1/1/	f		PERMIT N	UMBER:			
		14-				O			
Signature of cu	urrent permit ho					Date			
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Insurance. You	do not In	surance	e. You must			Coolong Fund 2.			
need to complet		omplete							
UNIT#	LICENSE		STATE	Tagg	lditional pages if necessary) VIN#				
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			Signa	ture	ANT TOUR DESCRIPTION OF THE PARTY OF THE PAR	A A A A A A A A A A A A A A A A A A A			
I, as applicant,	understand th	hat the f	filing of this applic	cation	does not in itself co	nstitute 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.									
4-24-14									
	Signature	(s)				Date			

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

Filed with the WASHINGTON UTILITIES & TRANSPORTATION COMMISSION-OPERATIONS DIVISION (hereinafter called Commission) of PO BOX 47250, OLYMPIA, WA 98504

This is to certify, that the United Financial Casualty Company (hereinafter called Company) of PO BOX 94739, CLEVELAND, OH 44101 has issued to AHMED LATIFYAR of 19752 40TH AVE S, COMMSEATAC, WA 98188-0000 a policy or policies of insurance effective from 05/06/2014 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 6300 WILSON MILLS, MAYFIELD VILLAGE, OH 44143

this 7th day of May, 2014

Insurance Company File No. CA 03069821

(Policy Number)

(Authorized Company Representative)

IRB3539B

MC1633a(08/99)