

Jun. 5. 2014 1:30PM Licensing Services



COMMON CARRIER OF PROPERTY (Excluding Household Goods Carriers and Brokers)

1300 Sylvia Morgan Parkway SW Olympia, WA 98504-7250 Phone 360-654-7222 Fax 360-585-1181 Web Site: www.ltc.wa.gov Transportation@luc.wa.gov

APPLICATION FOR REINSTATEMENT - FEE \$100.00 (Per WAC 480-14-220)

Applications for Reinstatement of a Canceled Common Carrier permit must be within 10 months of the cancellation date of the permit. If over 10 months, you must submit a new application form.

Common Carrier # 58254 to be reinstated.

Legal Name: Francisco Almaguer

Trade Name(s), dba(s), if any: N/A

Business (Mailing) Address: PO Box 5551 OUTROK, WA 98138

Physical Address (if different): 501 Commercial Rd Sunnyvale, WA 98741

Phone number: (509) 341-1018 Fax Number: _____

Email address: _____ USDOT #: 1949655

Unified Business Identifier Number (UBI): 601737546

Type of Business Structure:

- Individual
- Partnership
- Limited Liability Company
- Corporation
- State of Inc. _____

NAME _____ TITLE _____ ADDRESS _____ PERCENTAGE OF SHARES _____

For Official Use Only	Received Date:	ID: <u>M339995</u>
111-0768-200-02	Insurance:	Doclet TV: <u>91230</u>
Receipt ID: _____	Payment ID: _____	

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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 FRANCISCO ALMAGUER of PO BOX 559, OUTLOOK, WA 98938-0000 a policy or policies of insurance effective from 06/09/2014 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 5th day of June, 2014

Insurance Company File No. CA 03163642
(Policy Number)



(Authorized Company Representative)

MC1633a(08/99)

IRB3539B