

PART A

TV# 19233

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: 111 0268 200 02	Safety: <i>MS</i>	Carrier ID#: <i>746</i>
	Insurance:	Employee: <i>MS</i>

TYPE OF APPLICATION (check one)

New Common Carrier Permit Authority, or Transfer of Existing Permit Number	Extension of Common Carrier Permit Authority
<input 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	

<input checked="" type="checkbox"/> \$100 REINSTATEMENT OF CANCELLED COMMON CARRIER PERMIT (Must be filed within 10 months of cancellation)	For Commission Use Only: Auth #:
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TYPE OF PAYMENT

Check Money Order Amex Discover Mastercard Visa

Expiration Date *12/15*

4 7 0 1 3 2 1 0 0 3 2 6 9 7 8 8

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): *Desira A Ito* Date: *6/6/14*

Signature: *[Signature]* Title: *Agent*

MOTOR CARRIER IDENTIFICATION

CC#: <i>64796</i>	US DOT#: <i>2368400</i>	WA UNIFIED BUSINESS IDENTIFIER (UBI) #: <i>603-265-001</i>
APPLICANT NAME: <i>Lilona Express LLC</i>		PHONE#: <i>509-837-7032</i>
d/b/a:	FAX #: <i>509-453-3936</i>	
BUSINESS (MAILING) ADDRESS: (street address, P.O. Box) <i>204 Terrace Ave</i> (city, state, zip) <i>Sunny side WA 98944</i>		
PHYSICAL ADDRESS: (street address, if different)		

TYPE OF BUSINESS STRUCTURE
(check individual or complete partnership/corporation information)

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

NAME	TITLE	ADDRESS	STOCK DISTRIBUTION OR PERCENTAGE OF SHARE
<u>Sergio Lilona</u>	<u>manager</u>	<u>204 Terrace Ave.</u>	<u>50%</u>
<u>Eveliz Lilona</u>	<u>manager</u>	<u>Sunnyside WA</u> <u>98944</u>	<u>50%</u>

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)
A permit will not be issued until acceptable insurance is received.

<input 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 checked="" 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.
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MOTOR VEHICLE LIST (attach additional pages if necessary)

UNIT#	LICENSE#	STATE	
<u>1</u>		<u>WA</u>	<u>1F4PCJ2B0YPR90466</u>

Signature _____

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.

Sergio Lilona by [Signature]
Signature(s) Agent

6/6/14
Date

M
7/4/14
Pending

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 LICONA EXPRESS LLC of 204 TERRACE AVE, SUNNYSIDE, WA 98944-0000 a policy or policies of insurance effective from 06/06/2014 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 12th day of June, 2014

Insurance Company File No. CA 03150922
(Policy Number)



(Authorized Company Representative)

MC1633a(08/99)

IRB3539B