

PART A
APPLICATION FOR PERMIT
(excluding Household Goods)

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

<i>FOR OFFICIAL USE ONLY</i>		Docket No. TV-1 2131x
Reception Number	Safety <i>N/A</i>	Carrier ID# <i>7019</i>
111-0268-200-02	Insurance	Employee <i>MS</i>
TYPE OF APPLICATION		
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		
<input type="checkbox"/> \$100 REINSTATEMENT OF CANCELLED COMMON CARRIER PERMIT - Must be filed within 10 months of cancellation		

MOTOR CARRIER IDENTIFICATION

Common Carrier #: 68452 Unified Business Identifier Number (UBI): 60313376511
Legal Name: KEVIN MBUGUA KANGARA USDOT: X
Trade Name(s), dba(s), if any: KILIMANI EXPEDITERS
Email address: Kevinmbugua2@yahoo.com
Business (Mailing) Address: 16114 SE 258th St Covington WA 98042
Physical Address (if different): N/A

TYPE OF PAYMENT

→ Kevinmbugua2@yahoo.com

TYPE OF BUSINESS STRUCTURE

Individual Partnership Corporation Limited Liability Company State of Inc. _____

NAME KILIMANI EXPEDITERS TITLE OWNER Stock Distribution or % of Shares

***TRANSFER OF PERMIT NUMBER**

*Complete this section ONLY 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 hold 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

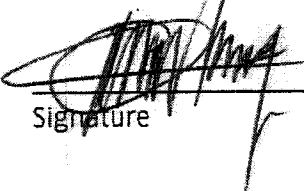
<input checked="" type="checkbox"/> You will not haul hazardous materials in any quantity. You will only operate vehicles with a GVWR of less than 10,000 pounds. You must obtain \$300,000 in Public Liability and Property Damage Insurance. You do not need to complete Part B.	<input type="checkbox"/> You 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.
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MOTOR VEHICLE LIST (Attach additional pages if necessary)

Unit #	License Number	State	VIN number
01	G03514A	WA	2D4HN1E49R584395

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 issued by 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

06/17/2014
Date

Progressive
P.O. Box 94739
Cleveland, OH 44101
1-800-895-2886

PROGRESSIVE[®]

Policy number: 08217434-2

Underwritten by:
United Financial Casualty Company
June 20, 2014
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Certificate of Insurance

Certificate Holder	Insured	Agent
UTILITY TRANSPORTATION COMMISSION 1300 FT EVERGREEN PARK DR PO BOX 47250 OLYMPIA, WA 98504	KEVIN KANGARA 16114 SE 258TH ST KENT, WA 98042	PROG COMMERCIAL PO BOX 94739 CLEVELAND, OH 44101

This document certifies that insurance policies identified below have been issued by the designated insurer to the insured named above for the period(s) indicated. This Certificate is issued for information purposes only. It confers no rights upon the certificate holder and does not change, alter, modify, or extend the coverages afforded by the policies listed below. The coverages afforded by the policies listed below are subject to all the terms, exclusions, limitations, endorsements, and conditions of these policies.

Policy Effective Date: Aug 25, 2013

Policy Expiration Date: Aug 25, 2014

Insurance coverage(s)	Limits
Bodily Injury/Property Damage	\$300,000 Combined Single Limit
Motor Trucking Cargo	\$25,000 w/\$1,000 Ded

Description of Location/Vehicles/Special Items

Scheduled autos only

Certificate number

17114LMA434

Please be advised that the certificate holder will not be notified in the event of a mid-term cancellation.

