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PART A

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WASH, UT. & TP. COMM

APPLICATION FOR PERMIT (excluding Household Goods)

WASH, UT, & TP, COMM.

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

Docket No. TV-FOR OFFICIAL USE ONLY Carrier ID# 932 Reception Number 050741 Safety 111-0268-200-02 275.00 Employee AWA Insurance 世17-007516030 TYPE OF APPLICATION **Extension of Common Carrier Permit Authority New Common Carrier Permit Authority.** or Transfer of Existing Permit Number M \$275 GENERAL COMMODITIES ONLY \$100 **GENERAL COMMODITIES, including ARMORED CAR SERVICE** \$275 GENERAL COMMODITIES, including \$100 **GENERAL COMMODITIES, including HAZARDOUS MATERIALS ARMORED CAR SERVICE** \$100 **GENERAL COMMODITIES, including** \$275 GENERAL COMMODITIES, including **HAZARDOUS MATERIALS and HAZARDOUS MATERIALS** ARMORED CAR SERVICE \$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 MOTOR CARRIER IDENTIFICATION Common Carrier #: 6506 Unified Business Identifier Number (UBI): 601 278 941 001 000 Legal Name: MIKE WARREN ANDERSON USDOT: _____ Trade Name(s), dba(s), if any_____ Email address: MW AOOO @ NEWS GUY, COM Phone Number: 206 433 1127 Fax Number: _____ Business (Mailing) Address: P.O. BOX 338, SALKUM WA 98582

Physical Address (if different): 198 RAY DEL DRIVE, SALKUM WA 98582

TYPE OF PAYMENT Check Money Order Amex Discover Mastercard Visa Expiration Date Credit Card number: 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. Company Name: Name (printed): MIKE W- ANDERSON Date: 6/12/14 Signature: Mike W. ANDERSON Title:

If paying by credit card, you may fax your application to 360-586-1181 or scan to transportation@utc.wa.gov

		TYPE OF BUSINES	SS STRUCTU	IRE			
Individual	☐ Partnership	☐ Corporation ☐] Limited Lia	ability Company	State of Inc		
NAME	<u>TITI</u>	<u>.E</u>	Stock Distribution or % of Shares				
permit holder	and permit numbe permit number.	*TRANSFER OF PE ou are transferring an ex r to be transferred. The	xisting perm	nit to a new owne rmit hold must si	er. List name of current gn below to authorize the t Number		
Signature of cu	irrent permit holde	er	Date				
		ISURANCE REQUIRENT twill not be issued until a		And the second s			
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		u will not haul rdous materials in any tity. You will operate cles with a GVWR of 00 pounds or more. You obtain \$750,000 in It is Liability and Property age Insurance. You must olete Part B.	materials re million in P Property Da	ublic Liability and amage Insurance. omplete Part C,	You will haul hazardous materials requiring \$5 million in Public Liability and Property Damage Insurance. You must complete Part C, Sections 1 and 2.		
	МОТО	R VEHICLE LIST (Attach a	additional p	ages if necessary			
Unit#	License B 3643	Number 6	State WA		/IN number 9B9ROD 57149		
a de la companya de l		SIGNA	TURE				
and that no op	erations may be co	ne filing of this application onducted until a permit ined in this application	is issued by	the Commission	. I hereby declare and		
mhe l	W. Buch			6/12/ pate	14		



CERTIFICATE OF LIABILITY INSURANCE

MIKE-22

OP ID: EH

DATE (MM/DD/YYYY) 07/01/14

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to

the cer	terms and conditions of the politificate holder in lieu of such end	cy, certi orseme	ain p nt(s)	rolicies may require an er	ndorse	ment. A sta	tement on th	is certificate does not confer	rights to the
PRODUCER Lovsted-Worthington LLC P.O. Box 607 Bothell WA 98041				206-285-7735	CONTAI	Edward	Hadley		
		206-285-3461		PHONE (A/C, No	85-3461				
124 T	hird Ave W			E-MAIL ADDRESS: edward@lovstedworthington.com					
Seattle, WA 98119 Lovsted Worthington LLC					INSURER(S) AFFORDING COVERAGE				
					INSURE	14761			
INSUR					INSURE	RB:			
PO Box 338 Salkum, WA 98582					INSURE				
					INSURE	RD:			
					INSURE	RE:			
					INSURE	RF:			
COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:									
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.									
NSR LTR	TYPE OF INSURANCE	ADDL				POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMITS	
	SENERAL LIABILITY							EACH OCCURRENCE S	
	COMMERCIAL GENERAL LIABILITY						;	DAMAGE TO RENTED PREMISES (Ea occurrence) \$	
	CLADIC MADE OCCUP	1						Table 1 and	

ľ	LTR	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	S	
	. :	GENERAL LIABILITY COMMERCIAL GENERAL LIABILITY CLAIMS-MADE OCCUR GEN'L AGGREGATE LIMIT APPLIES PER:						EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	
_	A	POLICY PRO- JECT LOC AUTOMOBILE LIABILITY X ANY AUTO ALL OWNED AUTOS AUTOS SCHEDULED AUTOS X HIRED AUTOS X AUTOS			BAP0003807	04/03/14	04/03/15	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) UIM/UI	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	1,000,000
		UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION'S WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A					EACH OCCURRENCE AGGREGATE WC STATU- TORY LIMITS E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	\$ \$ \$ \$	1,000,000
		·								

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) RE: 1994 Toyota Corolla VIN#: JT2AE09B9R0057149 - Evidence of Insurance.

<u> </u>		
CERTIFICATE HOLDER		CANCELLATION
Washington Utilities & Transportation Commission	WASHU-2	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

PO Box 47250 Olympia, WA 98504

AUTHORIZED REPRESENTATIVE