

PART A
APPLICATION FOR PERMIT
(excluding Household Goods)

done
7/16/14

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- <i>19428</i>
Reception Number	Safety <i>MD</i>	Carrier ID# <i>7953</i>
111-0268-200-02	Insurance	Employee <i>MD</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 #: *5479* Unified Business Identifier Number (UBI): 603-283-623
Legal Name: Forward Intermodal Transportation Inc USDOT: 2386796
Trade Name(s), dba(s), if any: **FIT**
Email address: Vlad@ForwardIntermodal.com
Phone Number: (206) 696-3777 Fax Number: (253) 850-0301
Business (Mailing) Address: PO Box 5025 Kent, WA 98064
Physical Address (if different): 19405 113th Ave SE Kent, WA 98031

TYPE OF BUSINESS STRUCTURE

Individual Partnership Corporation Limited Liability Company State of Inc. WA

<u>NAME</u>	<u>TITLE</u>	<u>Stock Distribution or % of Shares</u>
Aleksandr Labaz	President	100%

***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
11	C14457B	WA	WD0PE745385266505

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.

Aleksandr Labaz
Signature

July 14, 2014
Date

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

Filed with Washington Utilities & Transportation Commission (herein after called Agency)
(Name of Agency)

This is to certify that the Arch Insurance Company
(Name of Company)
(herein after called Company) of 300 Plaza Three, 3rd Floor, Jersey City, NJ, 07311
(Home Address of Company)

(DBA) FIT

Forward Intermodal
has issued to Transportation Inc. of P.O. Box 5025, Kent, WA, 98064
(Name of Motor Carrier) (Address of Motor Carrier)

A policy or policies of insurance effective from 07/16/2014 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 Agency has jurisdiction or regulations promulgated in accordance therewith.

Whenever requested, the Company agrees to furnish the Agency 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 effective by the Company or the insured giving thirty (30) days' notice in writing to the State Agency, such thirty (30) days' notice to commence to run from the date notice is actually received in the office of the Agency.

Countersigned at PO Box 537 This 16th day of Jul 20 14
Pooler (Address) (Day) (Month) (Year)
GA 31322

Insurance Company File No. TIPKG0010600
(Policy No)

Sarah Langham
(Authorized Company Representative)

Underlying Limit :0.00 Liability Limit :1,000,000.00