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

FOR OFFICIAL USE ONLY	Docket No. IV- 141309									
Reception Number	Safety M			Carrier ID# 7469						
111-0268-200-02	Insurance 100			Employee AND						
TYPE OF APPLICATION										
New Common Carrier Permit Authority, or Transfer of Existing Permit Number			Extension of Common Carrier Permit							
\$275 GENERAL COMMODI	ITIES ONLY		\$100	GENERAL COMMODITIES, including ARMORED CAR SERVICE						
\$275 GENERAL COMMODITATION ARMORED CAR SERV	• •		\$100	GENERAL COMMODITIES, including HAZARDOUS MATERIALS						
·	\$275 GENERAL COMMODITIES, including HAZARDOUS MATERIALS		\$100	GENERAL COMMODITIES, including HAZARDOUS MATERIALS and 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	IDENT	IFICATIO	in.						
Common Carrier #: 62707Unified Business Identifier Number (UBI): 602 538955										
Legal Name: BLUHAWK TAXI Joulian Scat Briggussbot:										
Trade Name(s), dba(s), if any										
Email address: bluhawk 7681@ gmail.com										
Phone Number: (509) 969-7686 Fax Number: (509) 965-1572										
Business (Mailing) Address: 732 SUMMITUIEW AUE 4657 YAKIMA, WA 98902										
Physical Address (if different): 3601 W. WASHINGTON AUE #11 YAKIMA, WA 98903										

			TYPE OF BUSIN	ESS STRUCT	JRE :					
☑ Individual	☐ Partne	ership	☐ Corporation	□ Limited Li	ability Company	State of Inc				
NAME		TITLE		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 PER	rmit <u>BLU</u>	HAWK	TAXI	Permit Number <u>62707</u>						
Signature of c	urrent permit	t holder	· ,	7/28/14 Date						
INSURANCE REQUIREMENTS (must check one) A permit will not be issued until acceptable insurance is received.										
You will not h hazardous mate quantity. You wi operate vehicles GVWR of less th pounds. You mu \$300,000 in Pub and Property Da Insurance. You of to complete Par	rials in any ill only s with a an 10,000 st obtain lic Liability mage lo not need	hazard quantit vehicle 10,000 must o Public Damag	will not haul ous materials in any ty. You will operate s with a GVWR of pounds or more. You btain \$750,000 in Liability and Property e Insurance. You must ete Part B.	materials re million in P Property Do You must c Sections 1 a	ublic Liability and amage Insurance. omplete Part C,	You will hauf hazardous materials requiring \$5 million in Public Liability and Property Damage Insurance. You must complete Part C, Sections 1 and 2.				
	· N	IOTOR V	/EHICLE LIST (Attach	additional pa	ages if necessary)					
Unit #	Unit # License Number				State VIN number					
				WA	2 D4G-P44 LX5R 364500					
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.										

Date

Signature



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 7/28/2014

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 terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the

cer	tificate holder in lieu of such endors	eme	nt(s).										
PRODUCER						CONTACT Lisa Smith							
Terril Lewis & Wilke Ins					PHONE (A/C, No, Ext): (509) 248-3515 FAX (A/C, No): (509) 248-3673								
P O Box 1789					E-MAIL ADDRESS: lsmith@tlwins.com								
112 S 4th Street					INSURER(S) AFFORDING COVERAGE NAIC #								
Yakima WA 98907					INSURER A National Casualty Co.						70.00		
INSURED					INSURER B:								
Jon	athan Scott Briggs				INSURE			***					
	: Bluhawk Taxi				INSURE								
-	Summitview Ave PMB 657												
Yak	ima WA 98	902			INSURER E :								
cov	ERAGES CER	TIFIC	ATE	NUMBER:13-14 Auto				REVISION NUM	IBER:				
IND CEI EX	S IS TO CERTIFY THAT THE POLICIES ICATED. NOTWITHSTANDING ANY RERTIFICATE MAY BE ISSUED OR MAY CLUSIONS AND CONDITIONS OF SUCH	QUIR PERTA POLIC	EMÉN AIN, CIES.	NT, TERM OR CONDITION OF THE INSURANCE AFFORDE LIMITS SHOWN MAY HAVE	OF AN' ED BY	Y CONTRACT THE POLICIE REDUCED BY	OR OTHER I S DESCRIBEI PAID CLAIMS	DOCUMENT WITH D HEREIN IS SUB	RESPEC	T TO	WHICH THIS		
NSR LTR	TYPE OF INSURANCE	ADDL INSR	WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS	3			
	GENERAL LIABILITY]						EACH OCCURRENCE		\$			
L	COMMERCIAL GENERAL LIABILITY							DAMAGE TO RENTE PREMISES (Ea occu	rrence)	\$			
	CLAIMS-MADE OCCUR			,				MED EXP (Any one p	erson)	\$			
L					l			PERSONAL & ADV I	NJURY	\$			
L		:						GENERAL AGGREG	ATE	\$			
L	GEN'L AGGREGATE LIMIT APPLIES PER:							PRODUCTS - COMP	/OP AGG	\$			
	POLICY PRO- LOC									\$			
	AUTOMOBILE LIABILITY				11		11/6/2014	COMBINED SINGLE (Ea accident)	LIMIT	\$			
A	ANY AUTO	:				11/6/2013		BODILY INJURY (Pe	r person)	\$	100,000		
^ [ALL OWNED X SCHEDULED AUTOS	1		CA00249801				BODILY INJURY (Pe	_ :L	\$	300,000		
	HIRED AUTOS NON-OWNED AUTOS			*				PROPERTY DAMAG (Per accident)	E	\$	25,000		
								PIP - Basic		\$	10,000		
	UMBRELLA LIAB OCCUR							EACH OCCURRENC	E	\$			
Ĺ	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$			
	DED RETENTION \$									\$			
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							WC STATU- TORY LIMITS	OTH- ER				
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDEN	Τ	\$			
1.0	OFFICER/MEMBER EXCLUDED? Mandatory in NH)			. 8				E.L. DISEASE - EA E	MPLOYEE	\$			
	f yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POL	ICY LIMIT	\$			
	NPTION OF OPERATIONS / LOCATIONS / VEHIC RE to follow	LES (A	ttach.	ACORD 101, Additional Remarks	Schedule	e, if more space i	s required)						
	. 2 30 10110												
CERTIFICATE HOLDER					CANCELLATION								
THE EX						EXPIRATION	DATE THE	ESCRIBED POLIC EREOF, NOTICE CY PROVISIONS.					

At Received Time Jul. 28. 2014 INS025 (201005).01 2:26PM No. 5149

ATTN: LICENSING SERVICES

PO BOX 47250 OLYMPIA, WA 98504

1300 S. EVERGREEN PARK DR SW

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AUTHORIZED REPRESENTATIVE

Alex Hodge/LISA