

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. TV- <u>160158</u>
Reception Number	Safety <u>NO</u>	Carrier ID# <u>17239</u>
111-0268-200-02	Insurance	Employee <u>NO</u>
TYPE OF APPLICATION <u>09140</u>		
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 #: 06262 Unified Business Identifier Number (UBI): 603579041

Legal Name: A-1 Express Delivery Service, Inc. USDOT: 905752

Trade Name(s), dba(s), if any: _____

Email address: mark@1-800courier.com

Phone Number: 404-888-9999 Fax Number: 404-885-1069

Business (Mailing) Address: 1450 W Peachtree Street NW, Atlanta, GA 30309

Physical Address (if different): 655 South Ocean Street, Bldg O Suite 206
Seattle WA 98108

TYPE OF BUSINESS STRUCTURE

Individual Partnership Corporation Limited Liability Company State of Inc. Georgia

NAME	TITLE	Stock Distribution or % of Shares
<u>Mark McCormy</u>	<u>President</u>	<u>50%</u>
<u>Lon Fencher</u>	<u>Secretary</u>	<u>50%</u>

***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.

MOTOR VEHICLE LIST (Attach additional pages if necessary)			
Unit #	License Number	State	VIN number
<u>ASLOSL</u>	<u>9791KX1</u>	<u>CA</u>	<u>3CC1RVNG2GE100115</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 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.

Mark McCormy
Signature

Jan 29, 2016
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 Old Republic Insurance Company
(Name of Company)
(herein after called Company) of 133 Oakland Avenue, Greensburg, PA, 16001
(Home Address of Company)

has issued to A1 Express Delivery Services of 1450 West Peachtree, NW, Atlanta, GA, 30309
(Name of Motor Carrier) (Address of Motor Carrier)

A policy or policies of insurance effective from 10/10/2015 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 445 South Moorland RD, Brookfield, WI, 53005 This 02nd day of Feb 20 16
(Address) (Day) (Month) (Year)

Insurance Company File No. MWTB 305635
(Policy No)

Chris Klobukowski
Chris Klobukowski
(Authorized Company Representative)

Liability Limit :1,000,000.00

CONFIRMATION COPY REQUESTED