



**PERMIT APPLICATION FOR  
COMMON CARRIER OF PROPERTY  
Excluding Household Goods**

621 Woodland Square Loop SE  
Lacey, WA 98503  
PO Box 47250  
Olympia, WA 98504-7250  
Phone: 360-664-1222  
Email [transportation@utc.wa.gov](mailto:transportation@utc.wa.gov)  
Website [www.utc.wa.gov](http://www.utc.wa.gov)

Intrastate Common Carriers hauling general commodities (excluding household goods) must apply for and receive a permit from the commission to haul for-hire in Washington state. [Household Goods](#) carriers and [Freight Brokers](#) require a different application.

**DEFINITIONS**

- **UNIFIED BUSINESS IDENTIFIER (UBI) NUMBER:** Companies hauling for-hire within Washington must have a UBI number from the Department of Revenue’s [Business License Services](#); (800) 451-7985. If you are a Corporation or Limited Liability Company you also must be registered with the [Washington Secretary of State’s](#) office; (360) 725-0377.
- **LEGAL NAME:** The legal name must be an individual, partnership, corporation, or limited liability company (LLC) and must be the **SAME** as registered under your UBI number, the name associated with your USDOT number, and your proof of insurance. If you are a corporation or limited liability company, the name must also match the name registered with the Secretary of State’s office.
- **TRADE NAME(s):** List trade name(s), if any, you intend to operate under other than your legal name. All trade name(s) must be registered under your UBI number.
- **USDOT NUMBER - Intrastate:** Any applicant operating a vehicle or a vehicle trailer combination with a GVWR of 16,001 pounds or more, or any applicant hauling hazardous materials requiring a placard, must obtain a USDOT number, as required by the Washington State Patrol (WSP). Apply for a USDOT number online at [www.fmcsa.dot.gov/registration](http://www.fmcsa.dot.gov/registration) or call WSP at (360) 596-3812 or the Federal Motor Carrier Safety Administration (FMCSA) at (360) 753-9875 for assistance.
- **HAZARDOUS MATERIALS:** Complete the supplemental [Hazardous Materials Safety Fitness Survey](#).

**CONTACTS FOR ADDITIONAL ASSISTANCE**

Vehicle licenses, Titles, Registrations	WA Dept of Licensing	(360) 902-3770	<a href="http://www.dol.wa.gov">www.dol.wa.gov</a>
Commercial driver’s licenses (CDL), Medical waivers	WA Dept of Licensing	(360) 902-3619	<a href="http://www.dol.wa.gov">www.dol.wa.gov</a>
Prorate, IRP, Reciprocity IFTA, Fuel bonds, Fuel permits, Fuel tax	WA Dept of Licensing	(360) 664-1858	<a href="http://www.dol.wa.gov">www.dol.wa.gov</a>
Oversize and overweight permits, log tolerance	WA Dept of Transportation	(360) 704-6340	<a href="http://www.wsdot.wa.gov">www.wsdot.wa.gov</a>
Commercial vehicle size and weight, Driver and equipment safety, Hazardous material regulations, Ports of entry, Scales	WA State Patrol	(360) 596-3800	<a href="http://www.wsp.wa.gov">www.wsp.wa.gov</a>

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**WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION**  
 621 Woodland Square Loop SE, Lacey, WA 98503, PO Box 47250, Olympia, WA 98504-7250  
 Telephone: (360) 664-1222 Email: [transportation@utc.wa.gov](mailto:transportation@utc.wa.gov)

<i>FOR OFFICIAL USE ONLY</i>	
Receipt Number	Date Received
111-0268-200-02	Payment ID

**TYPE OF APPLICATION (defined in [WAC 480-14-040](#))**

New Common Carrier Permit Authority		Extension of Common Carrier Permit Authority	
<input 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	*You must complete the Supplementary Hazardous Materials Safety Survey if hauling any hazardous materials.	

**MOTOR CARRIER INFORMATION**

Legal Name: \_\_\_\_\_

Trade Name(s)/dba(s), if any: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Business (Mailing) Address: \_\_\_\_\_

Physical Address (if different): \_\_\_\_\_

Unified Business Identifier Number (UBI): \_\_\_\_\_

USDOT: \_\_\_\_\_ **OR** Check  if under 16,001 GVW

Have you or your company ever been cited for business-related violations of state law or commission rule or any other federal or state agency?

If yes, please explain

**TYPE OF BUSINESS**

Check the type of business. If other than INDIVIDUAL, list the names of all shareholders, partners, or members and their percentage of interest in the company.

Individual     Partnership     Corporation     Limited Liability Company

State of Incorporation:  WA  Other \_\_\_\_\_

NAME	TITLE	Stock Distribution or % of Owned Shares

**CERTIFICATION**

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.

\_\_\_\_\_  
Applicant Name

\_\_\_\_\_  
Date

**You must keep a copy of your permit in your vehicle.**

## INSURANCE REQUIREMENTS (check one)

A permit will not be issued until acceptable insurance is received

<input type="checkbox"/> <b>Vehicle GVWR Less than 10,000 pounds</b> <ul style="list-style-type: none"><li>✓ Will not haul hazardous materials</li><li>✓ You must obtain \$300,000 in Public Liability and Property Damage Insurance</li></ul>	<p>Applicants <b>must</b> have their insurance company file proof of liability and property damage insurance <b>covering each vehicle</b> used under the permit.</p> <p>To prevent delay attach a <b>temporary</b> Certificate of Liability from your insurance company. Your insurance company must provide a Form E within 60 days.</p> <ul style="list-style-type: none"><li>➤ The name on the insurance must match your company's legal name <b>exactly</b>.</li><li>➤ Proof of insurance <b>must be on either</b> a uniform motor carrier bodily injury property damage liability certificate of insurance (FORM E) <b>or</b> a temporary Certificate of Liability, good for only 60 days.</li><li>➤ Your insurance company must file the required FORM E within 60 days or your permit will be <b>cancelled</b>.</li><li>➤ The Certificate of Liability must show the Washington Utilities and Transportation Commission as the Certificate Holder.</li><li>➤ You may provide a copy with your application.</li></ul>
<input type="checkbox"/> <b>Vehicle GVWR more than 10,000 pounds</b> <ul style="list-style-type: none"><li>✓ Will not haul hazardous materials</li><li>✓ You must obtain \$750,000 in Public Liability and Property Damage Insurance</li></ul>	
<input type="checkbox"/> <b>Hazardous Materials (\$1,000,000)</b> <ul style="list-style-type: none"><li>✓ Will haul hazardous materials requiring \$1 million in Public Liability and Property Damage Insurance</li><li>✓ Complete Part B, Section 1 and 2</li></ul>	
<input type="checkbox"/> <b>Hazardous Materials (\$5,000,000)</b> <ul style="list-style-type: none"><li>✓ Will haul hazardous materials requiring \$5 million in Public Liability and Property Damage Insurance</li><li>✓ Complete Part B, Section 1 and 2</li></ul>	

## FILING YOUR APPLICATION

Select one of the following:

- Upload your application to [efileapp.utc.wa.gov](http://efileapp.utc.wa.gov) and pay online at [payments.utc.wa.gov](http://payments.utc.wa.gov), or,
- Mail your application **with** your check or money order to the following address:

UTC, PO Box 47250, Olympia, WA 98504-7250

ACH online (no service fee) or credit card online at [payments.utc.wa.gov](http://payments.utc.wa.gov) (2.5% or minimum of \$3.95 is charged by Official Payments for credit card processing).

**DO NOT EMAIL YOUR CREDIT CARD INFORMATION**



**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)  
07/22/2019

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 certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> <b>JMB Insurance Agency, Inc.</b> 900 N Michigan Ave, 15th Floor  Chicago IL 60611	<b>CONTACT NAME:</b> Laura Wainwright <b>PHONE (A/C No. Ext):</b> (312) 915-2211 <b>FAX (A/C, No):</b> (312) 577-0725 <b>E-MAIL ADDRESS:</b> lwainwright@jmbins.com
	<b>INSURER(S) AFFORDING COVERAGE</b>
	<b>NAIC #</b>
	<b>INSURER A:</b> First Mercury Insurance Company      10657
	<b>INSURER B:</b> James River Insurance Company      12203
	<b>INSURER C:</b>
	<b>INSURER D:</b>
	<b>INSURER E:</b>
	<b>INSURER F:</b>

**COVERAGES**                      **CERTIFICATE NUMBER:** Cert ID 62894                      **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.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
<b>A</b>	<b>COMMERCIAL GENERAL LIABILITY</b>  <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  <b>Deductible: \$10,000</b>  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC  OTHER:			<b>ILCGL000008132601</b>	<b>12/17/2018</b>	<b>12/17/2019</b>	EACH OCCURRENCE \$ <b>1,000,000</b> DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>50,000</b> MED EXP (Any one person) \$ <b>Excluded</b> PERSONAL & ADV INJURY \$ <b>1,000,000</b> GENERAL AGGREGATE \$ <b>2,000,000</b> PRODUCTS - COMP/OP AGG \$ <b>2,000,000</b>
<b>B</b>	<b>AUTOMOBILE LIABILITY</b>  <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			<b>CA4360030205</b>	<b>12/17/2018</b>	<b>12/17/2019</b>	COMBINED SINGLE LIMIT (Ea accident) \$ <b>1,000,000</b> BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE    OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
							\$
							\$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

<b>CERTIFICATE HOLDER</b>  Washington Utilities and Transportation Commission	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	<b>AUTHORIZED REPRESENTATIVE</b>  

**Attachment A**

Have you or your company ever been cited for business-related violations of state law or commission rule or any other federal or state agency? If yes, please explain:

<b>Business Related Violations of State Law</b>		<b>Date</b>	<b>State</b>
1.	Civil Suit	6/18/19	Illinois
2.	Civil Suit	5/29/19	Illinois
3.	Administrative Citation	6/9/14	Illinois
4.	Administrative Citation	10/28/14	Illinois
5.	Administrative Citation	2/23/15	Illinois
6.	Administrative Citation	9/30/16	Illinois
7.	Administrative Citation	10/4/16	Illinois
8.	Civil Appeal	Current	Washington
9.	Administrative Audit	Current	Washington
10.	Administrative Audit	Current	Washington
11.	Administrative Audit	10/17/18	Washington
12.	Administrative Investigation	4/9/18	Washington
13.	Administrative Ruling	2/16/18	Pennsylvania
14.	Administrative Citation	Current	Pennsylvania

<b>Business Related Violations of Commission Rule</b>	<b>Date</b>	<b>RCW/WAC</b>
Advertising	4/9/18	81.80.075
Advertising	4/9/18	81.80.075
Advertising	4/9/18	81.80.075
Advertising	4/9/18	81.80.075
Advertising	4/9/18	81.80.075
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