

VENDOR NAME AND ADDRESS ABAS MOHAMMED d/b/a ASKED SEATTLE LIMO SERVICE 15244 30TH AVE S SEATAC, WA 98118	AGENCY NUMBER	LOCATION CODE
	2150	
	AGENCY P.R. OR AUTHORIZATION NUMBER REFUND	
AGENCY NAME AND LOCATION		
UTILITIES AND TRANSP. COMM. 1300 S. EVERGREEN PK DRIVE S.W. P.O. BOX 47250 OLYMPIA, WA 98504-7250		
FEDERAL I.D. NO. OR SOCIAL SECURITY NO. (FOR REPORTING PERSONAL SERVICES CONTRACT PAYMENTS TO I.R.S.)	RECEIVED BY	DATE RECEIVED
	BUSINESS OFFICE	

USE SPACE BELOW AS A WORKSHEET TO DEVELOP OR EXPLAIN THE GOODS OR SERVICES PURCHASED

STAPLE INVOICES ON BACK

REVENUE REFUND – Withdrawing charter/excursion service application.

RECEPTION OR FIELD RECEIPT NO. -14114 DATED 10/29/08 \$225.00

PREPARED BY TINA LEIPSKI			TELEPHONE NUMBER 664-1170			DATE 11/13/08			AGENCY APPROVAL <i>Sharon Smith</i>				DATE 11-14-08			
DOC. DATE		PMT. DUE DATE		CURRENT DOC. NO.		REF. DOC. NO.		VENDOR NUMBER VOD1		VENDOR MESSAGE			USE TAX		UBI NUMBER	
REF DOC SUF	TRANS CODE	M O D	FUND	MASTER INDEX APPN INDEX	PROGRAM INDEX	SU B OBJ	SUB SUB OBJECT	ORG INDEX	WORK CLASS ALLOC	COUNTY BUDGET UNIT	CITY TOWN LOS	PROJEC T	SUB PROJ	PROJ PHAS	AMOUNT	INVOICE NUMBER
	198		111			02	68								\$225.00	REFUND
ACCOUNTING APPROVAL FOR PAYMENT										DATE			WARRANT TOTAL \$225.00		WARRANT NUMBER	

UNIFORM DRIVER/VEHICLE INSPECTION REPORT

1278068

PERSONNEL NO. **5531** DIST / DET

LEVEL: 1 X 2 3 4 5

GENERAL			HAZARDOUS MATERIALS		
DATE 11.10.08	TIME (MILITARY) BEGUN 1015	TIME (MILITARY) FINISHED 1024	HAZARD CLASS / DIVISION NO.		
LOCATION: SR/MP SEA TAC		SCALEHOUSE NO.	CNTY CODE 17	REPORTABLE QTY? Y N	HAZARDOUS WASTE? Y N
				PLACARD REQUIRED? Y N	CARGO TANKS? Y N

CARRIER

CARRIER NAME (Include DBA when applicable)
MUHAMMAD, ABAS

ADDRESS
13039-24th Ave S.

CITY **Seattle** STATE **WA** ZIP CODE **98168** INTERSTATE YES NO DOT NO. ICC NO.

DRIVER

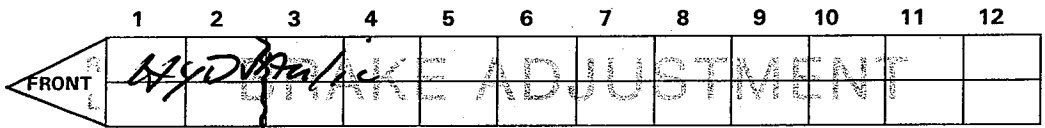
DRIVER NAME **MUHAMMAD ABAS E.** LICENSE NO. **MUHAMMAD291BR** STATE **WA** EXP. YEAR **1-10**

DATE OF BIRTH **1.19.71** MED. CERT. Y N WAIVER **N/A** SHIPPER NAME SHIPPING NO.

VEHICLE *Van 7 Pax*

REGISTERED OWNER NAME/ADDRESS G.V.W. PBT RATE

UNIT	TYPE	YEAR/MAKE	CO. UNIT NO.	LICENSE NO. / VIN NO.	STATE
1	Van	96 Ford		B2969017	WA
2					
3					
4					



CFR	VIOLATIONS	D	1	2	3	4	Unit #s O/S	Complied
393.95A	No Fire Extinguishers on Vehicle		<input checked="" type="checkbox"/>					
393.95F	No Triangles or Reflectors in Vehicle		<input checked="" type="checkbox"/>					
CVSA DECALS	UNIT 1	UNIT 2	UNIT 3	UNIT 4	NOIC NO.			

DRIVER SIGNATURE *[Signature]*

OFFICER SIGNATURE *[Signature]*

— Vehicle may not be operated until O/S defects noted above are repaired.
 — Driver may not drive until in compliance.

230

5292
pend.

Form E
UNIFORM MOTOR CARRIER BODILY INJURY AND PROPERTY
DAMAGE LIABILITY CERTIFICATE OF INSURANCE
(Executed in Triplicate)

Filed with **WASHINGTON Utilities & Transportation Commission** (hereinafter called Commission)
(Name of Commission)

This is to certify, that the **NORTHLAND INSURANCE COMPANY**
(Name of Company)

(hereinafter called Company) of **385 WASHINGTON STREET - SAINT PAUL MN 55102**
(Home Office Address of Company)

has issued to **ABAS I MOHAMMED DBA ASKED SEATTLE LIMO SERVICE**
(Name of Motor Carrier)

of **15244 30TH AVENUE SOUTH - SEATTLE WA 98188**
(Address of Motor Carrier)

a policy or policies of insurance effective from **10/31/2008** 12:01 A.M. standard time at the address of the insured stated in said policy or policies and continuing until canceled 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 Commission has jurisdiction or regulations promulgated in accordance therewith.

Whenever requested, the company agrees to furnish the Commission a duplicate original of said policy or policies and all endorsements thereon.

This certificate and the endorsement described herein may not be canceled without cancellation of the policy to which it is attached. Such cancellation may be effected by the company or the insured giving thirty (30) days' notice in writing to the State commission, such thirty (30) days' notice to commence to run from the date notice is actually received in the office of the Commission.

Countersigned at **385 WASHINGTON STREET - SAINT PAUL MN 55102** this **31ST** day of **OCTOBER** **2008**
Insurance Company File No **TP241645** **Frank T Netcoh**
(Policy Number) (Authorized Company Representative)