

REINSTATEMENT

TV-090284

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

APPLICATION FOR PERMIT

(excluding Household Goods and Common Carrier Brokers)

FOR OFFICIAL USE ONLY

Application Number: 0017486	Safety: <i>oo</i>	Carrier ID#: <i>M79417</i>
11 0268 200 02 <i>100.00</i>	Insurance: <i>oo</i>	Employee: <i>[Signature]</i>

TYPE OF APPLICATION (check one)

New Common Carrier Permit Authority, or Transfer of Existing Permit Number	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	

\$100 REINSTATEMENT OF CANCELLED COMMON CARRIER PERMIT
(Must be filed within 10 months of cancellation)

For Commission Use Only:
Auth #:

TYPE OF PAYMENT

Check Money Order Amex Discover Mastercard Visa

CERTIFICATION: I, the undersigned, under penalty for false statement, certify that the following information is true and correct, that I am authorized to execute and file this document on behalf of the applicant, and that all information on file is current and valid.

Name (printed): Kimberley Doubravsky Date: 2-18-2009
Title: Bookkeeper

MOTOR CARRIER IDENTIFICATION

CC#: <u>CC-19445</u>	US DOT# (if required) <u>503215</u>	WA UNIFIED BUSINESS IDENTIFIER (UBI) #: <u>601 883 717</u>
APPLICANT NAME: <u>Che' O. Ladiges</u>		PHONE#: <u>(541) 993-0959</u>
Business (Mailing) Address: <u>Ladiges Trucking</u>		FAX #: <u>(509) 773-5485</u>
Business (Mailing) Address: (street address, P.O. Box) <u>P. O. Box 788</u>		
City, state, zip) <u>Goldendale, Washington 98620</u>		
Physical Address: (street address, if different) <u>3224 Highway # 142</u>		
<u>Goldendale, Washington 98620</u>		

* [Please fax when completed] *

TYPE OF BUSINESS STRUCTURE

(check individual or complete partnership/corporation information)

INDIVIDUAL PARTNERSHIP CORPORATION - STATE OF INCORPORATION _____

NAME	TITLE	STOCK DISTRIBUTION OR PERCENTAGE OF SHARE
Che' O. Ladiges	Owner	100% <i>OL</i>

TRANSFER OF PERMIT NUMBER

Complete this section 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 holder 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) (permit will not be issued until acceptable insurance is received)

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> The applicant <u>WILL</u> <u>HAUL</u> hazardous materials in any quantity and <u>WILL</u> only operate vehicles less than 10,000 pounds gross weight requiring <u>\$300,000</u> in Public Liability and Property Damage Insurance is required. You do not need to complete the Safety Fitness Survey. | <input checked="" type="checkbox"/> The applicant <u>WILL</u> <u>NOT HAUL</u> hazardous materials in any quantity -- <u>\$750,000</u> in Public Liability and Property Damage Insurance is required. Complete and submit the Safety Fitness Survey -- Section 1. | <input type="checkbox"/> The applicant <u>WILL</u> <u>HAUL</u> hazardous materials requiring <u>\$1 million</u> in Public Liability and Property Damage Insurance and submit the Safety Fitness Survey -- Sections 1 and 2. | <input type="checkbox"/> The applicant <u>WILL</u> <u>HAUL</u> hazardous materials requiring <u>\$5 million</u> in Public Liability and Property Damage Insurance. Complete and submit the Safety Fitness Survey -- Sections 1 and 2. |
|--|--|---|---|

EQUIPMENT LIST (Attach additional list if necessary)

UNIT#	LICENSE#	STATE	VIN#
#3	08857RP	Washington	1FVNCXZB3XPA14560
	8885PK	Washington	771553
	6884UM	Washington	TAP3964

I, the 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 received from the Commission. I hereby declare and affirm that the information contained in this application is true to the best of my knowledge and belief.

Che' Ladiges
Signature(s)

February 17th., 2009

Date

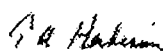
ACORD™ CERTIFICATE OF LIABILITY INSURANCE		DATE (MM/DD/YYYY) 2/17/2009
PRODUCER Phone: 800-852-6140 Fax: 541-342-3786 Wilson-Heirgood Associates 2930 Chad Drive PO Box 1421 Eugene OR 97440-1421	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
INSURED Che O Ladiges DBA: Ladiges Trucking PO Box 788 Goldendale WA 98620	INSURERS AFFORDING COVERAGE INSURER A: Great West Casualty Company INSURER B: INSURER C: INSURER D: INSURER E:	NAIC # 11371

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADD'L NSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
		GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR <hr/> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$
A		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	GWP58989A	11/24/2008	12/1/2009	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <hr/> DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				WC STATUTORY LIMITS <input type="checkbox"/> OTHER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
		OTHER				

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

CERTIFICATE HOLDER W U T C 1300 S Evergreen Park Dr SW Olympia WA 98504-7250	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE 
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CHE' LADIGES TRUCKING

P. O. Box 788

GOLDENDALE, WA 98620

FAX NUMBER: 1 - 509 - 773 - 5485

DATE: February 18th., 2009

FROM: Kimberley Doubravsky

PHONE: (509) 773-5485

SEND TO:

COMPANY: Washington Utilities and Transportation
Commission

ATTENTION: Colleen

CITY/STATE: Olympia, Washington

PHONE: Fax # (360) 586-1181

COMMENTS: re-instatement Che' Ladiges CC-19445

Any malfunctions, please call and let me know.

Thank - you,

Kimberley Doubravsky

NO. OF PAGES INCLUDING THIS COVER: 3

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

Filed with **Washington Utilities and Transportation Commission** (hereinafter called Commission)

This is to certify, that the GREAT WEST CASUALTY COMPANY (hereinafter called Company)
of PO BOX 277 SOUTH SIOUX CITY NE 68776

has issued to CHE O LADIGES DBA LADIGES TRUCKING of 3224 HIGHWAY 142 GOLDENDALE WA 98620
a policy or policies of insurance effective from 2/17/09 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 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 cancelled 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 2950 E GOLDSTONE DR, MERIDIAN, ID 83642
this 18TH day of FEBRUARY, 2009

Insurance Company File No. GWP58989A
(Policy Number)

CATHY THOMSON
(Authorized Company Representative)