

PART A

TV# 111907

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)

Handwritten initials/signature

FOR OFFICIAL USE ONLY

Reception Number: <u>034971</u>	Safety: <u>OK</u>	Carrier ID#: <u>1111</u>
111 0268 200 02 <u>115.00</u>	Insurance: <u>OK</u>	Employee: <u>[Signature]</u>

TYPE OF APPLICATION (check one)

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	

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

For Commission Use Only: Auth #: 118721

TYPE OF PAYMENT

Check Money Order Amex Discover Mastercard Visa

Expiration Date 04/12

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): RAOUF AGREBI Date: 10-31-2011
 Signature: [Signature] Title: OWNER

MOTOR CARRIER IDENTIFICATION

CC#: <u>6446</u>	US DOT#: <u>Under 10,000</u>	WA UNIFIED BUSINESS IDENTIFIER (UBI) #: <u>602 830 3950</u>
APPLICANT NAME: <u>RAOUF AGREBI</u>		PHONE#: <u>(206) 499 6389</u>
d/b/a: <u>Brayek services</u>		FAX #:
BUSINESS (MAILING) ADDRESS: (street address, P.O. Box) <u>10034 stone ave N scattle WA 98133</u> (city, state, zip)		
PHYSICAL ADDRESS: (street address, if different)		



STATE OF
WASHINGTON

BUSINESS LICENSE

Sole Proprietorship

Unified Business ID #: 602 830 395

Business ID #: 1

Location: 1

RAOUF OTHMAN AGREBI
BRAYEK SERVICES
10034 STONE AVE N
SEATTLE WA 98133 9418

TAX REGISTRATION

REGISTERED TRADE NAMES:
BRAYEK SERVICES

This document lists the registrations, endorsements, and licenses authorized for the business named above. By accepting this document, the licensee certifies the information on the application was complete, true, and accurate to the best of his or her knowledge, and that business will be conducted in compliance with all applicable Washington state, county, and city regulations.


Director, Department of Revenue

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

Filed with Washington Utilities and Transportation Commission (hereinafter called Commission)
(Name of Commission)

This is to certify, that the Charter Indemnity Company
(Name of Company)

(hereinafter called Company) of EXECUTIVE CENTER II, 8380 LBJ FRWY, DALLAS, TX 75243
(Home Office Address of Company)

has issued to RAQUF B AGREBI of 10034 STONE AVE N SEATTLE WA 98133
BRAYEK SERVICES (Name of Motor Carrier) (Address of Motor Carrier)

a policy or policies of insurance effective from 10/05/2011 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 EXECUTIVE CENTER II, 8380 LBJ FRWY, DALLAS, TX 75243
(Street Address)

this 27 day of OCTOBER 2011

WA DOT NO:
Insurance Company File No 3570343

(Authorized Company Representative)

MC 1633a (Ed. 8-99) UNIFORM INFORMATION SERVICES INC.

IRB 9539B