PART A	TV# [[[907]						
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)							
	LUSE ONLY						
Reception Number: 034974 Safety:	Carrier ID#:						
111 0268 200 02 115 00 Insurance:	Employee						
	NTION (check one)						
New Common Carrier Permit Authority, or Transfer of Existing Permit Number Extension of Common Carrier Permit Authority							
\$275 GENERAL COMMODITIES ONLY	\$100 GENERAL COMMODITIES, including ARMORED CAR SERVICE						
\$275 GENERAL COMMODITIES, including ARMORDED CAR SERVICE	\$100 GENERAL COMMODITIES, including HAZARDOUS MATERIALS						
\$275 GENERAL COMMODITIES, including HAZARDOUS MATERIALS	\$100 GENERAL COMMODITIES, including HAZARDOUS MATERIALS and ARMORED CAR SERVICE						
\$275 GENERAL COMMODITIES, INCLUDING HAZARDOUS MATERIALS and ARMORED CAR SERVICE							
\$100 REINSTATEMENT OF CANCELLED COMMO (Must be filed within 10 months of cancellation)	N CARRIER PERMIT For Commission design on the Commission design of the						
	PAYMENT						
☐ Check ☐ Money Order ☐ Amex ☐ Discover ☐	Mastercard 🗹 Visa Expiration Date 0 4 1 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 valld.							
Name (printed): RAOUT AGREST	Date: 10-31 - 2011						
Name (printed). 100+ 110REDI Date: 10-51 - 2011							
Signature: Title: OWNER							
MOTOR CARRIER IDENTIFICATION							
cc#: 6446 US POT#clu 10,00	WA UNIFIED BUSINESS IDENTIFIER (181) #:						
APPLICANT NAME: RADUE AGE	REBI PHONE#: (206) 499 6389						
d/b/a: Brayek services 0	FAX#:						
BUSINESS (MAILING) ADDRESS: (street address, P.O. Box) 10034 stone AVE N Scattle WA 98133							
(city, state, zip)							
PHYSICAL ADDRESS: (street address, if different)							

The state of the s	The state of the s	WALL SERVICE AND A STREET			THE PROPERTY OF THE PARTY OF TH		
	Ichen		ZE OF BUSINES Indi/complete.parti			arty 1.	
ya Individuai			P □ CORPOR				
STATE OF INCORPORATION							
NAME	<u>TITL</u>	<u>.E</u>	ADDRE	<u>:ss</u>		OCK DISTRIBUTION OR	
100	· · · · · · · · · · · · · · · · · · ·				PEI	RCENTAGE OF SHARE	
				A . M			
12 12 12 12 12 12 12 12 12 12 12 12 12 1		<i>े ह</i> ार	ANSELE OFFICE	ERMITANUM	JER		
		are transfe	rring an existing pe	ermit to a new o	wner. List na	ame of <u>current</u> permit	
holder ar		nber to be				gn below to authorize the	
	•						
NAME ON PERI	MIT:				_ PERMIT NI	UMBER:	
							
Signature of cu				A CHARLES AND AND A CANADA		Date	
			VOENNEQUINEN Moenssoedvonidhe			ed	
You will not ha	aul	☐ You wil	ll not haul	You will ha	ıul	☐ You will haul	
hazardous mate			is materials in	hazardous ma		hazardous materials	
quantity. You will operate vehicles			tity. You will ehicles with a	requiring \$1 m Public Liability		requiring \$5 million in Public Liability and	
operate vehicles GVWR of less th			enicies with a f 10,000 pounds	Property Dam		Property Damage	
pounds. You mu	ist obtain	or more. `	You must obtain	Insurance, Yo	u must	Insurance. You must	
\$300,000 in Pub	olic Liability	\$750,000	in Public Liability	complete Part		complete Part C,	
and Property Da Insurance, You			erty Damage	1 and 2.	1	Sections 1 and 2.	
Insurance, You oneed to complete	e Part B.	complete			1		
	MOTE			h ddditional pa	iges if neces	eary).	
UNIT#	LICEN	AND THE RESIDENCE OF THE PROPERTY OF THE PROPE	STATE	A Committee of the Comm	COLUMN TO THE PROPERTY OF THE PARTY OF THE P	VIN#	
1992 Honda Accord	871	4MH	WA	1466	07556NA20	8066	
Signature							
Las applicant understand that the filing of this application does not in the the second that the filing of this application does not in the the second that the filing of this application does not in the the second that the filing of this application does not in the the second that the filing of this application does not in the second that the filing of this application does not in the second that the filing of this application does not in the second that the filing of this application does not in the second that the filing of this application does not in the second that the filing of this application does not in the second that th							
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 received from the Commission. I							
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.							
			AL		3	31-2011	
Signature(s) Date							
orginatur <i>e(a)</i>							
			5				

Unified Business ID #: 602 830 395 Business ID #: 1

Location: 1



BUSINESS LICENSE

Sole Proprietorship

RADUF 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 hor knowledge, and that business will be conducted in compliance with all applicable Washington state, county, and city regulations.

June 105. Department of Ravenue

414) 1144

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

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

(hereinafter called Commission)

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

(hereinafter called Company) of EXECUTIVE CENTER II, 8360 LBJ FRWY, DALLAS, TX 75243 (Home Office Address of Company)

has issued to RAQUE B AGREBI

BRAYEK SERVICES

of 10034 STONE AVE N

SEATTLE WA 96133

(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 juriediction 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

WAIDOT NO:

Insurance Company File No 3570343

(Authorized Company Representative)

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

IRB 3539B

FORM: SDOCB.SRFORM