

PART A

TV# 120242

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

Reception Number: 037755	Safety: 2-20-12	Carrier ID#: 6031
111 0268 200 02 219.00	Insurance: 2-20-12	Employee: KW

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	
<input type="checkbox"/> \$100 REINSTATEMENT OF CANCELLED COMMON CARRIER PERMIT (Must be filed within 10 months of cancellation)	

For Commission Use Only
Auth #: **43513**

TYPE OF PAYMENT

Check Money Order ~~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): Charles C. Roberts Date: 02/14/2012
 Signature: *Charles C. Roberts* Title: CEO

MOTOR CARRIER IDENTIFICATION

CC#: 061208	US DOT#	WA UNIFIED BUSINESS IDENTIFIER (UBI) #: 603-055-927
APPLICANT NAME: Charles Roberts		PHONE#: 1-253-514-1050
d/b/a: Peninsula Delivery Services LLC		FAX #: 1-888-737-6674
BUSINESS (MAILING) ADDRESS: (street address, P.O. Box) 11908 40th Ave NW (city, state, zip) Gig Harbor, WA 98332-8839		
PHYSICAL ADDRESS: (street address, if different)		

TYPE OF BUSINESS STRUCTURE

(check individual or complete partnership/corporation information)

INDIVIDUAL PARTNERSHIP CORPORATION (LP, LLP, **LLC**)

STATE OF INCORPORATION _____

<u>NAME</u>	<u>TITLE</u>	<u>ADDRESS</u>	<u>STOCK DISTRIBUTION OR PERCENTAGE OF SHARE</u>
Charles C. Roberts	CEO	11908 40 th Ave NW, Gig Harbor, WA 98332	50%
Andrew M. Roberts	COO	11908 40 th Ave NW, Gig Harbor, WA 98332	50%

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.

M42261

NAME ON PERMIT: Charles Roberts dba Excess Courier Serv _____ PERMIT NUMBER: **061208**

[Signature]

Date

Signature of current permit holder

Date

INSURANCE REQUIREMENTS (must check one)

A permit will not be issued until acceptable insurance is received

- | | | | |
|--|--|---|---|
| <input checked="" type="checkbox"/> You will not haul hazardous materials in any quantity. You will only operate vehicles with a GVWR of less than 10,000 pounds. You must obtain \$300,000 in Public Liability and Property Damage Insurance. You do not need to complete Part B. | <input type="checkbox"/> You will not haul hazardous materials in any quantity. You will operate vehicles with a GVWR of 10,000 pounds or more. You must obtain \$750,000 in Public Liability and Property Damage Insurance. You must complete Part B. | <input type="checkbox"/> You will haul hazardous materials requiring \$1 million in Public Liability and Property Damage Insurance. You must complete Part C, Sections 1 and 2. | <input type="checkbox"/> You will haul hazardous materials requiring \$5 million in Public Liability and Property Damage Insurance. You must complete Part C, Sections 1 and 2. |
|--|--|---|---|

MOTOR VEHICLE LIST (Attach additional pages if necessary)

UNIT#	LICENSE#	STATE	VIN#
1 Toy Camry	975-VCN	WA	JT2BG22K7X0369892
2 Honda Civic	716-XAQ	WA	JHMFA36248S012104
3 Cargo Van	B35230L	WA	1GCFG15W621200841
3 Cargo Van	B23492E	WA	1GCHG35R311145763

Signature

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

[Signature]

2-14-12

Signature(s)

Date

6831
(P)

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

Filed with the WASHINGTON UTILITIES & TRANSPORTATION COMMISSION-OPERATIONS DIVISION (hereinafter called Commission) of PO BOX 47250, OLYMPIA, WA 98504

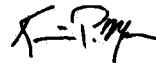
This is to certify, that the United Financial Casualty Company (hereinafter called Company) of PO BOX 94739, CLEVELAND, OH 44101 has issued to PENINSULA DELIVERY SERVICES LLC of 11908 40TH AVE., NW, GIG HARBOR, WA 98332 a policy or policies of insurance effective from 02/28/2012 12:01 A.M. standard time 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 6300 WILSON MILLS, MAYFIELD VILLAGE, OH 44143
this 28th day of February, 2012

Insurance Company File No. CA 08465681
(Policy Number)



(Authorized Company Representative)

MC1633a(08/99)

IRB3539B