

PART A

TV# 720242

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: <u>037755</u>	Safety: <u>2-28-12</u>	Carrier ID#: <u>6832</u>
111 0268 200 02 <u>275⁰⁰</u>	Insurance:	Employee: <u>1200</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		
<input type="checkbox"/>	\$100 REINSTATEMENT OF CANCELLED COMMON CARRIER PERMIT (Must be filed within 10 months of cancellation)		For Commission Use Only Auth #: <u>037755</u>

TYPE OF PAYMENT

Check Money Order Other

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): SERGE A. KRAVCHENKO Date: 02/17/12
 Signature: _____ Title: _____

VEHICLE CARRIER IDENTIFICATION

CC#: <u>64552</u>	US DOT# <u>N/A</u>	WA UNIFIED BUSINESS IDENTIFIER (UBI) #: <u>603177731</u>
APPLICANT NAME: <u>SERGE KRAVCHENKO</u>		PHONE#: <u>(509) 990-1576</u>
d/b/a: <u>SK ENTERPRISES</u>		FAX #: <u>(509) 921-5957</u>
BUSINESS (MAILING) ADDRESS: (street address, P.O. Box) <u>3009 S. Davis rd.</u>		
(city, state, zip) <u>Spokane Valley, WA 99216</u>		
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>

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

<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 (Must include all vehicles used in business)

UNIT#	LICENSE#	STATE	VIN#
	XEPCOM	WA	2B4GP4YR81R138304

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(s)

02/17/2012

Date

6832

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

Filed with Washington Utilities & Transportation Commission (herein after called Agency)
(Name of Agency)

This is to certify that the Victoria Fire and Casualty Insurance Company
(Name of Company)
(herein after called Company) of 22901 Millcreek Blvd. Suite 400 ,Cleveland ,OH ,44122
(Home Address of Company)

(DBA) SK ENTERPRISES

has issued to SERGE KRAVCHENKO of 3009 S DAVIS SPOKANE VALLEY WA 99216
(Name of Motor Carrier) (Address of Motor Carrier)

A policy or policies of insurance effective from 02/27/2012 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 Agency has jurisdiction or regulations promulgated in accordance therewith.

Whenever requested, the Company agrees to furnish the Agency 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 effective by the Company or the insured giving thirty (30) days' notice in writing to the State Agency, such thirty (30) days' notice to commence to run from the date notice is actually received in the office of the Agency.

Countersigned at 22901 Millcreek Blvd. Suite 400 OH 44122 This 28th day of Feb 20 12
Cleveland (Address) (Day) (Month) (Year)

Insurance Company File No. 7095390
(Policy No)

Debra Seggio
(Authorized Company Representative)

Underlying Limit :0.00 Liability Limit :750,000.00