

REINSTATEMENT

TV 12/344

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: **039453**

Safety:

Carrier ID#: *442505*

111 0268 200 02 *100.00*

Insurance: *None*

Employee:

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 #: *025457*

TYPE OF PAYMENT

Check Money Order Amex Discover Mastercard Visa

Expiration Date

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): DARLENE RIOJAS

Date: 8/8/12

Signature: *Darlene Riojas*

Title: PRESIDENT

MOTOR CARRIER IDENTIFICATION

CC#: 62452

US DOT# 1227058

WA UNIFIED BUSINESS IDENTIFIER (UBI) #: 6023795971

APPLICANT NAME: 7 STAR TRANSPORT LLC

PHONE#: 509-865-5052

d/b/a:

FAX #: 509-865-5428

BUSINESS (MAILING) ADDRESS:
(street address, P.O. Box)

P.O. BOX 505, TOPPENISH, WA 98948

(city, state, zip)

11 ASOTIN AVENUE, TOPPENISH, WA 98948

PHYSICAL ADDRESS: (street address, if different)

TYPE OF BUSINESS STRUCTURE

(check individual or complete partnership/corporation information)

INDIVIDUAL PARTNERSHIP CORPORATION - STATE OF INCORPORATION WA
 (LP, LLP, LLC)

NAME TITLE ADDRESS STOCK DISTRIBUTION OR PERCENTAGE OF SHARE

SEE ATTACHED

*see attached
 replace part*

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)

The applicant WILL NOT HAUL hazardous materials in any quantity and WILL only operate vehicles less than 10,000 pounds gross weight rating - \$300,000 in Public Liability and Property Damage Insurance is required. You do not need to complete the Safety Fitness Survey.

The applicant WILL NOT HAUL hazardous materials in any quantity -- \$750,000 in Public Liability and Property Damage Insurance is required. Complete and submit the Safety Fitness Survey - Section 1.

The applicant WILL HAUL hazardous materials requiring \$1 million in Public Liability and Property Damage Insurance and submit the Safety Fitness Survey - Sections 1 and 2.

The applicant WILL HAUL hazardous materials requiring \$5 million 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#
<i>SEE ATTACHED LIST</i>			

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.

Don DePuy

8/8/12

Signature(s)

Date

Name	Title	Address	Stock/Percentage of Share
Ciss Herrera	Member	PO Box 505, Toppenish, WA 98948	33.3%
Manuel Riojas	Member	Same	33.3%
Darlene Riojas	Member	Same	33.3%

See Replacement page

Vehicle List

Truck #	Make - Year	Plate #	Identification #
112	1995 - International	B74596V	2HSFMAMR25CO63536
365	1999 - Volvo	B74597V	4VG7DERG2XN782581
402	1999 - Freightliner	B74598V	1FUYSXYB7XPB35985
404	1999 - Freightliner	B74599V	1FUYSXYB5XPB36018
405	2002 - Freightliner	B14900W	1FUJAHAS72PK09819
407	1999 - Freightliner	B14901W	1FUYSXYB6XPB36013
408	1999 - Freightliner	B14902W	1FUYSXYB1XPB36002
409	1999 - Freightliner	B14903W	1FUYSXYB2XPB35991



Standard & Best of Oregon

7 Star Application, supplemental information

DATE: 8/9/2012 **PAGES:** 2
TO: Ken Capman **FROM:**
COMPANY: Washington UTC **FAX#:** (503) 922-2313
FAX#: (360) 586-1181 **VOICE#:**

MESSAGE:

Ken - There was an error in the list of company members yesterday. The corrected list is attached. Please update the application. Thank you.

*Replacement
Page*

NAME	TITLE	ADDRESS	STOCK/PERCENTAGE OF SHARE
Darlene Riojas	Member	PO Box 505, Toppenish, WA 9898	25%
Manuel Riojas	Member	Same	25%
Larry Riojas	Member	Same	25%
Ciss Herrera	Member	Same	25%

all

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 7 STAR TRANSPORT LLC of 11 ASOTIN AVE, TOPPENISH, WA 98948 a policy or policies of insurance effective from 08/08/2012 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 9th day of August, 2012

Insurance Company File No. CA 01780051
(Policy Number)



(Authorized Company Representative)

MC1633a(08/99)

IRB3539B



STATE OF WASHINGTON

BUSINESS LICENSE

Domestic Limited Liability Company

Unified Business ID #: 602 379 597

Business ID #: 1

Location: 1

7 STAR TRANSPORT, LLC.
7 STAR DRIVING SCHOOL, LLC
11 ASOTIN AVE
TOPPENISH WA 98948

UNEMPLOYMENT INSURANCE
INDUSTRIAL INSURANCE

TAX REGISTRATION

LICENSING RESTRICTIONS:

Not licensed to hire persons under age 18 at this location.

REGISTERED TRADE NAMES:

7 STAR TRANSPORT, LLC

COPY

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.

Brad Florenty
Director, Department of Revenue