

REINSTATEMENT

N/131530

WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION

1300 S Evergreen Park Dr SW, PO Box 47250

Olympia, WA 98504-7250

Telephone (360) 634-1222 - Fax (360) 586-1181

Intrastate Common Carrier Operating Authority

APPLICATION FOR PERMIT

(excluding Household Goods and Common Carrier Brokers)

done 8/20/13

FOR OFFICIAL USE ONLY

Reception Number: 111 0268 200 02	Safety: <i>OK</i>	Carrier ID#: <i>1093</i>
	Insurance: <i>OK</i>	Employee: <i>OK</i>

TYPE OF APPLICATION (check one)

<input type="checkbox"/> New Common Carrier Permit Authority, or Transfer of Existing Permit Number	<input type="checkbox"/> 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: *08/15/13*

TYPE OF PAYMENT

Check Money Order Amex Discover Mastercard Visa Expiration Date: _____

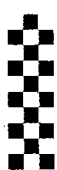
CERTIFICATION: I, the undersigned, under penalty for false statement, certify that the following information is true and correct, that I am authorized to execute and file this document on behalf of the applicant, and that all information on file is current and valid.

Name (printed): *Adam Hollenbeck* Date: *8-15-13*

Signature: *Adam Hollenbeck* Title: *Pres*

MOTOR CARRIER IDENTIFICATION

CC#: <i>63853</i>	US DOT#: <i>1427441</i>	WA UNIFIED BUSINESS IDENTIFIER (UBI) #: <i>602178772</i>
APPLICANT NAME: <i>Adam Hollenbeck</i>	PHONE#: <i>509-832-1747</i>	
d/b/a: <i>Hollenbeck Ranches Inc</i>	FAX#: _____	
BUSINESS (MAILING) ADDRESS: (street address, P.O. Box) <i>23509 N McDonald Rd Prosser, WA 99350</i>		
(city, state, zip) <i>Prosser, WA 99350</i>		
PHYSICAL ADDRESS: (street address, if different)		



TYPE OF BUSINESS STRUCTURE

(check individual or complete partnership/corporation information)

INDIVIDUAL PARTNERSHIP CORPORATION - STATE OF INCORPORATION wa
(SP, LLP, LLC)

NAME	TITLE	STOCK DISTRIBUTION OR PERCENTAGE OF SHARE
<u>Adam Hollenbeck</u>	<u>Pres</u>	<u>partners</u>
<u>Terry Hollenbeck</u>	<u>vice p</u>	<u>partners</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 (must check one)

(Permit will not be issued until acceptable insurance is received)

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> The applicant <u>WILL NOT HAUL</u> hazardous materials in any quantity and <u>WILL</u> only operate vehicles less than 10,000 pounds gross weight rating— <u>\$300,000</u> in Public Liability and Property Damage Insurance is required. You do not need to complete the Safety Fitness Survey. | <input checked="" type="checkbox"/> The applicant <u>WILL NOT HAUL</u> hazardous materials in any quantity— <u>\$750,000</u> in Public Liability and Property Damage Insurance is required. Complete and submit the Safety Fitness Survey—Section 1. | <input type="checkbox"/> The applicant <u>WILL HAUL</u> hazardous materials requiring <u>\$1 million</u> in Public Liability and Property Damage Insurance and submit the Safety Fitness Survey—Sections 1 and 2. | <input type="checkbox"/> The applicant <u>WILL HAUL</u> hazardous materials requiring <u>\$5 million</u> 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#
<u>60</u>	<u>B43481X</u>	<u>wa</u>	<u>1XKWDB9X0XR2AS310</u>

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) _____

Date 8-15-13

ACCEPTABLE ONLY IF DOCKET NUMBER CERTIFICATE NUMBER OR PERMIT NUMBER IS SPECIFIED. No. _____

Approved _____

Form E

UNIFORM MOTOR CARRIER BODILY INJURY AND PROPERTY
DAMAGE LIABILITY CERTIFICATE OF INSURANCE
(Executed in Triplicate)

Filed with WUTC (hereinafter called Commission)
(Name of Commission)

This is to certify, that the ZURICH AMERICAN INSURANCE COMPANY
(Name of Company)

(hereinafter called Company) SCHAUMBURG, IL
(Home Office Address of Company)

has issued to HOLLENBECK RANCHES INC to 23509 N MCDONALD RD PROSSER, WA 99350
(Name of Motor Carrier) (Address of Motor Carrier)

a policy or policies of insurance effective from 08/16/2013 12:01 A.M. standard time at the address of the insured stated in said policy or policies and continuing until canceled 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 herewith.

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 canceled 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.

Couendsigned at 1333 S RUSTLE RD SPOKANE WA 99224
(Street Address) (City) (State) (Zip Code)

this 19TH day of AUGUST 2013

INS. CO. ID# _____

Insurance Company File No. PRA-9015833
(Policy Number)



(Authorized Company Representative)

PO BOX 19150 SPOKANE, WA 99219
(Address of Authorized Company Representative)