

TV# 140304

PART A

WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION RECEIVED  
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)  
MAR 11 2014  
WASH. UT. & TP. COMM

FOR OFFICIAL USE ONLY

Reception Number: <b>049551</b>	Safety:	Carrier ID#: <b>797</b>
111 0268 200 02 <b>275.10</b>	Insurance:	Employee:

TYPE OF APPLICATION (check one)

<input checked="" type="checkbox"/> <b>\$275 GENERAL COMMODITIES ONLY</b>	<input type="checkbox"/> <b>\$100 GENERAL COMMODITIES, including ARMORED CAR SERVICE</b>
<input type="checkbox"/> <b>\$275 GENERAL COMMODITIES, including ARMORED CAR SERVICE</b>	<input type="checkbox"/> <b>\$100 GENERAL COMMODITIES, including HAZARDOUS MATERIALS</b>
<input type="checkbox"/> <b>\$275 GENERAL COMMODITIES, including HAZARDOUS MATERIALS</b>	<input type="checkbox"/> <b>\$100 GENERAL COMMODITIES, including HAZARDOUS MATERIALS and ARMORED CAR SERVICE</b>
<input type="checkbox"/> <b>\$275 GENERAL COMMODITIES, INCLUDING HAZARDOUS MATERIALS and ARMORED CAR SERVICE</b>	<b>Pay ID # 3/66</b>

**\$100 REINSTATEMENT OF CANCELLED COMMON CARRIER PERMIT**  
(Must be filed within 10 months of cancellation)

For Commission Use Only:  
Auth #:

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): **Dale Oleten**   Date: **2-26-14**  
Signature: *Dale Oleten*   Title: **OWNER**

MOTOR CARRIER IDENTIFICATION

CC#: <b>6537A</b>	US DOT#: <b>698551</b>	WA UNIFIED BUSINESS IDENTIFIER (UBI) #: <b>602632648 R</b>
APPLICANT NAME: <b>Olden Trucking LLC</b>	PHONE#: <b>360-832-3438</b>	
d/b/a: <b>Olden Trucking</b>	FAX #: <b>360-832-3438</b>	
BUSINESS (MAILING) ADDRESS: <b>P.O. Box 381 Eatonville WA, 98328</b>		
PHYSICAL ADDRESS: (street address, if different) <b>607 Center St W Eatonville WA, 98328</b>		

**TYPE OF BUSINESS STRUCTURE**  
(check individual or complete partnership/corporation information)

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

NAME	TITLE	ADDRESS	STOCK DISTRIBUTION OR PERCENTAGE OF SHARE
Dale C. Olden	Owner	Box 381 Eatonville WA 98328	50%
Dale No Olden	Owner	Box 113 Eatonville WA 98328	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.

NAME ON PERMIT: \_\_\_\_\_ PERMIT NUMBER: \_\_\_\_\_

Signature of current permit holder \_\_\_\_\_ Date \_\_\_\_\_

**INSURANCE REQUIREMENTS (must check one)**  
A permit will not be issued until acceptable insurance is received.

- |   |  |   |   |
|---|--|---|---|
| <input 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#

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(s) \_\_\_\_\_ Date \_\_\_\_\_