

**PART A**  
**APPLICATION FOR PERMIT**  
 (excluding Household Goods)

**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

*done 1/30/14*

<i>FOR OFFICIAL USE ONLY</i>		Docket No. TV- <u>191132</u>
Reception Number	Safety	Carrier ID# <u>7888</u>
111-0268-200-02	Insurance <i>OK</i>	Employee <i>MS</i>

**TYPE OF APPLICATION**

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	

**MOTOR CARRIER IDENTIFICATION**

Common Carrier #: 65427 Unified Business Identifier Number (UBI): 002 281 802  
 Legal Name: ~~ADI DELIVERY~~ Adrian Almasan USDOT: N/A per UBI phone call 1/30/14  
 Trade Name(s), dba(s), if any: ADI DELIVERY, DANY LANDSCAPE SERVICE  
 Email address: ADRIANALMASAN1972@YAHOO.COM  
 Business (Mailing) Address: 10942 - SE 223<sup>rd</sup> PL # B KENT, WA 98031  
 Physical Address (if different): Same

**TYPE OF PAYMENT**

**TYPE OF BUSINESS STRUCTURE**

Individual  Partnership  Corporation  Limited Liability Company State of Inc. \_\_\_\_\_

NAME TITLE Stock Distribution or % of Shares  
ADRIAN ALMASAN - OWNER 100%

**\*TRANSFER OF PERMIT NUMBER**

\*Complete this section ONLY 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 hold must sign below to authorize the transfer of the permit number.

NAME ON PERMIT N/A Permit Number \_\_\_\_\_

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

Date \_\_\_\_\_

**INSURANCE REQUIREMENTS (must check one)**

A permit will not be issued until acceptable insurance is received

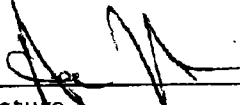
<input checked="" type="checkbox"/> You will not haul hazardous materials in any quantity. You will only operate vehicles with a GVWR of less than 10,000 pounds. You must obtain \$300,000 in Public Liability and Property Damage Insurance. You do not need to complete Part B.	<input type="checkbox"/> You 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.
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**MOTOR VEHICLE LIST (Attach additional pages if necessary)**

Unit #	License Number	State	VIN number
<u>1049</u>	<u>(TEMP-NEW VEH) 256529</u>	<u>WA</u>	<u>WD3PE8CC8C5660843</u>

**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 issued by 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

5-23-2014  
Date

7888

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FOR OFFICIAL USE ONLY		Docket No. TV-
Reception Number <b>050522</b>	Safety	Carrier ID#
111-0268-200-02 <b>275.00</b>	Insurance	Employee

**VI 190115**      **TYPE OF APPLICATION**

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Trade Name(s), dba(s), if any: ADI DELIVERY, DANY LANDSCAPE SERVICE

Email address: ADRIANALMASAN1972@YAHOO.COM

Business (Mailing) Address: 10942 - SE 223<sup>rd</sup> PL # B KENT, WA 98031

Physical Address (if different): Same

**TYPE OF PAYMENT**

**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 ADRIAN ALMASAN of 10942 SE 223RD ST APT B, KENT, WA 98031-0000 a policy or policies of insurance effective from 07/30/2014 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 30th day of July, 2014

Insurance Company File No. CA 03121332  
(Policy Number)



(Authorized Company Representative)

MC1633a(08/99)

IRB3539B