

JUN 11 2014 9:13PM

REINSTATEMENT

WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION

1300 S Evergreen Park Dr SW, PO Box 47250
 Olympia, WA 98504-7250
 Telephone (360) 684-1222 - 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: 111 0288 200 02	Safety:	Carrier ID#: M32001
	Insurance:	Employee: ND

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"/> \$276 GENERAL COMMODITIES ONLY	<input type="checkbox"/> \$100 GENERAL COMMODITIES, including ARMORED CAR SERVICE
<input type="checkbox"/> \$276 GENERAL COMMODITIES, including ARMORED CAR SERVICE	<input type="checkbox"/> \$100 GENERAL COMMODITIES, including HAZARDOUS MATERIALS
<input type="checkbox"/> \$276 GENERAL COMMODITIES, including HAZARDOUS MATERIALS	<input type="checkbox"/> \$100 GENERAL COMMODITIES, including HAZARDOUS MATERIALS and ARMORED CAR SERVICE
<input type="checkbox"/> \$276 GENERAL COMMODITIES, INCLUDING HAZARDOUS MATERIALS and ARMORED CAR SERVICE	

\$100 REINSTATEMENT OF CANCELLED COMMON CARRIER PERMIT
 (Must be filed within 18 months of cancellation)

For Contribution Use Only
 Auth #:

TYPE OF PAYMENT

Check
 Money Order
 Amex
 Discover
 Mastercard
 Visa
 Expiration Date: 6/1

CERTIFICATION: I, the undersigned, under penalty for false statement, certify that the following information is true and correct, and 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): ANGIE GARZA Date: 7/17/14
 Signature: Angie Garza Dr. Title: CO-OWNER / ROCKKEEP

MOTOR CARRIER IDENTIFICATION

CC#: <u>057921</u>	US DOT#: <u>606143</u>	WA UNIFIED BUSINESS IDENTIFIER (UBI) #: <u>601-216-329</u>
APPLICANT NAME: <u>DAVID GARZA</u>	PHONE#: <u>509-488-5446</u>	FAX #: <u>509-488-208X</u>
d/b/a: <u>DAVID GARZA TRUCKING</u>		
BUSINESS (MAILING) ADDRESS: (street address, P.O. Box) (city, state, zip)	<u>680 S. DEURY LANE OTHELLO, WA 99344</u>	
PHYSICAL ADDRESS: (street address, if different)	<u>SAME</u>	

JUN. 11. 2007 7:12 PM

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

INDIVIDUAL PARTNERSHIP CORPORATION - STATE OF INCORPORATION _____
(P, LLP, LLC)

NAME **TITLE** **STOCK DISTRIBUTION OR PERCENTAGE OF SHARE**

DAVID GARZA OWNER 100%

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: N/A 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 - \$300,000 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 - \$750,000 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 \$1 million 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 \$5 million in Public Liability and Property Damage Insurance. Complete and submit the Safety Fitness Survey - Sections 1 and 2.
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EQUIPMENT LIST (Attach additional list if necessary)

UNITS	LICENSE#	STATE	VIN#
11	B59812G	WA	1XKWDB9X1WR768430
21	A92007E	WA	1XKADB9X4J349828
31	A91664E	WA	1XKADB9X6P5584461

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.

David Garza 7/17/14
Signature(s) Date

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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 DAVID GARZA, DAVID GARZA TRUCKING of 680 S DRURY LANE, OTHELLO, WA 99344-0000 a policy or policies of insurance effective from 07/18/2014 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 18th day of July, 2014

Insurance Company File No. CA 03217186
(Policy Number)



(Authorized Company Representative)

MC1633a(08/99)

IRB3539B