

**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

<i>FOR OFFICIAL USE ONLY</i>		Docket No. TV- <u>145037</u>
Reception Number	Safety	Carrier ID# <u>16509</u>
111-0268-200-02	Insurance	Employee <u>MS</u>

**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 #: 61364 Unified Business Identifier Number (UBI): 602146572  
 Legal Name: Berhane K Abraham USDOT: 1916464  
 Trade Name(s), dba(s), if any: Selam Trucking  
 Email address: Abraham berhane44@yahoo.com  
 Phone Number: 206-396 4615 Fax Number: \_\_\_\_\_  
 Business (Mailing) Address: 11405 Pinehurstway NE Seattle WA 98125  
 Physical Address (if different): \_\_\_\_\_

**PART A**  
**APPLICATION FOR PERMIT**  
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Intrastate Common Carrier Operating Authority

<b>FOR OFFICIAL USE ONLY</b>		Docket No. TV-
Reception Number <b>050324</b>	Safety	Carrier ID#
111-0268-200-02 <b>275.00</b>	Insurance	Employee

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
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Legal Name: Berhane K Abraham USDOT: 191 64 64

Trade Name(s), dba(s), if any: Selam Trucking

Email address: Abraham berhane44@yahoo.com

Phone Number: 206-396 4615 Fax Number: \_\_\_\_\_

Business (Mailing) Address: 11405 Pinehurstway NE Seattle WA 98125

Physical Address (if different): \_\_\_\_\_

Form E  
UNIFORM MOTOR CARRIER BODILY INJURY AND PROPERTY  
DAMAGE LIABILITY CERTIFICATION OF INSURANCE

Filed with Washington Utilities & Transportation Commission (herein after called Agency)  
(Name of Agency)

This is to certify that the Arch Insurance Company  
(Name of Company)  
(herein after called Company) of 300 Plaza Three, 3rd Floor, Jersey City, NJ, 07311  
(Home Address of Company)

(DBA) SELAM TRUCKING

has issued to BERHANE K ABRAHAM of 11405 PINEHURST WAY NE, SEATTLE, WA, 98125  
(Name of Motor Carrier) (Address of Motor Carrier)

A policy or policies of insurance effective from 11/10/2014 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 Agency has jurisdiction or regulations promulgated in accordance therewith.

Whenever requested, the Company agrees to furnish the Agency 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 effective by the Company or the insured giving thirty (30) days' notice in writing to the State Agency, such thirty (30) days' notice to commence to run from the date notice is actually received in the office of the Agency.

Countersigned at PO Box 537 GA 31322 This 10th day of Nov 20 14  
Pooler (Address) (Day) (Month) (Year)

Insurance Company File No. TIPKG0031100  
(Policy No)

Abby Lyles  
(Authorized Company Representative)

Underlying Limit :0.00

Liability Limit :1,000,000.00