FOR OFFICIAL USE ONLY

Docket No. TV-



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

Reception Number	Safety	······································	Carrier ID# \ \S74	
111-0268-200-02	Insurance		Employee W	
	TYPE OF A	PPLICATIO	N The state of the	
New Common Carrier or Transfer of Existin		Extension of Common Carrler Permit Authority		
\$275 GENERAL CON	MMODITIES ONLY	\$10	O GENERAL COMMODITIES, including ARMORED CAR SERVICE	
ARMORED CA	IMODITIES, including IR SERVICE	\$10	GENERAL COMMODITIES, Including HAZARDOUS MATERIALS	
HAZARDOUS I	IMODITIES, including MATERIALS	\$100 GENERAL COMMODITIES, including HAZARDOUS MATERIALS and ARMORED CAR SERVICE		
	MODITIES, INCLUDING MATERIALS and R SERVICE			
_	T 07 64 11 671 (72 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	ON CARRIER P	ERMIT - Must be filed within 10 month	
	OF CANCELLED COMMO		FUMIL - INTER DE INCO MICINI TO MONTE	
S \$100 REINSTATEMEN of cancellation	1 OF CANCELLED COMMO		ENVIR - Music De Med Within 15 month	
of cancellation	MOTOR CARRIES			
of cancellation	MOTOR CARRIES Onified Business Id	R IDENTIFICA T	TION Der (UBI): 600 - 530- 6/5	
of cancellation Common Carrier #: GS シ egal Name: GA しら	MOTOR CARRIES Onified Business Id	R IDENTIFICAT	TION Der (UBI): 600 - 530 - 6/5 DT:	
of cancellation Common Carrier #: 65 \$ egal Name: 64 \$ rade Name(s), dba(s), if any	MOTOR CARRIES Onified Business Id A. PUTMA PUTMA	entifier Numb	TION Der (UBI): 600 - 530 - 6/5 DT:	
of cancellation Common Carrier #: S egal Name: S rade Name(s), dba(s), if any mail address: S hone Number: S 7	MOTOR CARRIED OF Unified Business Id OF THAM OF THAM	RIDENTIFICATION IN THE PROPERTY OF THE PROPERT	TION Der (UBI): 600 - 530 - 6/5 OT:	
of cancellation Common Carrier #: S egal Name: S rade Name(s), dba(s), if any mail address: S chose Number: S hone Number: S	MOTOR CARRIED OF Unified Business Id OF THAM OF THAM	RIDENTIFICATION IN THE PROPERTY OF THE PROPERT	TION Der (UBI): 600 - 530 - 6/5 DT:	

TYPE OF BUSINESS STRUCTURE									
Mindividua	I □ Partne	rship	☐ Corporation	☐ Limited L	lability Company	State of Inc.			
<u>NAME</u>	<u>TITLE</u>			Stock Distribution or % of Shares					
GALE A. PUTNERN DWNER									
*6		137.6	*TRANSFER OF P						
*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 PERMITPermit Number									
	•								
Signature of current permit holder Date						e			
INSURANCE REQUIREMENTS (must check one) A permit will not be issued until acceptable insurance is received									
hazardous ma quantity. You operate vehicl GVWR of less pounds. You m \$300,000 in Pu and Property I Insurance. You	You will not haul hazardous materials in any quantity. You will operate vehicles with a WWR of less than 10,000 punds. You must obtain \$750,000 in Public Liability and Property Damage surance. You do not need complete Part B.		You will hauf hazardous materials requiring \$1 million in Public Liability and Property Damage Insurance. You must complete Part C, Sections 1 and 2.		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#			State	V	VIN number				
	AAN	73	70	WA	(FMYU04	11724064946			
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L		·							
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,									
Jalea Kutum 8-5-14									
Signature									

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

16574 Pendina

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 GALE PUTNAM, PUTNAM PRODUCTS of 32207 7TH PL SW, FEDERAL WAY, WA 98023 a policy or policies of insurance effective from 08/06/2014 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 11th day of August, 2014

Insurance Company File No. CA 03233827

(Policy Number)

(Authorized Company Representative

MC1633a(08/99)

IRB3539B