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

SQL Parting

Filed with Washington Utilities & Transportation Commission	(herein after called Agency)
(Name of Agency)	
This is to certify that the Lancer Insurance Company (Name of Company)	
(herein after called Company) of 370 West Park Avenue, P.O. Box 9004, Long Beach, NY, 11561 (Home Address of Company)	
(Home Address of Company)	
has issued to DMITRI BAZ of P.O. BOX 1650 CLACKAMAS OR	,97015
(Name of Motor Carrier) (Address of Motor Carrier)	
A policy or policies of insurance effective from 08/14/2014 12:01 A.M. standard time at the addre policy or policies and continuing until cancelled as provided herein, which by attachment of the Uniform Motor Carr Damage Liability Insurance Endorsement, has or have been amended to provide automobile bodily injury and prop covering the obligations imposed upon such motor carrier by the provisions of the motor carrier law of the State in v regulations promulgated in accordance therewith.	rier Bodily Injury and Property erty damage liability insurance
Whenever requested, the Company agrees to furnish the Agency a duplicate original of said policy or policies. This certificate and the endorsement described herein may not be cancelled without cancellation of the policy cancellation may be effective by the Company or the insured giving thirty (30) days' notice in writing to the State Agrommence to run from the date notice is actually received in the office of the Agency.	to which it is attached. Such
P.O. BOX 8020 Countersigned at CARY (Address) NC 27512 This 14th date (Day)	ay of Aug 20 14 (Year)
Insurance Company File No. CM0058865 KELLIE BODDIE (Policy No) (Authorized Company File No. CM0058865)	npany Representative)

Liability Limit :1,000,000.00

Underlying Limit:0.00

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**

FOR OFFICIAL USE ONLY Docket No. TV-イタスレウュ							
Reception Number	Safety MS			Carrier ID# 165Q4			
111-0268-200-02	Insurance			Employee MO			
TYPE OF APPLICATION							
New Common Carrier Permit Authority, Extension of Common Carrier Permit Authori							
or Transfer of Existing Permi	t Number						
\$275 GENERAL COMMODIT	TIES ONLY		\$100	GENERAL COMMODITIES, including ARMORED CAR SERVICE			
\$275 GENERAL COMMODITIES, including ARMORED CAR SERVICE			\$100	GENERAL COMMODITIES, including HAZARDOUS MATERIALS			
\$275 GENERAL COMMODIT HAZARDOUS MATERI	\$100	GENERAL COMMODITIES, including HAZARDOUS MATERIALS and ARMORED CAR SERVICE					
HAZARDOUS MATERI							
\$100 REINSTATEMENT OF CANCELLED COMMON CARRIER PERMIT - Must be filed within 10 months of cancellation							
Common Carrier #: 6553 Unified Business Identifier Number (UBI): 603 419 701							
Legal Name: Dnitri Baz USDOT: 2525434							
Trade Name(s), dba(s), if any BAZ Express							
Email address: opatrasco@gmail.com							
Phone Number: (253) 961-8	152	_ Fax	Number:	NIA			
Business (Mailing) Address: Po	BOX 1650,	_Cl	ackam	as, or 97015			
Physical Address (if different): 1040 S Oxford St., Tacoma, WA 98465							

		7. VP. (
☑ Individual	☐ Partne	rship 🗆 Corpora	tion [☐ Limited Li	ability Company	State of Inc		
NAME	200	TITLE			the state of the s	bution or % of Shares		
<u>Dnitri</u>	202	Owner			1000			
*Complete t	his section ONI		を を の の の の の の の の の の の の の の の の の の	xisting pern		r. List name of current		
permit holde	er and permit n	umber to be transfe				gn below to authorize the		
transier of tr	ne permit numl	oer.						
NAME ON P	RMIT				Permit Number			
· .				<u> </u>	·	<u></u>		
Signature of	current permit	holder			Date	2		
		: 1) SOPANG : P PERPENIA AS PRIC						
You will not	haul	🗵 You will not haul		🗀 You will	haul hazardous	You will haul hazardous		
hazardous mat quantity. You v	•	hazardous materials quantity. You will or	· ·	materials re million in P	equiring \$1 ublic Liability and	materials requiring \$5 million in Public Liability		
operate vehicle	•	vehicles with a GVW		-	amage Insurance.	and Property Damage		
GVWR of less to pounds. You m	· ·	10,000 pounds or m must obtain \$750,00		You must of Sections 1 a	omplete Part C,	Insurance. You must		
\$300,000 in Pu		Public Liability and F		Sections 1	and 2.	complete Part C, Sections 1 and 2.		
and Property D	•	Damage Insurance.						
Insurance. You		complete Part B.						
to complete Pa	rt B.			<u> </u>				
	V	ierskije nakarije	e e e e e e e e e e e e e e e e e e e					
Unit#	Li	cense Number		State		IN number		
04		·		WA_	4V4 NC9 T	JG6N446434		
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			SIGNA					
l. as applican	t, understand t	hat the filing of this			in itself constitut	e authority to operate		
						I hereby declare and		
		contained in this ap						
\mathcal{M}	color:	>			8-11 -1	4		
Signature				Da	ate			

PART B SAFETY FITNESS SURVEY

FOR ALL APPLICANTS THAT OPERATE A VEHICLE OVER 10,000 GVWR

Companies applying to atansport any commodity must complete this survey.

Instructions: In each category shown below, list the person and/or position responsible for understanding, maintaining, and complying with current Federal Motor Carrier Safety Administration (FMCSA) regulations in the Code of Federal Regulations at 49 CFR. The requirement to comply with current FMCSR is mandated by the Washington State Patrol (WSP) in its rules, Washington Administrative Code (WAC) 446-65.

Copies of the FMCSR's are available from several vendors. These include, but are not limited to:

- Washington Trucking Association, 930 S. 336th St., Suite B, Federal Way, WA 98003, www.wtatrucking.com, (800) 732-9019 or (253) 838-1650.
- L. Keller & Associates, Inc., 3003 W. Breezewood Lane, Neenah, WI 54957, www.iikeller.com, 877,564-2333

			Cartrolled Subst	arum madalumiya	Hestings*	
Name:	Dmitri	Raz		Position:	Owner	
	_			tion of a commercia vehicle is a vehicle t		described below must
•		ombined weight e than 10,000 p		ounds that includes	a towed unit with	a gross vehicle weight
	-	_	ing of 26,001 pour	•		
	_	•		, including the drive	•	
		and is used to tr iterials regulation	*	s materials of an am	ount that requires	placarding under
						rolled substance and the WSP in WAC 446-65-
		Con	unelegar Dever 's	Propins (53) Re	Philippine Price 2	

- has a gross combined weight rating of 26,001 pounds that includes a towed unit with a gross vehicle weight rating of more than 10,000 pounds; or
- has a gross vehicle weight rating of 26,001 pounds or more; or
- is designed to transport 16 or more passengers, including the driver; or
- is of any size and is used to transport hazardous materials of an amount that requires placarding under hazardous materials regulations.

From:

			Filia Meteralizica inch	Richitzani.	
Name: Dm	itri	Baz	· · ·	Position: _	Owner
as required by F intrastate comm	MCSR F	Part 391.51 and by this ithin Washington h	he WSP in WAC 446	-65-010. Owne ons. Owners/o _l	nployee authorized to drive motor vehicles er/operators that work exclusively in perators that conduct any interstate r that they may use.
		T.	Drivers Hours		
Name: Do	itri	Baz	· 	Position:	Owner
The state of the s			urate hours of servic 95.1(e) and by the W		each individual that drives a motor vehicle 6-65-010.
		yen.			Othanice 3
Name: Dm	itti	Baz		Position:	Owner
the FMCSA in 45 required record WSP in WAC 440 •	CFR, Post of CFR,	art 396.11 and by th ch vehicle that inclu 0: cation of the vehick cure and due date o	ne WSP in WAC 446- des the following, as e. f various inspection a	65-010. In add required by the	each vehicle used each day as required by lition, each company must maintain certain he FMCSA in 49 CFR, Part 396.3 and by the nice operations to be performed. heir date and nature.
All companies m WAC 446-65-010		duct periodic inspe	ctions as required by	the FMCSA in	a 49 CFR, Part 396.17 and by the WSP in
			e Syenato		
		ertifies that I undents which apply to		ibility as a m	otor carrier and I will comply with all
M	al	20			8-11-14
Signature of ap	plican				Date

NOTE: Once issued, you must keep a copy of your permit in your vehicle.

From

9111 SE Saint Helens St Clackamas, OR 97015 Phone: 503-607-1088 Fax: 503-650-6399





То:	WA UTC	From:	Michelle C.
Attn:	INTRAstate Permits	Date:	August 11, 2014
Fax:	360-586-1181	Pages:	11 including cover
Phone:		Re:	INTRAstate Permit Application

X For Review

Hello,

Here is the WA INTRAstate permit for Dmitri Baz DBA BAZ Express.

UBI: 603 419 701 USDOT #: 2525434

If you have any questions, please call 503-607-1088 or email me at michellec@glostone.com.

Also, please send a receipt and a copy of the permit to 503-650-6399.

Thank you,

Michelle C.