

1300 South Evergreen Park Drive SW PO Box 47250

Olympia, WA 98504-7250 Phone 360-664-1222

Fax 360-586-1181
Web Site: www.utc.wa.gov
transportation@utc.wa.gov

## **COMMON CARRIER OF PROPERTY**

(Excluding Household Goods Carriers and Brokers)

**APPLICATION FOR REINSTATEMENT - FEE \$100.00** 

(Per WAC 480-14-220)

Applications for Reinstatement of a Cancelled Common Carrier permit must be within 10 months of the cancellation date of the permit. If over 10 months, you must submit a new application form.

Common Carrier # 101920			to be reinstated.
Legal Name: Mario To	ellez Mon	tiel_	
Trade Name(s), dba(s), if any:	Mamto	icking	
Business (Mailing) Address: 620 Reeves Way			Sunnyside, WA 9891
Physical Address (if different):		**	
Phone number: 509.830	) 0507	Fax Number:_	
Email address: VICKietelle	ze outlook co	U8DOT#:	1400119
Unified Business Identifier Numb	oer (UBI): <u>602</u>	489	60169
	Type of Busin	ess Struct	<u>ure</u> :
☑ Individual □ Partnership □	Limited Liability (	Company 🗆	Corporation State of Inc.
NAME TIT	<u>le</u>	<u>ADDRESS</u>	PERCENTAGE OF SHARES
Mario Tellez Montiel owner Sunnyside WASRA44 10076			
		$\sim$	
For Official Use Only	Received Date	112 14	ID: M 43852
111-0268-200-02	Insurance: (		Docket TV-193104
Receipt ID:	Payment ID:		

## 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 MARIO TELLEZ-MONTIEL, M&M TRUCKING of 630 REEVES WAY, SUNNYSIDE, WA 98944-0000 a policy or policies of insurance effective from 08/11/2014 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 15th day of August, 2014

Insurance Company File No. CA 03237035

(Policy Number)

(Authorized Company Representative)

MC1633a(08/99)

IRB3539B