

1300 South Evergreen Park Drive SW PO Box 47250

Olympia, WA 98504-7250 Phone 360-664-1222 Fax 360-586-1181

Web Site: <u>www.utc.wa.gov</u> transportation@utc.wa.gov

COMMON CARRIER OF PROPERTY

(Excluding Household Goods Carriers and Brokers)

APPLICATION FOR REINSTATEMENT – FEE \$100.00

AUG 22 2014

RECEIVED

(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 Car	rier # <u>59636</u>	_ to be reinstated.
Legal Name: Wilfrid	o Perer A	Moctezum a
Trade Name(s), dba(s), if any:		
Business (Mailing) Address: 21	1409 E. SR.	397 Kenn. CUA993
Physical Address (if different):	GAME	
Phone number 509)591-	5797 Fax Number:	
Email address:	USDOT #:	869430
Unified Business Identifier Numb	er (UBI): 601 973	055
	Type of Business Struct	
Maindividual □ Partnership □	Limited Liability Company	Corporation State of Inc.
NAME TITI	<u>E</u> <u>ADDRESS</u>	PERCENTAGE OF SHARES
For Official Use Only	Received Date: 8.22/14	ID: M36 718
111-0268-200-02 100.00	Insurance: M	Docket TV- 197 176
Receipt ID: 054070	Payment ID: 17-02.65001	

TYPE OF PAYME	NT The Property of the Party of							
☐ Check Money Order	Amount \$ 100							
☐ Amex ☐ Discover ☐ Mastercard ☐ Visa	Expiration Date							
Credit Card number:								
CERTIFICATION: I, the undersigned, under penalty for false statement, certify that the following information is true and correct, that I am authorized to execute and file this document on behalf of the applicant, and that all information on file is current and valid. Company Name: Mocferoma Truck Date: 7/28/014 Signature: Title: Burll								
If paying by credit card, you may fax your application to 3 transportation@utc.wa.gov	60-586-1181 or scan to							



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 08/15/2014

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER. IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s). PRODUCER PHONE (A/C, No, Ext): E-MAIL ADDRESS: FAX (A/C, No): Vladimir Krinitsyn Agency 1408 N. 20th Ave. #C State Farm | Pasco, WA 99301 INSURER(S) AFFORDING COVERAGE NAIC# INSURER A :State Farm Fire and Casualty Company 25143

INSURED Wilfrido Moctezuma P	erez	INS	INSURER B:				
I F			INSURER C:				
Kennewick, WA 99336		INS	INSURER D:				
			INSURER E:				
INSURER F:							
		NUMBER:			REVISION NUMBER:		
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.							
INSR LTR TYPE OF INSURANCE	ADDL SUBR INSD WVD		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	•	
COMMERCIAL GENERAL LIABILITY CLAIMS-MADE OCCUR					EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$		
CEATIVIS-IVIADE COCOR					MED EXP (Any one person) \$		
					PERSONAL & ADV INJURY \$		
CENTI ACCRECATE LIMIT ADDITES DED							
GEN'L AGGREGATE LIMIT APPLIES PER:		-					
POLICY JECT LOC					PRODUCTS - COMP/OP AGG \$		
OTHER: AUTOMOBILE LIABILITY		47-9FAA			COMBINED SINGLE LIMIT &	750,000	
					(Ea accident) BODILY INJURY (Per person) \$	750,000	
ANY AUTO ALLOWNED X SCHEDULED		1995 Freightlinr Tractor			BODILY INJURY (Per accident) \$		
AUTOS AUTOS NON-OWNED		1FUY3EDB4SP629167			PROPERTY DAMAGE (Per accident) \$		
HIRED AUTOS AUTOS			08/15/2014	08/18/2015	(Per accident) \$		
I I I I I I I I I I I I I I I I I I I							
UMBRELLA LIAB OCCUR					EACH OCCURRENCE \$		
EXCESS LIAB CLAIMS-MADE	4				AGGREGATE \$		
DED RETENTION\$					\$ OTH-		
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N					PER OTH- STATUTE ER		
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A				E.L. EACH ACCIDENT \$		
(Mandatory in NH)	'				E.L. DISEASE - EA EMPLOYEE \$		
If yes, describe under DESCRIPTION OF OPERATIONS below	<u> </u>				E.L. DISEASE - POLICY LIMIT \$		
					e e		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (ACORD	101. Additional Remarks Schedule ma	av be attached if mor	e space is requir	l		
Proof of Insurnace			., 50 mm2/104 if Mol	b 10 104MII	,		
A (Combined) 750,000							
•							
L				$\overline{}$			
CERTIFICATE HOLDER		CA	NCELLATION				
WASHINGTON UTC 1300 S EVERGREEN PARK DR SW PO BOX 47250 SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVED ACCORDANCE WITH THE POLICY PROVISIONS.					ELLED BEFORE DELIVERED IN		
OLYMPIA, WA 98504							
CETWIFIA, WA 30304		A 06-	THORIZED REPRESE	TATIVE/	7/		
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