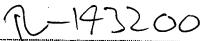
99357

From:Sloan-Leavitt Ins

REINSTATEMENT



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

APPLICATION FOR PERMIT

(excluding Household Goods and Common Carrier Brokers) FOR OFFICIAL USE ONLY Reception Number: Safety: MO Carrier ID# 111 0268 200 02 Insurance: Employed: AM TYPE OF APPLICATION (check one) New Common Carrier Permit Authority, or **Extension of Common Carrier Permit Authority** Transfer of Existing Permit Number \$276 GENERAL COMMODITIES ONLY \$100 GENERAL COMMODITIES, including ARMORED CAR SERVICE \$275 GENERAL COMMODITIES, including \$100 GENERAL COMMODITIES, including ARMORDED CAR SERVICE HAZARDOUS MATERIALS \$275 GENERAL COMMODITIES, including \$100 GENERAL COMMODITIES, including HAZARDOUS MATERIALS HAZARDOUS MATERIALS and ARMORED CAR SERVICE \$275 GENERAL COMMODITIES, INCLUDING HAZARDOUS MATERIALS and ARMORED CAR SERVICE 凶 \$100 REINSTATEMENT OF CANCELLED COMMON CARRIER PERMIT For Commission Use Only: (Must be filed within 10 months of cancellation) Auth #: TYPE OF PAYMENT ☐ Check ☐ Money Order ☐ Discover ☐ Mastercard ☐ Visa ☐ Amex Expiration Date 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. Name (printed): Date: Signature: Title: MOTOR CARRIER IDENTIFICATION CC#: US DOT# WA UNIFIED BUSINESS IDENTIFIER (UBI) #: **PHONE** Garcia)0mina10 DU-6084 d/b/a: FAX #: mingo Garcia BUSINESS (MAILING) ADDRES (street address, P.O. Box) (city, state, zip) PHYSICAL ADDRESS: (street address, if different)

TVDF OF BUILDINGS						
TYPE OF BUSINESS STRUCTURE (check individual or complete partnership/corporation information)						
INDIVIDUAL DEPARTMENTAL PARTMENTS DE CORPORATION - STATE OF INCORPORATION						
NAME	TITLE		ADDRE	<u>:SS</u>	Ş	TOCK DISTRIBUTION OR PERCENTAGE OF SHARE
Domingo Garcia Owner						
TRANSFER OF PERMIT NUMBER						
Complete this section if you are transferring an existing permit to a new owner. List name of <u>current</u> permit holder and permit number to be transferred. The current permit holder must sign below to authorize the transfer of the permit number.						
NAME ON PERMIT: PERMIT NUMBER:						
Signature of current permit holder						
INSURANCE REQUIREMENTS (must check one)						
(Permit will not be issued until acceptable insurance is received)						
The application The application That I have a materials in any and WILL only of vehicles less the pounds gross we rating—\$300,000 Liability and Produced Insurance and to complete the Fitness Survey.	ant WILL ardous quantity perate an 10,000 eight in Public perty nce is o not need Safety	l ,		The applicant WILL HAUL hazardous materials requiring \$1 million in Public Liability and Property Damage Insurance and submit the Safety Fitnes Survey – Sections 1 and 2.		The applicant WILL HAUL hazardous materials requiring \$5 mllion in Public Liability and Property Damage Insurance. Complete and submit the Safety Fitness Survey – Sections 1 and 2.
EQUIPMENT LIST (Attach additional list if necessary)						
UNIT#			STATE	VIN#		
1	C65542 A	W	WA		IFURSEB94PG34471	
ð	B66266V	W	WA		1FUE 4C4 B6 FP 2164404	
-					11.02.12.186+1-2169409	
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 received from the Commission. I hereby declare and affirm that the information contained in this application is true to the best of my knowledge and belief.						
Domingo Garcia, 8-27-2014 Signature(s) Date						

M333az Ponding

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 DOMINGO GARCIA, DOMINGO GARCIA TRUCKING of PO BOX 836, ROYAL CITY, WA 99357-0000 a policy or policies of insurance effective from 08/28/2014 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 29th day of August, 2014

Insurance Company File No. CA 02375377

(Policy Number)

(Authorized Company Representative

MC1633a(08/99)

IRB3539B