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- (93246			
			Cofety M			Carrier ID# 1(124			
Reception Number			Safety M						
111-0268-200-02			Insurance My			Employee MD			
TYPE OF APPLICATION									
	New Common Carrier Permit Authority,				Extension of Common Carrier Permit Authority				
	or Transfer of Existing Permit Number								
8	\$275 GENERAL COMMODITIES ONLY				\$100	GENERAL COMMODITIES, including ARMORED CAR SERVICE			
D	\$275 GENERAL COMMODITIES, including ARMORED CAR SERVICE				\$100	GENERAL COMMODITIES, including HAZARDOUS MATERIALS			
a	\$275 GENERAL COMMODITIES, including HAZARDOUS MATERIALS				\$100	GENERAL COMMODITIES, including HAZARDOUS MATERIALS and ARMORED CAR SERVICE			
	\$275 GENERAL COMMODITIES, INCLUDING HAZARDOUS MATERIALS and ARMORED CAR SERVICE								
a	\$100 REINSTATEMENT OF CANCELLED COMMON CARRIER PERMIT - Must be filed within 10 months of cancellation								
MOTOR CARRIER IDENTIFICATION									
Common Carrier #: 6569 Unified Business Identifier Number (UBI): 603-359-476									
Legal Name: Rob's Speedy Delivery, Inc USDOT:									

Trade Name(s), dba(s), if any Rob's Speedy Delivery

Email address: robsspeedy delivery @ gmail-com

Phone Number: <u>541-969-9047</u> Fax Number:

Business (Mailing) Address: 1515 SW Emigrant Ave Pendleton, OR 97801

Physical Address (if different): _____

	TYPE OF BUSI	NESS STRUCTURE						
🗆 Individual 🛛 🗆 Partne	ership 🛛 Corporation	Limited Liability Company	State of Inc. <u>OR</u>					
NAME	TITLE	Stock Distribution or % of Shares						
Robert Dooley	President	100 %						
*TRANSFER OF PERMIT NUMBER								
*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 PERMIT Permit Number								
Signature of current perm	it holder	Date						
INSURANCE REQUIREMENTS (must check one) A permit will not be issued until acceptable insurance is received								
You will not haul hazardous materials in any quantity. You will only operate vehicles with a GVWR of less than 10,000 pounds. You must obtain \$300,000 in Public Liability and Property Damage Insurance. You do not need to complete Part B.	You will not haul hazardous materials in any quantity. You will operate vehicles with a GVWR of 10,000 pounds or more. Yo must obtain \$750,000 in Public Liability and Property Damage Insurance. You mu complete Part B.	 You will haul 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.					
		k state i serve						

Unit #	License Number	State	VIN number	
	OR TEMP Permit	OR # 5	JDKDTB37C1029113	
1	CEWC	08 5	J68F48348L019153	

SIGNATURE

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.

sent Dorole Signature

9-2-1	4	 	
Date	•	 	

porting

IRB3539B

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 ROBS SPEEDY DELIVERY INC of 1515 SW EMIGRANT AVE, PENDLETON, OR 97801 a policy or policies of insurance effective from 09/02/2014 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 5th day of September, 2014

Insurance Company File No. CA 01277990 (Policy Number)

(Authorized Company Representative)

MC1633a(08/99)