

PART A

TV# 192406

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: 111 0268 200 02	Safety: <i>M</i>	Carrier ID#: 16651
	Insurance: <i>M</i>	Employee: <i>M</i>

TYPE OF APPLICATION (check one)

New Common Carrier Permit Authority, or Transfer of Existing Permit Number	Extension of Common Carrier Permit Authority
<input checked="" type="checkbox"/> \$275 GENERAL COMMODITIES ONLY	<input type="checkbox"/> \$100 GENERAL COMMODITIES, including ARMORED CAR SERVICE
<input type="checkbox"/> \$275 GENERAL COMMODITIES, including ARMORED CAR SERVICE	<input type="checkbox"/> \$100 GENERAL COMMODITIES, including HAZARDOUS MATERIALS
<input type="checkbox"/> \$275 GENERAL COMMODITIES, including HAZARDOUS MATERIALS	<input type="checkbox"/> \$100 GENERAL COMMODITIES, including HAZARDOUS MATERIALS and ARMORED CAR SERVICE
<input type="checkbox"/> \$275 GENERAL COMMODITIES, INCLUDING HAZARDOUS MATERIALS and ARMORED CAR SERVICE	

\$100 REINSTATEMENT OF CANCELLED COMMON CARRIER PERMIT
(Must be filed within 10 months of cancellation)

For Commission Use Only:
Auth #:

TYPE OF PAYMENT

Check Money Order Amex Discover Mastercard Visa Other

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): Nolan Hickman Date: 9/22/14
 Signature: [Signature] Title: _____

MOTOR CARRIER IDENTIFICATION

CC#: <u>65590</u>	US DOT#	WA UNIFIED BUSINESS IDENTIFIER (UBI) #: <u>602433972</u>
APPLICANT NAME: <u>Nolan Hickman</u>		PHONE#: <u>425-306-8359</u>
d/b/a: <u>NCH Services</u>		FAX #: <u>P/S email: nolanhickman@gmail.com</u>
BUSINESS (MAILING) ADDRESS: (street address, P.O. Box) <u>P.O. Box 213</u>		
(city, state, zip) <u>Auburn, WA 98071</u>		
PHYSICAL ADDRESS: (street address, if different) <u>2223 Benson Rd S #N-202</u>		

TYPE OF BUSINESS STRUCTURE

(check individual or complete partnership/corporation information)

INDIVIDUAL PARTNERSHIP CORPORATION (LP, LLP, LLC)
STATE OF INCORPORATION _____

NAME	TITLE	ADDRESS	STOCK DISTRIBUTION OR PERCENTAGE OF SHARE
Nolan Hickman	owner		
Chempale Hickman	owner		

TRANSFER OF PERMIT NUMBER

Complete this section 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 holder must sign below to authorize the transfer of the permit number.

NAME ON PERMIT: _____ PERMIT NUMBER: _____

Signature of current permit holder _____ Date _____

INSURANCE REQUIREMENTS (must check one)

A permit will not be issued until acceptable insurance is received

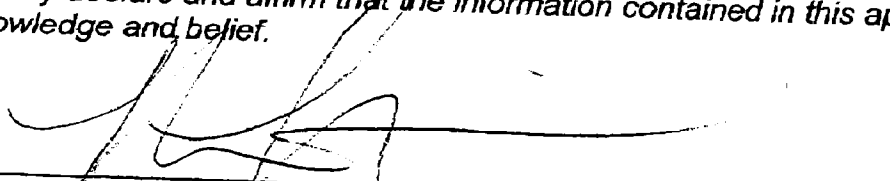
- You will not haul hazardous materials in any quantity. You will only operate vehicles with a GVWR of less than 10,000 pounds. You must obtain \$300,000 in Public Liability and Property Damage Insurance. You do not need to complete Part B.
- You will not haul hazardous materials in any quantity. You will operate vehicles with a GVWR of 10,000 pounds or more. You must obtain \$750,000 in Public Liability and Property Damage Insurance. You must 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.

MOTOR VEHICLE LIST (Attach additional pages if necessary)

UNIT#	LICENSE#	STATE	VIN#
	236XXS	WA	JTEBU11F570011684

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 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.


Signature(s)

9/22/14
Date

PROGRESSIVE[®]

Progressive
 P.O. Box 94739
 Cleveland, OH 44101
 1-800-895-2886

Policy number: 03289004-0

Underwritten by:
 United Financial Casualty Company
 September 22, 2014
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Certificate of Insurance

Certificate Holder

WASHINGTON UTILITES AND
 TRANSPORTATION COMMISSION
 1300 S EVERGREEN PK DR SW
 OLYMPIA, WA 98504

Insured

NOLAN G HICKMAN
 NCH SERVICES
 2223 BENSON RD #N202
 RENTON, WA 98055

Agent

PROG COMMERCIAL
 PO BOX 94739
 CLEVELAND, OH 44101

This document certifies that insurance policies identified below have been issued by the designated insurer to the insured named above for the period(s) indicated. This Certificate is issued for information purposes only. It confers no rights upon the certificate holder and does not change, alter, modify, or extend the coverages afforded by the policies listed below. The coverages afforded by the policies listed below are subject to all the terms, exclusions, limitations, endorsements, and conditions of these policies.

Policy Effective Date: Sep 22, 2014

Policy Expiration Date: Sep 22, 2015

Insurance coverage(s)

Bodily Injury/Property Damage

Limits

\$300,000 Combined Single Limit

Description of Location/Vehicles/Special Items

Scheduled autos only

Certificate number

26514SHU004

Please be advised that the certificate holder will not be notified in the event of a mid-term cancellation.

Form 5241 (10/02)