

Oly

Olympia, WA 98504-7250 Phone 360-564-1222 Fax 360-586-1181

PO Box 47250

1300 South Evergreen Park Drive SW

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.

Comm	on Carrier #	0852	to be rei	nstated.	•
Legal Name: 505	shua	Lee	Mull	er	· · · · · · · · · · · · · · · · · · ·
Trade Name(s), dba(s), if	any:	Trucki	ng		· · · · · · · · · · · · · · · · · · ·
Business (Mailing) Addre	ss: <u>P.O. B</u> (	x 202	Elma	x WA	9854
Physical Address (if different	rent): <u>1367</u>	mox chel	nalis Rd	mcClea	my 9859
Phone number (: 360)	470-0408	S Fax Num	ber: NA		····
Email address: Jawn	ya 25@ m	<u>sn .C</u> ousdot#	29002	328	
Unified Business Identifie					
		Business Str			
√ Individual □ Partne	rship 🛭 Limited Lia	ability Company	☐ Corporation	State of Inc.	
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For Official Use Only	Received	Date: WALK	ID:		
111-0268-200-02	Insurance	::	Docke	t TV-(43645	5
			<del></del>		

TYPE OF PAY	MENT THE SALES OF SALES					
☐ Check ☐ Money Order	Amount \$					
☐ Amex ☐ Discover ☐ Mastercard ☐ Visa	Expiration Date					
Credit Card number:						
CERTIFICATION: I, the undersigned, under penalty for false information is true and correct, that I am authorized to exapplicant, and that all information on file is current and va	ecute and file this document on behalf of the					
Company Name:						
Company Name:  Name (printed):	_ Date:					
Signature:	_ Title:					
If paying by credit card, you may fax your application to 360-586-1181 or scan to						

transportation@utc.wa.gov



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

Policy number: 03244863-0

Underwritten by: United Financial Casualty Company October 7, 2014 Page 1 of 1

## **Certificate of Insurance**

Certificate Holder	Insured	Agent
Washington utilities &	JOSHUA MULLER	PROG COMMERCIAL
TRANSPORTATION COMMISSION	PO BOX 202	PO BOX 94739
PO BOX 47250	ELMA, WA 98541	CLEVELAND, OH 44101
OLYMPIA. WA 98504		

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: Aug 19, 2014	Policy Expiration Date: Aug 19, 2015
Insurance coverage(s)	Limits
Bodily Injury/Property Damage	\$1,000,000 Combined Single Limit
Underinsured Motorist Bodily Injury	\$1,000,000 Combined Single Limit
Underinsured Motorist Property Damage	\$10,000 w/\$100 Ded (\$300 if Hit & Run)
Personal Injury Protection	\$10,000

#### **Description of Location/Vehicles/Special Items**

Scheduled autos only		
1991 KW T60 1XKAD69X9MJ56146		
2012 CHRYSLER 300 2C3CCAPT4CH2		
Comprehensive	\$500 Ded	
Collision	\$500 Ded	

#### Certificate number

28014A08863

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

1-PM

Form 5241 (10/02)