

**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

<i>FOR OFFICIAL USE ONLY</i>		Docket No. TV-193776
Reception Number	Safety <i>MA</i>	Carrier ID# 7357
111-0268-200-02	Insurance <i>MS</i>	Employee <i>MS</i>
TYPE OF APPLICATION		
<input type="checkbox"/> New Common Carrier Permit Authority, or Transfer of Existing Permit Number	<input type="checkbox"/> Extension of Common Carrier Permit Authority	
<input 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		
<input checked="" type="checkbox"/> \$100 REINSTATEMENT OF CANCELLED COMMON CARRIER PERMIT - Must be filed within 10 months of cancellation		

**MOTOR CARRIER IDENTIFICATION**

Common Carrier #: 04069 Unified Business Identifier Number (UBI): 603275278

Legal Name: RPM Delivery Service USDOT: 2344344

Trade Name(s), dba(s), if any: ~~THE~~ Margarita Butron

Email address: BENBUTRON@YAHOO.COM

Phone Number: 253-319-3713 Fax Number: N/A

Business (Mailing) Address: 8423 206<sup>th</sup> AVE CT E, BONNEY LAKE, WA 98391

Physical Address (if different): N/A

**TYPE OF BUSINESS STRUCTURE**

Individual     Partnership     Corporation     Limited Liability Company    State of Inc. \_\_\_\_\_

NAME MARILITA BUTON TITLE Owner Stock Distribution or % of Shares \_\_\_\_\_

**\*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 permit holder \_\_\_\_\_ Date \_\_\_\_\_

INSURANCE REQUIREMENTS (must check one) A permit will not be issued until acceptable insurance is received			
<input type="checkbox"/> 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.	<input checked="" type="checkbox"/> 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.	<input type="checkbox"/> You will haul hazardous materials requiring \$1 million in Public Liability and Property Damage Insurance. You must complete Part C, Sections 1 and 2.	<input type="checkbox"/> 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 Number	State	VIN number
018		WA	1HTMMAAM34H593294
019		WA	1B-BT6E1C14F512189

**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.

Signature \_\_\_\_\_ Date 10/29/14

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

**PROGRESSIVE®**

**Policy number: 03168943-0**

Underwritten by:  
 United Financial Casualty Company  
 October 29, 2014  
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## Certificate of Insurance

Certificate Holder	Insured	Agent
UTILITIES AAND TRANSPORATION COMMISSION 1300 S EVERGREEN PARK DR S OLYMPIA, WA 98504	RUBEN BUTRON 8423 206 AVE COURT E BONNEY LAKE, WA 98391	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: Jun 6, 2014

Policy Expiration Date: Jun 6, 2015

Insurance coverage(s)	Limits
Bodily Injury/Property Damage	\$750,000 Combined Single Limit
Underinsured Motorist Bodily Injury	\$100,000 Combined Single Limit
Underinsured Motorist Property Damage	\$10,000 w/\$100 Ded (\$300 if Hit & Run)

### Description of Location/Vehicles/Special Items

#### Scheduled autos only

2004 INTL 430 1HTMMAAM34H593294

2004 CHEVROLET C6C 1GBJ6C1C14F512189

#### Certificate number

30214A09943

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

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

**PROGRESSIVE®**

**Policy number: 03168943-0**

Underwritten by:  
United Financial Casualty Company  
October 27, 2014  
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## Certificate of Insurance

<b>Certificate Holder</b>	<b>Insured</b>	<b>Agent</b>
Additional Insured MARGARITA BUTRON 8423 206 AVE CT BONNEY LAKE, WA 98391	RUBEN BUTRON 8423 206 AVE COURT E BONNEY LAKE, WA 98391	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: Jun 6, 2014

Policy Expiration Date: Jun 6, 2015

**Insurance coverage(s)**

**Limits**

Bodily Injury/Property Damage

\$750,000 Combined Single Limit

### Description of Location/Vehicles/Special Items

#### Scheduled autos only

Margarita Butron is Addittional Insured on policy with Ruben Butron as the Named Insured

#### Certificate number

30014A09943

**Please be advised that additional insureds and loss payees will be notified in the event of a mid-term cancellation.**