



UTILITIES AND TRANSPORTATION COMMISSION

1300 South Evergreen Park Drive SW
PO Box 47250
Olympia, WA 98504-7250
Phone 360-564-1222
Fax 360-586-1181
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.

RECEIVED
MAY 18 2014
WASH. UT. & TP. COMM.

Common Carrier # 64219 to be reinstated.

Legal Name: Ralph DeLeon

Trade Name(s), dba(s), if any: DeLeon Transport

Business (Mailing) Address: Po Box 346 Tappanish WA 98948

Physical Address (if different): 102 So H St. Tappanish WA 98948

Phone number: 509-307-8000 Fax Number: _____

Email address: Ellionking@hotmail.com USDOT #: 1928134

Unified Business Identifier Number (UBI): 272885165603094380

Type of Business Structure:

Individual Partnership Limited Liability Company Corporation State of Inc. _____

<u>NAME</u>	<u>TITLE</u>	<u>ADDRESS</u>	<u>PERCENTAGE OF SHARES</u>

<i>For Official Use Only</i>	Received Date: <u>11-18-14</u>	ID: <u>6371</u>
111-0268-200-02 <u>100.00</u>	Insurance:	Docket TV- <u>63910</u>
Receipt ID: <u>52780</u>	Payment ID: <u>1167</u>	

TYPE OF PAYMENT

Check Money Order

Amount \$ \$100.00

Amex Discover Mastercard Visa

Expiration Date _____

Credit Card number:

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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.

Company Name: DeLeon Transport

Name (printed): Ralph DeLeon Date: 11-1-14

Signature: Ralph DeLeon Title: owner

If paying by credit card, you may fax your application to 360-586-1181 or scan to transportation@utc.wa.gov



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/1/2014

Ponder *8371*

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Joe Morten & Son, Inc. WSV PO Box 1550 Wilsonville OR 97070	CONTACT NAME: Linda Simmons	
	PHONE (A/C No. Ext): 503-678-2912	FAX (A/C No.): 503-678-2918
E-MAIL ADDRESS: simmons@joemorten.com		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A: Great West Casualty Company		11371
INSURER B:		
INSURER C:		
INSURER D:		
INSURER E:		
INSURER F:		

INSURED RALPDEL-01
 Ralph DeLeon dba DeLeon Transport
 P O Box 346
 Toppenish WA 98948

COVERAGES **CERTIFICATE NUMBER:** 1921564287 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC			MCP14184A	12/1/2014	12/1/2015	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$			MCP14184A	12/1/2014	12/1/2015	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	BROAD FORM LIABILITY PHYSICAL DAMAGE			MCP14184A	12/1/2014	12/1/2015	LIMIT \$10,000 \$1,000 DEDUCTIBLE ACV BASIS - COMP/COLL \$1,000 DEDUCTIBLE

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 X HIRED AUTO PHYSICAL DAMAGE = BAILEE \$35,000 LIMIT W/\$1,000 DEDUCTIBLE
 IN LIEU OF FORM E FILING - PERMIT # 64219

CERTIFICATE HOLDER WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION PO BOX 47250 OLYMPIA WA 98504	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
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