

**COMMON CARRIER OF PROPERTY** 

(Excluding Household Goods Carriers and Brokers)

1300 South Evergreen Park Drive SW PO Box 47250 Olympia, WA 98504-7250 Phone 360-664-1222 Fax 360-586-1181 Web Site: www.utc.wa.gov transportation@utc.wa.gov

## **APPLICATION FOR REINSTATEMENT – FEE \$100.00**

(Per WAC 480-14-220)

Applications for Reinstatem	nent of a Cancel	led Common	Carrier permit mu	ist be within
10 months of the cancellati	on date of the p	ermit. <b>If ove</b>	er 10 months, you	must submit
a new application form.		i0177		•
		0177		
Common Ca	rrier #		to be reinstated.	
Legal Name: THOMP	ST M,	DREK.	10,000	
Trade Name(s), dba(s), if any:	CREST /	urrit is	KN	
Business (Mailing) Address	6/6/	N. 62°		
Physical Address (if different):			8/03.562	<i>O</i>
Phone number: 2 4 782	2-1116	Fax Number:	206 783.	1/0
Email address:	370 6 MSN.	USDOT #:/	. USDOT 1005	734
Unified Business Identifier Num	ber (UBI): <u>66 (</u>	25651	8	· · · · · · · · · · · · · · · · · · ·
	Type of Busin	ness Structu	ıre:	
🛕 Individual 🗆 Partnership	☐ Limited Liability	Company □ C	Corporation State o	f Inc
NAME <u>TI</u>	<u>TLE</u>	<u>ADDRESS</u>	PERCENTAG	E OF SHARES
Marys MODEN	150			
				·
For Official Use Only	Received Date:	1125114	ID: M3858 Docket TV-1430	<u> </u>
111-0268-200-02	Insurance: (M		Docket TV-1430	185
Receipt ID:	Payment ID:			

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☐ Check ☐ Money Order	<b>.</b>						Amo	ount \$	5		· · · ·	
☐ Amex ☐ Discover ☐	Mastercard	l □ Visa	<b>a</b> .			E	xpira	tion D	ate _			
Credit Card number:												
												-
CERTIFICATION: I, the unders	_	•	•				•			_		
information is true and corre applicant, and that all inform	•		· .	•	e and	file th	is doc	umer	nt on	behal	f of th	е
applicant, and that an inform		ie is curre	inc and	vanu.				s				
			. X & \ .	11.	2. v.		.11.	٠. ن				
Company Name: 621	of No.	RAUZ		<i>^</i> ,	• • • • • • • • • • • • • • • • • • • •			• • •	N 122			
Company Name: 623	ps 7	M	305	人	ate:	312		i is. i	1,41			
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Signature:	1000		<del>\( \)</del>		le:	<u>-</u>						
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If paying by credit card, you	u mav fax ı	vour app	olicatio	्र्े n to 3	60-58	5-1 <b>1</b> 8	1 or s	can t	50			
transportation@utc.wa.go		, , ,										
												<b>♦</b>

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## FORM E UNIFORM MOTOR CARRIER BODILY INJURY AND PROPERTY DAMAGE LIABILITY CERTIFICATE OF INSURANCE

(EXECUTED IN TRIPLICATE)

Filed with	Washington Utilitie	es & Transportation Com	mission (h	ereinafter called Commission)					
	(Name of Co	ommission)							
This is to certif	any								
			(Name of Company)						
(hereinafter called	Company) of		rney Street, Omaha, N						
		(Home	Office Address of Company						
has issued to		THOMAS T MADDEN DBA GREAT NORTHERN							
		(N	me of Motor Carrier)						
of		616 N 62N	D ST, SEATTLE, WA 9	8103					
			ddress of Motor Carrier)	A-11-1					
the insured stated the Uniform Motor amended to provid upon such motor of or regulations pror Whenever red policies and all end This certificate to which it is attack in writing to the St	Carrier Bodily Injury and de automobile bodily injury carrier by the provisions of mulgated in accordance to quested, the Company accordance the consements thereon.	and continuing until cand land continuing until cand Property Damage Liability and property damage I of the motor carrier law of therewith.  Grees to furnish the Commercial Commercial Property I of the Commercial Proper	elled as provided hereity Insurance Endorsem ability insurance coverithe State in which the hission a duplicate originate cancelled without campany or the insured graphs.	ing the obligations imposed Commission has jurisdiction inal of said policy or ancellation of the policy giving thirty (30) days' notice					
Countersigned at	3024 Harney Street	Omaha	NE	68131					
o o unico o igno u ac	(Street Address)	(City)	(State)	(ZIP Code)					
this	14th	day of <u>N</u>		4					
			•	d Representative					
Insurance Compar	ny File No. 70TRS03;		, and lec						

750,000 CSL