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WASH. UT. & TP. COMM

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

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.

Common Carrier # 6629 to be reinstated.

Legal Name: Charles Miller Trucking Co. Inc

Trade Name(s), dba(s), if any: Charles Miller Inc

Business (Mailing) Address: Po Box 187, Neilton WA 98566

Physical Address (if different): _____

Phone number: 360-288-2308 Fax Number: _____

Email address: n/a USDOT #: 578089

Unified Business Identifier Number (UBI): 149 001 494

Type of Business Structure:

Individual Partnership Limited Liability Company Corporation State of Inc. _____

NAME **TITLE** **ADDRESS** **PERCENTAGE OF SHARES**

For Official Use Only	Received Date: <u>12-1-14</u>	ID: <u>MJF2</u>
111-0268-200-02 <u>100.00</u>	Insurance: <u>NO</u>	Docket TV- <u>144025</u>
Receipt ID: <u>53003</u>	Payment ID: <u>4071680</u>	

Form E
UNIFORM MOTOR CARRIER BODILY INJURY AND PROPERTY
DAMAGE LIABILITY CERTIFICATE OF INSURANCE
(Executed in Triplicate)

Filed with Washington UTC (hereinafter called Commission)
(Name of Commission)

This is to certify, that the Sparta Insurance Company
(Name of Company)
(hereinafter called Company) of 185 Asylum Street Hartford, CT 06101
(Home Office Address of Company)
has issued to CHARLES MILLER TRUCKING INC of P O BOX 187 NEILTON WA 98566
(Name of Motor Carrier) (Address of Motor Carrier)

a policy or policies of insurance effective from 01/07/14 12:01 A.M. standard time at the address of the insured stated in said policy or policies and continuing until canceled as provided herein, which, by attachment of the Uniform Motor Carrier Bodily Injury and Property Damage Liability Insurance Endorsement, has or have been amended to provide automobile bodily injury and property damage liability insurance covering the obligations imposed upon such motor carrier by the provisions of the motor carrier law of the State in which the Commission has jurisdiction or regulations promulgated in accordance therewith.

Whenever requested, the Company agrees to furnish the Commission a duplicate original of said policy or policies and all endorsements thereon.

This certificate and the endorsement described herein may not be canceled without cancellation of the policy to which it is attached. Such cancellation may be effected by the Company or the insured giving thirty (30) days' notice in writing to the State Commission, such thirty (30) days' notice to commence to run from the date notice is actually received in the office of the Commission.

Countersigned at 520 Pike Street, Suite 1150 Seattle WA 98101
(Street Address) (City) (State) (Zip Code)

this 7 day of January 2014

Insurance Company File No. 044CP0430600
(Policy Number)


Authorized Company Representative

Underlying Limit :0.00 Liability Limit :1000000