



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 # CC 64531 to be reinstated.

Legal Name: Whites Hauling and Farm LLC

Trade Name(s), dba(s), if any: _____

Business (Mailing) Address: 550 Morrow rd, Independence OR 97351

Physical Address (if different): _____

Phone number: 503 838 3505 Fax Number: 503-838-2071

Email address: Shelly@whiteshaulingfarm.com USDOT #: 232948

Unified Business Identifier Number (UBI): 93-0554345 601969281
mo# - 176719

Type of Business Structure:

Individual Partnership Limited Liability Company Corporation State of Inc. _____

NAME TITLE ADDRESS PERCENTAGE OF SHARES

Claude White owner _____
Kathy White owner _____

For Official Use Only	Received Date: <u>12/11/14</u>	ID: <u>u3960</u>
111-0268-200-02	Insurance: <u>NO</u>	Docket TV- <u>144070</u>
Receipt ID:	Payment ID:	

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

Filed with **WASHINGTON UTILITIES & TRANSPORTATION COMMISSION**
(hereinafter called Commission)

This is to certify, that the **GREAT WEST CASUALTY COMPANY** (hereinafter called Company)
P.O. BOX 277 SO SIOUX CITY NE 68776

has
issued to: **WHITE'S HAULING & FARM LLC**
550 MORROW ROAD
INDEPENDENCE OREGON 973519698

a policy or policies of insurance effective from **12/01/14** 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 **1100 W 29TH ST SOUTH SIOUX CITY NE 687760277**
this **8 TH** day of **DECEMBER** 2014
Insurance Company File No. **MCP13947A**
0840 (Policy Number)



Authorized Company Representative

This form determined by the National Association of Regulatory Utility Commissioners and promulgated by the Interstate Commerce Commission pursuant to the provisions of Section 202(b) (2) of the Interstate Commerce Act (49 U.S.C., sec. 302(b) (2)).