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

FOR OFFICIAL USE ONLY				Docket No. TV- (440 19				
Reception Number Safety			Carrier ID# (678)					
111-0268-200-02 Insurance				Employee M				
TYPE OF APPLICATION								
New Common Carrier Permit Authority, or Transfer of Existing Permit Number			Extension of Common Carrier Permit Authority					
\$275 GENERAL COMMODITIES ONLY			\$100	GENERAL COMMODITIES, Including ARMORED CAR SERVICE	g			
\$275 GENERAL COMMODITIES, including ARMORED CAR SERVICE			\$100	GENERAL COMMODITIES, includin HAZARDOUS MATERIALS	g			
\$275 GENERAL COMMODITIES, including HAZARDOUS MATERIALS			\$100	GENERAL COMMODITIES, Including HAZARDOUS MATERIALS and ARMORED CAR SERVICE	ng			
\$275 GENERAL COMMODITIES, INCLUDING HAZARDOUS MATERIALS and ARMORED CAR SERVICE								
\$100 REINSTATEMENT OF CANCELLED COMMON CARRIER PERMIT - Must be filed within 10 months of cancellation								
MOTOR CARRIER IDENTIFICATION								
Common Carrier #: 65682 Unified Business Identifier Number (UBI): 603 453 706								
Legal Name: Aaron Burdette USDOT:								
Trade Name(s), dba(s), If any Greener Grounds Aternative Solutions								
Email address: aaron burdette 123 2 gmail. com								
425-275 -/681 Fax Number:								
Business (Mailing) Address: 220 10 30th are W Monthake Terrace WA 99								
Physical Address (If different): 2700 center Rd Everett WA 98204								



NAME ACCO TITLE Stock Distribution or % of Shares	TYPE OF BUSINESS STRUCTURE										
*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 Name on permit number	12 Individual	☐ Partner	ship Corporation	☐ Umited Lia	bility Company	State of Inc.					
*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											
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Signature of current permit holder Date	permit holder and permit number to be transferred. The current permit hold must sign below to authorize the										
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INSURANCE REQUIREMENTS (must check one) A permit will not be issued until acceptable Insurance is received Syou 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 \$750,000 in Public Llability and Property Damage Insurance. You do not need to complete Part B. MOTOR VEHICLE LIST (Attach additional pages if necessary) Unit # License Number	MAINE ON PERINT										
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Data.											
Signature Date											

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

Filed with the WASHINGTON UTILITIES & TRANSPORTATION COMMISSION-OPERATIONS DIVISION (hereinafter called Commission) of PO BOX 47250, OLYMPIA, WA 98504

This is to certify, that the United Financial Casualty Company (hereinafter called Company) of PO BOX 94739, CLEVELAND, OH 44101 has issued to AARON BURDETTE of 22010 38TH AVE W, MOUNTLAKE TERRA, WA 98043 a policy or policies of insurance effective from 12/11/2014 12:01 A.M. standard time at the address of the insured stated in said policy or policies and continuing until cancelled 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 cancelled 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 6300 WILSON MILLS, MAYFIELD VILLAGE, OH 44143

this 12th day of December, 2014

Insurance Company File No. CA 03390764

(Policy Number)

(Authorized Company Representative)

MC1633a(08/99)

IRB3539B