## **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- 44 116					
Reception Number Safety (M)				Carrier ID# \677 \8				
111-0268-200-02	Insurance (MD)			Employee 📈				
TYPE OF APPLICATION								
New Common Carrier Permit	Authority,	Ex	Extension of Common Carrier Permit Authority					
or Transfer of Existing Permit Number								
\$275 GENERAL COMMODITIES ONLY			\$100	GENERAL COMMODITIES, including ARMORED CAR SERVICE				
\$275 GENERAL COMMODITIES, including ARMORED CAR SERVICE			\$100	GENERAL COMMODITIES, including HAZARDOUS MATERIALS				
\$275 GENERAL COMMODITIES, including HAZARDOUS MATERIALS			\$100	GENERAL COMMODITIES, including HAZARDOUS MATERIALS and ARMORED CAR SERVICE				
\$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 #: 6885 Unified Business Identifier Number (UBI): 603-391-552								
Legal Name: SHUFFLEFISH LLC USDOT:								
Trade Name(s), dba(s), if any								
Email address: SHUFFLEFISH @ GMAIL. COM								
Phone Number: <u>562-841-3775</u> Fax Number: <u>Nove</u>								
Business (Mailing) Address: 900-29 TH ST. S.F., #E12 AUBURN, WA 98002								
Physical Address (if different): SAME								

TYPE OF BUSINESS STRUCTURE									
☐ Individual	☐ Partner	ship	☐ Corporation	☑ Limited Lia	ability Company	State of Inc. WA			
NAME TITLE TOHN J. FISHER OWNER			DWNER	Stock Distribution or % of Shares					
			*TDANICEED OF D	EDBAIT NI IBA	DED				
*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					
Signature of current permit holder			Date						
INSURANCE REQUIREMENTS (must check one)  A permit will not be issued until acceptable insurance is received									
You 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 \$300,000 in Public Liability		vill not haul ous materials in any y. You will operate s with a GVWR of pounds or more. You otain \$750,000 in liability and Property e Insurance. You must	You will materials re million in Per Property Da	haul hazardous equiring \$1 ublic Liability and nmage Insurance. omplete Part C,	You will hauf hazardous materials requiring \$5 million in Public Liability and Property Damage Insurance. You must complete Part C, Sections 1 and 2.				
MOTOR VEHICLE LIST (Attach additional pages if necessary)									
Unit #	License Number  ADB 3111		State WA	VIN number  JTLZEYFE5A1110917					
SIGNATURE  I, as applicant, understand that the filing of this application does not in itself constitute authority to operate and that no operations may be conducted until a permit is issued by the Commission. I hereby declare and									
affirm that the information contained in this application is true to the best of my knowledge and belief.									

Date

## 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 SHUFFLEFISH LLC of 900 29TH STREET SE UNIT E12, AUBURN, WA 98002-0000 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 03407005

(Policy Number)

MC1633a(08/99)

IRB3539B