

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: <u>www.utc.wa.gov</u>

transportation@utc.wa.gov

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 Car	rier# <u>26318</u> to	be reinstated.
Legal Name: Donald	Conway Jr.	
Trade Name(s), dba(s), if any:	Conway Truck	ting
Business (Mailing) Address:	0 Box 895 RG	amier, WA 98574
Physical Address (if different):	2535 PKSS K	d SE Rainier WA
Phone number: 360-44		485 16
Email address:	USDOT #: 5	579915
Unified Business Identifier Numb	er (UBI): 6 6(50778	<u>'4</u>
	Type of Business Structur	<u>'e</u> :
☐ Individual ☐ Partnership ☐	I Limited Liability Company Co	rporation State of Inc
NAME TIT	LE ADDRESS	PERCENTAGE OF SHARES
Donald Convay or	luner	100
And the second s		
		ID: M20194
For Official Use Only	Received Date:	1.0.
For Official Use Only 111-0268-200-02	Insurance:	Docket TV- SOU27

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

Filed with Washington Utilities & Transportation Con		551011					(herein afte	er calle	d Agend
(Name of Agency)									
This is to certify that the ACE Property & Casualty Compa	any						-		
(Name of Company)	ъ.	10100							
(herein after called Company) of 436 Walnut Street, Philadelphia, (Home Address of Company)	,РА	, 19106			=				
,,									
(DBA) CONWAY TRUCKING									
DOWN DOWN DOWN DOWN DO		V 005	5 4 14 1 5 5						
has issued to <u>DONALD CONWAY</u> of <u>PO</u> (Name of Motor Carrier)	OBC		RAINIEF. Address of N						
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			A. standard t						
policy or policies and continuing until cancelled as provided nerein, which									
Damage Liability Insurance Endorsement, has or have been amended to covering the obligations imposed upon such motor carrier by the provision	o prov	ide auto	mobile bodil	y inju	ury and p	roperty d	amage liat	ollity ir	ısuran
regulations promulgated in accordance therewith.	ons or	ine mor	oi camei iav	<i>i</i> 01 u	ne State	in which	ine Agenc	nas,	junsaid
Whenever requested, the Company agrees to furnish the Agency a This certificate and the endorsement described herein may not be o									
					•	•			
cancellation may be effective by the Company or the insured giving thirty commence to run from the date notice is actually received in the office of			ice in writin	g to	ine State	Agency	, such thirty	/ (30)	days' i
Commence to full from the date notice is actually received in the office of	1 11107	igency.							
510 Walnut Street									
	PA	<u> 19106</u>	T	his	05th	day of		20	15
(Address)					(Day)		(Month)		(Year
			1,	+6 /	^ = 111k = -	_			
Insurance Company File No. <u>CAL-H0879537A-001</u> (Policy No)			Juai		Callihar		Represen	tative	١
(i only ite)				•		' '	•		,