

PART A

TV# 50071

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
APPLICATION FOR PERMIT
 (excluding Household Goods and Common Carrier Brokers)

Reception Number: 111 0268 200 02	Safety: <u>MD</u>	Carrier ID#: <u>16807</u>
	Insurance:	Employee: <u>MD</u>

New Common Carrier Permit Authority, or Transfer of Existing Permit Number	Extension of Common Carrier Permit Authority
<input checked="" type="checkbox"/> \$275 GENERAL COMMODITIES ONLY	<input type="checkbox"/> \$100 GENERAL COMMODITIES, including ARMORED CAR SERVICE
<input type="checkbox"/> \$275 GENERAL COMMODITIES, including ARMORED CAR SERVICE	<input type="checkbox"/> \$100 GENERAL COMMODITIES, including HAZARDOUS MATERIALS
<input type="checkbox"/> \$275 GENERAL COMMODITIES, including HAZARDOUS MATERIALS	<input type="checkbox"/> \$100 GENERAL COMMODITIES, including HAZARDOUS MATERIALS and ARMORED CAR SERVICE
<input type="checkbox"/> \$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)

For Commission Use Only: Auth #:

Check
 Money Order
 Amex
 Discover
 Mastercard
 Visa
 Expiration Date _____

CERTIFICATION: I, the undersigned, under penalty for false statement, certify that the following information is true and correct, that I am authorized to execute and file this document on behalf of the applicant, and that all information on file is current and valid.

Name (printed): Angela Daniels Date: 12/3/14
 Signature: Angela Daniels Title: owner

CC#: 65701 US DOT# _____ WA UNIFIED BUSINESS IDENTIFIER (UBI) #: 601439825

APPLICANT NAME: Angela Ceate Daniels PHONE#: 206-384-5459
 d/b/a: AM EXPRESS FAX #:

BUSINESS (MAILING) ADDRESS:
 (street address, P.O. Box) 32341 29th Ave SW
 (city, state, zip) Federal Way, WA 98023

PHYSICAL ADDRESS: (street address, if different)

WA		INSURANCE IDENTIFICATION CARD	
(STATE)			
COMPANY NUMBER 24082	COMPANY Ohio Security Ins Co	<input checked="" type="checkbox"/> COMMERCIAL	<input type="checkbox"/> PERSONAL
POLICY NUMBER BK556524628	EFFECTIVE DATE 1/29/2015	EXPIRATION DATE 1/29/2016	
YEAR 2005	MAKE/MODEL KIA SEDONA	VEHICLE IDENTIFICATION NUMBER KNDUP132656681379	
AGENCY/COMPANY ISSUING CARD			
W Insurance Group 1007 Pacific Ave Tacoma WA 98402 (800) 362-5220			
INSURED			
Angela Daniels A M Express 32341 29th Ave Sw Federal Way WA 98023			
SEE IMPORTANT NOTICE ON REVERSE SIDE			

Web Address: www.w-ins.com

THIS CARD MUST BE KEPT IN THE INSURED VEHICLE AND PRESENTED UPON DEMAND

IN CASE OF ACCIDENT: Report all accidents to your Agent/Company as soon as possible. Obtain the following information:

1. Name and address of each driver, passenger and witness.
2. Name of Insurance Company and policy number for each vehicle involved.

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INS050 (2007/02)

WA INSURANCE IDENTIFICATION CARD

(STATE)

COMPANY NUMBER 24082 COMPANY Ohio Security Ins Co COMMERCIAL PERSONAL

POLICY NUMBER BK556524628 EFFECTIVE DATE 1/29/2015 EXPIRATION DATE 1/29/2016

YEAR 2000 MAKE/MODEL CHEVROLET VAN VEHICLE IDENTIFICATION NUMBER 1GNDML9WXYB193400

AGENCY/COMPANY ISSUING CARD
W Insurance Group
1007 Pacific Ave
Tacoma WA 98402 (800) 362-5220

INSURED
Angela Daniels
A M Express
32341 29th Ave Sw
Federal Way WA 98023

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