

COMMON CARRIER OF PROPERTY

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

APPLICATION FOR REINSTATEMENT - FEE \$100.00

(Excluding Household Goods Carriers and Brokers)

(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>45</u>	639 to	be reinstated.
Legal Name: Robert	J Ha	mon	
Trade Name(s), dba(s), if any:	Harmon	and So	ns
Business (Mailing) Address: \(\)	084 E	3rd AVE	Colville WA 99114
Physical Address (if different):	·		
Phone number: <u>509-67</u>	5-3086	Fax Number:	NA
Email address: BJHAR MON	@live.com	√ USDOT#:_25	23982
Unified Business Identifier Numb	er (UBI): <u>(</u> 0 (3418 87	
• •	Type of Bus	iness Structure	<u>,</u> <u>-</u>
■ Individual □ Partnership □] Limited Liabili	ty Company 🛭 Cor	poration State of Inc.
NAME TITE	<u>LE</u>	ADDRESS	PERCENTAGE OF SHARES
Robert Harmon Ou	ine 10	84E3THAVE G	14 He WA 99114 1001
		\	
For Official Use Only	Received Date	=: 11 WILS	ID: 1176
111-0268-200-02	Insurance: /		Docket TV- (SOOG)
Receipt ID:	Payment ID:	· · · · · · · · · · · · · · · · · · ·	

16716 M-5444 (01/2010)

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

(EXECUTED IN TRIPLICATE)

led with	Washington	Utilities & Transport	tation Co	mmission	(herei	nafter called Commission)			
	(Nan	ne of Commission)							
This is to certif	y, that the	Columbia Insurance Company							
		(Name of Company)							
ereinafter called (Company) of	3024 Harney Street, Omaha, NE 68131							
inoromation ballou bornparty) br		(Home Office Address of Company)							
has issued to		ROBERT	HARMOI	I DRA HARM	ION & SONS				
		ROBERT HARMON DBA HARMON & SONS (Name of Motor Carrier)							
		4	004 5 25	D 4\/E COL	MILE 14/4 0044	14			
•		1084 E 3RD AVE, COLVILLE, WA 99114 (Address of Motor Carrier)							
		•							
policy or policies	of insurance effec	tive from	01/16/2	015 13	2:01 A.M. standa	ard time at the address of			
			a until car			hich, by attachment of			
		_	_	-					
		ry and Property Dam	_	•					
						he obligations imposed			
on such motor c	arrier by the provis	sions of the motor ca	arrier law	of the State in	n which the Corr	nmission has jurisdiction			
regulations pron	nulgated in accord	ance therewith.							
,	•								
\/henever red	wested the Comn	any agrees to furnish	h the Cor	nmission a di	inlicate original	of said policy or			
			ii liile Coi	iliiission a ut	ipiicale original i	or said policy or			
olicies and all end	dorsements therec	n.							
This certificate	e and the endorser	ment described herei	in may no	t be cancelle	d without cance	llation of the policy			
which it is attach	ned Such cancella	ation may be effected	d by the (Company or t	he insured aivin	g thirty (30) days' notice			
		uch thirty (30) days'							
_	ce of the Commiss		1101100 10	oon milenee a	ran nom mo	ate fielde le détadity			
ceived in the oni	ce of the Commiss	Notiel.							
ountersigned at	3024 Harney Str		Omal	na	NE	68131			
	(Street Address)	(City)		(State)	(ZIP Code)			
is	16th	da	ıy of	January	, 20 15				
					1 411				
					Jon 4				
					/				
					Authorized Representative				
surance Compar	ny File No. 711	RR219360							
		(Policy Number)							

1,000,000 CSL