



1300 South Evergreen Park Drive SW
PO Box 47250
Olympia, WA 98504-7250
Phone 360-664-1222
Fax 360-506-1181
Web Site: www.utc.wa.gov
transportation@utc.wa.gov

COMMON CARRIER OF PROPERTY
(Excluding Household Goods Carriers and Brokers)

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 Carrier # 64614 to be reinstated.

Legal Name: Kenneth L & Carol L Sylvester

Trade Name(s), dba(s), if any: C + K Transport

Business (Mailing) Address: 12714 W Farwell Nine Mile Falls, Wa

Physical Address (if different): _____

Phone number: (509) 467-3030 Fax Number: _____

Email address: CK-Transport@AOL.com USDOT #: 2283121

Unified Business Identifier Number (UBI): 538-66-2196

Type of Business Structure:

Individual Partnership Limited Liability Company Corporation State of Inc. _____

NAME	TITLE	ADDRESS	PERCENTAGE OF SHARES
<u>Ken Sylvester</u>	<u>Owner</u>	<u>12714 W Farwell</u>	

For Official Use Only	Received Date: <u>1/16/15</u>	ID: <u>6909</u>
111-0268-200-02	Insurance: <u>NO</u>	Docket TV- <u>150095</u>
Receipt ID:	Payment ID:	



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

(EXECUTED IN TRIPLICATE)

Filed with Washington Utilities & Transportation Commission (hereinafter called Commission)
(Name of Commission)

This is to certify, that the Continental Divide Insurance Company
(Name of Company)

(hereinafter called Company) of 3333 Farnam Street, Omaha, NE 68131
(Home Office Address of Company)

has issued to KENNETH L & CAROL L SYLVESTER DBA C & K TRANSPORT
(Name of Motor Carrier)

of 12714 W FARWELL RD, NINE MILE FALLS, WA 99026
(Address of Motor Carrier)

a policy or policies of insurance effective from 01/11/2015 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 Commissioner.

Countersigned at 3333 Farnam Street Omaha NE 68131
(Street Address) (City) (State) (ZIP Code)

this 16th day of January, 20 15



Authorized Representative

Insurance Company File No. 05TRM005159-02
(Policy Number)

1,000,000 CSL

FORM H
UNIFORM MOTOR CARRIER CARGO
CERTIFICATE OF INSURANCE
 (EXECUTED IN TRIPLICATE)

Filed with Washington Utilities & Transportation Commission (hereinafter called Commission)
 (Name of Commission)

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 (Name of Company)

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 (Name of Motor Carrier)

of 12714 W FARWELL RD, NINE MILE FALLS, WA 99026
 (Address of Motor Carrier)

a policy or policies of insurance effective from 01/11/2015 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 Cargo Insurance Endorsement, has or have been amended to provide cargo 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 Commissioner.

Countersigned at 3333 Farnam Street Omaha NE 68131
 (Street Address) (City) (State) (ZIP Code)

this 16th day of January, 20 15



Authorized Representative

Insurance Company File No. 05TRM00515902
 (Policy Number)