



UTILITIES AND TRANSPORTATION COMMISSION

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

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 # 59220 to be reinstated.

Legal Name: Arturo Omar Dominguez

Trade Name(s), dba(s), if any: Omar Dominguez Trucking

Business (Mailing) Address: 909 S Reynolds Rd Othello WA 99344

Physical Address (if different): Same

Phone number: (509) 989-9351 Fax Number: (509) 488-1070

Email address: omary03@yahoo.com USDOT #: 774722

Unified Business Identifier Number (UBI): 601-903489

Type of Business Structure:

Individual Partnership Limited Liability Company Corporation State of Inc. _____

NAME TITLE ADDRESS PERCENTAGE OF SHARES

NAME	TITLE	ADDRESS	PERCENTAGE OF SHARES

04299D

For Official Use Only	Received Date: <u>2/4/15</u>	ID: <u>W35822</u>
111-0268-200-02	Insurance: <u>MS</u>	Docket <u>TV-150188</u>
Receipt ID:	Payment ID:	



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Phone number: (509) 989-9351 Fax Number: (509) 488-1070

Email address: Omaro3@yahoo.com USDOT #: 774722

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NAME TITLE ADDRESS PERCENTAGE OF SHARES

<i>For Official Use Only</i>	Received Date:	ID:
111-0268-200-02 \$ 100 -	Insurance:	Docket IV-
Receipt ID: 54002	Payment ID: V1 04299D	

TYPE OF PAYMENT

Check Money Order

Amount \$ 100⁰⁰

Amex Discover Mastercard Visa

Expiration Date _____

Credit Card number:

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.

Company Name: Omar Dominguez Trucking

Name (printed): Maria R Dominguez Date: 2/4/15

Signature: [Handwritten Signature] Title: Wife/Bookkeeper

If paying by credit card, you may fax your application to 360-586-1181 or scan to transportation@utc.wa.gov