PART	A TV# LOZIZ									
PART A TV# I I I I IIII WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION 1300 S Evergreen Park Dr SW, PO Box 47250, Olympia, WA 98504-765 Telephone (360) 664-1222 – Fax (360) 586-1181 Intrastate Common Carrier Operating Authority APPLICATION FOR PERMIT Pay ID # : (excluding Household Goods and Common Carrier Brokers) Mask										
APPLICATION FOR PERMIT Pay ID #: (excluding Household Goods and Common Carrier Brokers) WASH										
0000679006 FOR OFFICIA Reception Number: 539999 Safety: NO	Carrier ID#: 118 57 P. Cou									
111 0268 200 02 \$ 275 Insurance:										
TYPE OF APPLICATION (check one) New Common Carrier Permit Authority, or Extension of Common Carrier Permit Authority Transfer of Existing Permit Number Extension of Common Carrier Permit Authority										
\$275 GENERAL COMMODITIES ONLY	\$100 GENERAL COMMODITIES, including ARMORED CAR SERVICE									
\$275 GENERAL COMMODITIES, including ARMORDED CAR SERVICE	\$100 GENERAL COMMODITIES, including HAZARDOUS MATERIALS									
\$275 GENERAL COMMODITIES , including HAZARDOUS MATERIALS	Service									
Service										
\$100 REINSTATEMENT OF CANCELLED COMMON CARRIER PERMIT (Must be filed within 10 months of cancellation) TYPE OF PAYMENT										
	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): JAMES & KOCHER	Date: FEB 5,2015									
Signature: Jam E. Koche	Title: OWNER									
	RIDENTIFICATION									
CC#: 6377 US DOT#	WA UNIFIED BUSINESS IDENTIFIER (UBI) #: 602 383 029									
APPLICANT NAME: JAMES KOCHEN	PHONE#: 253 839 1355									
d/b/a: JAMES E KOCHER	FAX #:									
BUSINESS (MAILING) ADDRESS	21ST AVE S									
(city, state, zip)	WAY WA 98003									
PHYSICAL ADDRESS: (street address, if different)	l									
	4									

	(che			SS STRUCTURE nership/corporation info	ormation)	
X INDIVIDI			IIP 🗆 CORPOF	RATION (LP, LLP, LLC) OF INCORPORATION		
NAME	<u>דוד</u>	<u>'LE</u>	ADDR	ESS	STOCK DISTRIBUTION OR PERCENTAGE OF SHARE	
JAMES E	KOCHER		2963	8 2IST AVES	PERCENTAGE OF SHARE	
				L WAY WA 9800	\$	
		TR	ANSFER OF P	ERMIT NUMBER		
holder		imber to be			List name of <u>current</u> permit nust sign below to authorize the	
NAME ON PE	ERMIT:			PERM	MIT NUMBER:	
Signature of	current permit				Date	
				VIENTS (must check cceptable insurance is		
🛛 You will no			ill not haul	Vou will haul	Vou will haul	
	aterials in any		is materials in	hazardous materials	hazardous materials	
quantity. You			ntity. You will	requiring \$1 million in		
operate vehic			vehicles with a	Public Liability and	Public Liability and	
	s than 10,000		f 10,000 pounds	Property Damage	Property Damage	
pounds. You			You must obtain	Insurance. You must	Insurance. You must	
and Property	Public Liability) in Public Liability	complete Part C, Sec 1 and 2.	tions complete Part C, Sections 1 and 2.	
Insurance. Yo		and Property Damage Insurance. You must				
need to comp		complete				
		C200001 0.22000 001000 0.222200 0.1 .1 11 004. / 3	LEADER STATES IN THE REPORT OF A RECEIPTION OF A	h additional pages if i	necessary)	
UNIT#	LICEN	NSE#	STATE	VIN#		
/	APG	0704	WA	IGIZC5E	02 CF 348042	
					<u> </u>	
					·····	
			Signa	ture		
operate and	that no opera are and affirm	tions may	/ be conducted ur	ntil a permit is receive	elf constitute authority to ed from the Commission. I n is true to the best of my	
	Que E	'Koch	ler		FEB 5.2015	
7	Signat	ure(s)			<u>FEB 5, 2015</u> Date	

5



CERTIFICATE OF LIABILITY INSURANCE

JAME-55

OP ID: EH

DATE (MM/DD/YYYY) 02/05/15

E	THIS CERTIFICATE IS ISSUED AS A I CERTIFICATE DOES NOT AFFIRMATI BELOW. THIS CERTIFICATE OF INS REPRESENTATIVE OR PRODUCER, AI	VEL	Y OF	R NEGATIVELY AMEND, DOES NOT CONSTITUT	EXTE	ND OR ALT	ER THE CO	VERAGE AFFORDED BY T	HE POLICIES
t	MPORTANT: If the certificate holder he terms and conditions of the policy, ertificate holder in lieu of such endors	cer	tain p	olicies may require an e					
	DUCER	SCIIIC	51140	206-285-7735	CONTA	CT Edward	Hadley		···· · · · · · · · · · · · · · · · · ·
Lo	/sted-Worthington LLC			206-285-3461	CAY				
200). Box 607 Bothell WA 98041) First Ave West Ste 500			200-200-0401	E-MAIL ADDRESS; edward@lovstedworthington.com				
Sea	attle, WA 98119								
LO/	sted Worthington LLC								NAIC #
ikie	URED James Kocher								
143	29638 21st Ave S				INSURER B :				
	Federal Way, WA 98003				INSURER C :				
					INSURER D :				_
					INSURE	RE:			
L					INSURER F :				
_				ENUMBER:		NU00UED TO		REVISION NUMBER:	
	THIS IS TO CERTIFY THAT THE POLICIES NDICATED. NOTWITHSTANDING ANY RE CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	EQUII PERT	REME Fain,	NT, TERM OR CONDITION THE INSURANCE AFFORD	OF AN ED BY	Y CONTRACT	OR OTHER	DOCUMENT WITH RESPECT T	O WHICH THIS
INSP	TYPE OF INSURANCE		SUBF			POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMITS	• · · · · • • • • • • • • • • • • • • •
<u> 18</u>	GENERAL LIABILITY	2161513	UKIN				<u></u>	EACH OCCURRENCE \$	
	COMMERCIAL GENERAL LIABILITY							DAMAGE TO RENTED PREMISES (Ea occurrence) \$	
	CLAIMS-MADE OCCUR							MED EXP (Any one person) \$	
		1						PERSONAL & ADV INJURY \$	
		1						GENERAL AGGREGATE \$	
	GEN'L AGGREGATE LIMIT APPLIES PER							PRODUCTS - COMP/OP AGG \$	
	POLICY PRO- LOC							S	
	AUTOMOBILE LIABILITY	<u> </u>	1					COMBINED SINGLE LIMIT (Ea accident) \$	1,000,000
A	X ANY AUTO			BAP000422500		12/01/14	12/01/15	BODILY INJURY (Per person) \$	
	ALLOWNED SCHEDULED							BODILY INJURY (Per accident) \$	
	X HIRED AUTOS X AUTOS	1						PROPERTY DAMAGE \$	
								UIM/UI \$	1.000.00
	UMBRELLA LIAB OCCUR		1				*	EACH OCCURRENCE \$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE \$	
	DED RETENTION \$	1						s	
	WORKERS COMPENSATION							WC STATU- TORY LIMITS ER	
AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)								E.L. EACH ACCIDENT \$	
			·					E.L. DISEASE - EA EMPLOYEE \$	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT \$	
┢━		<u> </u>	1						
	CRIPTION OF OPERATIONS / LOCATIONS / VEHICI : 2012 Chevrolet Malibu VI								
	RTIFICATE HOLDER			hneese er er on en dan heide stille i ser er en er	CAN	ELLATION	-0 H		·····
<u> </u>	INTIL IOATE HOLDER			WASHU-2				· · · · · · · · · · · · · · · · · · ·	
WASH0-2 Washington Utilities & Transportation Commission PO Box 47250 Olympia, WA 98504				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
				Edward Hadly					
	1				الك	word the	y		
						© 1988	-2010 ACOR	D CORPORATION. All right	nts reserved.

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