

PART A
APPLICATION FOR PERMIT
 (excluding Household Goods)

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

FOR OFFICIAL USE ONLY		Docket No. TV- <u>150234</u>
Reception Number	Safety <u>M</u>	Carrier ID# <u>16736</u>
111-0268-200-02	Insurance <u>M</u>	Employee <u>M</u>

TYPE OF APPLICATION	
New Common Carrier Permit Authority, or Transfer of Existing Permit Number	Extension of Common Carrier Permit Authority
<input 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	
<input checked="" type="checkbox"/> \$100 REINSTATEMENT OF CANCELLED COMMON CARRIER PERMIT - Must be filed within 10 months of cancellation	

MOTOR CARRIER IDENTIFICATION

Common Carrier #: CL-65655 Unified Business Identifier Number (UBI): 602-296-223

Legal Name: JM INVESTMENTS, INC USDOT: _____

Trade Name(s), dba(s), if any: JM LOGISTICS

Email address: JANDJMAC2@COMCAST.NET

Phone Number: 206-390-4630 Fax Number: 253-872-5307

Business (Mailing) Address: 1008 THOMPSON ST. SUMNER, WA 98390

Physical Address (if different): _____

TYPE OF BUSINESS STRUCTURE

Individual Inc. WA Partnership Corporation Limited Liability Company State of

NAME % of Shares	TITLE	Stock Distribution or
JEREMY K. McILHENNY	PRESIDENT	51%
JULIE A. McILHENNY	SECRETARY	49%

***TRANSFER OF PERMIT NUMBER**

*Complete this section ONLY if you are transferring an existing permit to a new owner. List name of current permit holder and permit number to be transferred. The current permit hold must sign below to authorize the transfer of the permit number.

NAME ON PERMIT _____ Permit
Number _____

Signature of current permit holder _____

Date _____

INSURANCE REQUIREMENTS (must check one)
A permit will not be issued until acceptable insurance is received.

<input checked="" type="checkbox"/> You will not haul hazardous materials in any quantity. You will only operate vehicles with a GVWR of less than 10,000 pounds. You must obtain \$300,000 in Public Liability and Property Damage Insurance. You do not need to complete Part B.	<input checked="" type="checkbox"/> You will not haul hazardous materials in any quantity. You will operate vehicles with a GVWR of 10,000 pounds or more. You must obtain \$750,000 in Public Liability and Property Damage Insurance. You must complete Part B.	<input type="checkbox"/> You will haul hazardous materials requiring \$1 million in Public Liability and Property Damage Insurance. You must complete Part C, Sections 1 and 2.	<input type="checkbox"/> You will haul hazardous materials requiring \$5 million in Public Liability and Property Damage Insurance. You must complete Part C, Section 1 and 2.
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MOTOR VEHICLE LIST (Attach additional pages if necessary)

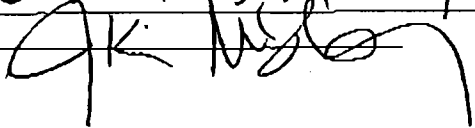
Unit #	License Number	State	VIN number
1		WA	JTLKT 3244 64095220

SIGNATURE

I, as applicant, understand that the filing of this application does not in itself constitute authority to operate and that no operations may be conducted until a permit is issued by the Commission. I

hereby declare and affirm that the information contained in this application is true to the best of my knowledge and belief.

J.K. McILHENNY

Signature 

Date 2/11/15

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

Filed with the WASHINGTON UTILITIES & TRANSPORTATION COMMISSION-OPERATIONS DIVISION (hereinafter called Commission) of PO BOX 47250, OLYMPIA, WA 98504

This is to certify, that the United Financial Casualty Company (hereinafter called Company) of PO BOX 94739, CLEVELAND, OH 44101 has issued to JJM INVESTMENTS, INC of 1008 THOMPSON ST, SUMNER, WA 98390 a policy or policies of insurance effective from 02/09/2015 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 Commission.

Countersigned at 6300 WILSON MILLS, MAYFIELD VILLAGE, OH 44143

this 9th day of February, 2015

Insurance Company File No. CA 03394372

(Policy Number)



(Authorized Company Representative)

MC1633a(08/99)

IRB3539B