

RECEIVED pp 1300 South Evergreen Park Drive SW PO Box 47250 PO Box 472 FEB 17 2015 Fax 360-360-360 Web Site: www.utc.wa.gov

COMMON CARRIER OF PROPERTY SH, UT, & TP, COMM

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 # (05660) to be reinstated.					
Legal Name: JA TRU	cking LLC				
Trade Name(s), dba(s), if any:					
Business (Mailing) Address: Pc	Boy 2187 4	fakina, Wa- 98907			
Physical Address (if different): 813 So. 1084 Aug. 48907					
Phone number (SD9) 575-39	509) 453-0244				
Email address:	usdot #: <u> ⊘</u>	553191			
Unified Business Identifier Number (UBI): 603-447-769					
Type of Business Structure:					
•	Type of business structi	<u> </u>			
•		Corporation State of Inc. WA			
•	Limited Liability Company 🔲 (Corporation State of Inc. WA.			
☐ Individual ☐ Partnership ♣ NAME <u>TITI</u>	Himited Liability Company [] (LE ADDRESS Gager) 813 St. 17	PERCENTAGE OF SHARES			
☐ Individual ☐ Partnership ————————————————————————————————————	Himited Liability Company [] (LE ADDRESS Gager) 813 St. 17	Corporation State of Inc. WAr			
☐ Individual ☐ Partnership ♣ NAME <u>TITI</u>	Himited Liability Company [] (LE ADDRESS Gager) 813 St. 17	PERCENTAGE OF SHARES			
□ Individual □ Partnership ▼ NAME TOSE Agrado Mo	Etimited Liability Company (1) LE ADDRESS Lager 813 St. 11 Galving, L.	PERCENTAGE OF SHARES			
☐ Individual ☐ Partnership ♣ NAME <u>TITI</u>	Himited Liability Company [] (LE ADDRESS Gager) 813 St. 17	PERCENTAGE OF SHARES 100 100 100 100 100 100 100 1			

• •	Form	, E	
LINIEOPM MOTO	•	BODILY INJURY AND F	PODEDTY
DAMAGE L	LIABILITY CEF	RTIFICATE OF INSURA	NCE 1/20
NA/LITO	(Executed	in Triplicate)	43
filed with WUTC (Name of Commission)	(hereinafter called	d Commission)	
This is to certify, that the ZURICH AMERIC			1170 49
hereinafter called Company) SCHAUMBURG, IL	(Nam	e of Company)	,)
has issued to JA TRUCKING LLC		ice Address of Company) OTH AVE, YAKIMA WA 989	902
(Name of Motor Carrier)		(Address of Motor Carrie	
o policy or policies of insurance effective from	arrier Bodily Injury and Property D upon such motor carrier by the pro	wisions of the motor carrier law of the State in which th	peen amended to provide automobile bodily injury
Whenever requested, the Company agrees to furnish the Commission. This certificate and the endorsement described herein may not be canohirty (30) days' notice in writing to the State Commission, such thirty (30) d			affected by the Company or the insured giving the Commission.
Countersigned at 1333 S RUSTLE RD	ess)	SPOKANE (CITY)	WA 99224 (Zip Code)
this 2ND day of FEBRUARY, 26	015		
NS. CO. ID#		In lus	more
nsurance Company File No. PRA-9016489		PO BOX 19150 SPOKA	NE, WA 99219
(Policy Number)		(Address of Authorized Com	pany Representative)
tart Horms & Services Peorder No. 14-0166			
tart Horms & Services learder No. 14-0188			
ian Forms & Services Reorder No. 14-0166			
lart Horms & Services Reorder No. 14-0166			
earterno, 14-0166			
eartherno. 14-0168			
Sar Forms & Services Reproder No. 14-0188			
Hart Forms & Services Reorder No. 14-0166			