PART A

TV#130310

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
APPLICATION FOR PERMIT

(excluding Household Goods and Common Carrier Brokers)

Reception Nur	nber:	Safety: M	-		Carrier II	* : \{ 8\\ 9		
111 0268 200 02		Insurance: An			Employe	Employee: MV)		
111 0208 200	J 02.		****					
New Con	nmon Carrier Permit ansfer of Existing Pe	Authority, or ermit Number	Exte	nelen c	f Common	Carrier Permit Authority		
\$275	GENERAL COMMODIT		\$100	GENERAL COMMODITIES, including ARMORED CAR SERVICE				
\$276	GENERAL COMMODITIES, including ARMORDED CAR SERVICE			\$100	GENERAL COMMODITIES, including HAZARDOUS MATERIALS			
\$275				\$100	GENERAL COMMODITIES, Including HAZARDOUS MATERIALS and ARMORED CAR SERVICE			
\$275	GENERAL COMMODITI HAZARDOUS MATERIALS & SERVICE	ES, INCLUDING and ARMORED CAR						
S100 (Mu	REINSTATEMENT OF C	ANCELLED COMM(cancellation)	ON CAR	RIER PE	RMIT	For Commission Use Only: Auth #:		
						The state of the s		
□ Check □	☐ Money Order ☐ Am	ex Discover D	Master	card D	isa	Expiration Date		
					<u> المحتمل المحملة</u>	- Lander of		
CERT that I a valid.	TRICATION: I, the undersigns am authorized to execute and	ed, under pensity for fal d file this document on t	se staten ochalf of	nent, certif the applica	iy that the follow! ant, and that all i	ng information is true and correct, information on file is current and		
Name (printed	d): Justin Czo	nzalez			02 - 21 -			
	d): Justin Go	nzalez		Date:				
Name (printed Signature:	0): Justin (20 Det 17 d	124/ez		Date: Title:	02-21. OWNEY SIFIED BUSINE 34420	SS IDENTIFIER (UBI) #:		
Signature:	OF AN US DOT	3		Date: Title:	OWNEY SHED BUSINES 442 O PHONE*:	SS IDENTIFIER (UBI) #:		
Signature: CC#: APPLICAN d/b/a:	US DOT US DOT US TO US tin	Gonzale urier ser	vice	Date: Title: WA UN	02-21- OWNEY SIFIED BUSINE 3 442 O PHONE*:	SS IDENTIFIER (UBI) #:		
Signature: CGR: APPLICAN d/b/a: BUSINESS	US DOT	Gonzale urier ser	vice	Date: Title: WA UN	02-21- OWNEY SIFIED BUSINE 3 442 O PHONE*: FAX *: 20	206-280-5146		
APPLICAN d/b/a: BUSINESS (street add (city, state)	US DOTE IT NAME: Justin US tin US tin US tin S (MAILING) ADDRES Iress, P.O. Box)	Gronzale urier ser	vice	Date: Title: WA UN	02-21- OWNEY SIFIED BUSINE 3 442 O PHONE*:	206-280-5146		
Signature: CGN: APPLICAN d/b/a: BUSINESS (street add (city, state,	US DOTA IT NAME: Justin Justin Justin S (MAILING) ADDRES Iress, P.O. Box) , zip)	Gronzale Gronzale urier ser \$3: 9032 8 A 98117	vice pm	Date: Title: WA UN	02-21- OWNEY SIFIED BUSINE 3 442 O PHONE*: FAX *: 20	206-280-5146		
APPLICAN d/b/a: BUSINESS (street add (city, state,	US DOT US DOT US TIME: JUSTIM US TIME: JUSTIM US TIME: JUSTIM S (MAILING) ADDRES Iress, P.O. Box) JUSTIM JUSTI	Gronzale Gronzale	vice pm	Date: Title: WA UN	02-21- OWNEY SIFIED BUSINE 3 442 O PHONE*: FAX *: 20	206-280-5146		

Justin Gonzalez UBI# 603442045

INDIVIDUAL	☐ PART	NERSHIP	CORPORA STATE OF	TION (LP, LLP, LLC) INCORPORATION _			
AME	TITLE		ADDRES	<u>88</u>	STOCK DISTRIBUTION OR PERCENTAGE OF SHARE		
							
holder and	ction if you are d permit num f the permit r	ider to de t	ing an existing per ransferred. The c	rmit to a new owner. urrent permit holder m	List name of <u>current</u> permit nust sign below to authorize the		
AME ON PERM				PERI	MIT NUMBER:		
					Date		
Signature of cur	rent permit r						
You will not hat azardous mater partity. You will apprate vehicles owned. You must 300,000 in Publicand Property Dansurance. You maked to complete	rials in any I only with a I on 10,000 st obtain lic Liability mage do not	any quanti operate ve GVWR of or more. Y \$750,000 and Prope	materials in ity. You will shicles with a 10,000 pounds fou must obtain in Public Liability orty Damage	hazardous materials requiring \$1 million in Public Liability and Property Damage Insurance, You must complete Part C, Set 1 and 2.	Public Liability and Property Damage Insurance. You must		
UNIT#	UNIT# LICENSES		STATE		VINS		
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CERTIFICATE OF LIABILITY INSUR

OP ID: EH

DATE (MM/DD/YYYY)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to

PRODUCER 206-285-7735								
Lovsted-Worthington LLC P.O. Box 607 Bothell WA 98041 206-285-3461				PHONE (A/C, No. Ext): 206-838-1017 (A/C, No. Ext): 206-285-3461				
00 First Ave West			1 PHONE (AC, No, Ext): 206-838-1017 FAX (A/C, No): 206-285-3461 E-MAIL ADDRESS: edward@lovstedworthington.com					
Seattle, WA 98119 Lovsted Worthington LLC INSURED Justin Gonzalez				ADDRESS: CUI			1	
				INSURER(S) AFFORDING COVERAGE			NAIC# 14761	
				INSURER A: Mutual of Enumclaw			14/01	
	ervice		INSURER B:	<u> </u>				
9032			INSURER C:					
Seatt	4		INSURER D:			<u> </u> :		
			INSURER E:					
-			INSURER F:					
COVERAGES		TE NUMBER:			REVISION NUMBER:			
INDICATED. NOT CERTIFICATE MAY EXCLUSIONS AND	WITHSTANDING ANY RI	PERTAIN POLICIE	ENT, TERM OR CONDITION I, THE INSURANCE AFFORD S. LIMITS SHOWN MAY HAVE	OF ANY CONTI ED BY THE PO BEEN REDUCE	RACT OR OT LICIES DESC D BY PAID CL		WHICH THIS	
ISR TYPE	OF INSURANCE	INSR W	BR POLICY NUMBER	POLICY (MM/DD/)	EFF POLICY YYY) (MM/DD/	YYYY) LIMITS		
GENERAL LIABILI	ſΥ					EACH OCCURRENCE \$		
COMMERCIA	GENERAL LIABILITY			-		DAMAGE TO RENTED PREMISES (Ea occurrence)		
CLAIMS	MADE OCCUR					MED EXP (Any one person) \$		
						PERSONAL & ADV INJURY \$		
						GENERAL AGGREGATE \$		
GEN'L AGGREGAT	E LIMIT APPLIES PER:				r'	PRODUCTS - COMP/OP AGG \$		
POLICY	PRO- JECT LOC					s		
AUTOMOBILE LIAI						COMBINED SINGLE LIMIT (Ea accident) \$	1,000,0	
X ANY AUTO		CHEDULED UTOS ON-OWNED	BAP0004153	10/17	/14 10/17			
ALL OWNED AUTOS X HIRED AUTOS	SCHEDULED				ŀ	BODILY INJURY (Per accident) S		
	X NON-OWNED					PROPERTY DAMAGE (Per accident):		
- CHILLE AUTO	J. AUTOS			:		UIM/UI s	1.000.0	
UMBRELLA L	IAB OCCUR				***************************************	EACH OCCURRENCE \$		
EXCESS LIAE						AGGREGATE \$		
DED I	RETENTIONS	1			Ì	, s		
WORKERS COMP						WC STATU- OTH- TORY LIMITS ER		
AND EMPLOYERS	LIABILITY Y/N				,	E.L. EACH ACCIDENT \$		
OFFICER/MEMBER (Mandatory in NH)	PARTNER/EXECUTIVE EXCLUDED?	N/A		·		······································		
If yes, describe und	er				·	E.L. DISEASE - EA EMPLOYEE \$		
DESCRIPTION OF	OPERATIONS below	+ +-			 	E.L. DISEASE - POLICY LIMIT \$		
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			th ACORD 101, Additional Remarks : NBAR07YXYW438981 —	scnedule, it more sp Evidence o				
B. ZUUU MISS	M Edmirtimer Al		TOCOCENTAL ONGO	EATGETCE C	L Insura	nce.		
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CERTIFICATE HO	LDER			CANCELLAT	ION			
			WASHU-2					
WASHU-2 Washington Utilities & Transportation Commission				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.				
	ox 47250	olott.			<u> </u>			
Olympia, WA 98504				AUTHORIZED RE				

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