FLYING J 774

From: CC Reinsta Harvey Insurance Webfax

20001/0002 Page: 2/3



509 543 9564

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.xxx 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 Ca	rrier # <u>8134</u>	<u>*4</u> t	o be reinstated.							
Legal Name: EML Trans	sport, LLC									
Trade Name(s), dba(s), if any:										
Business (Mailing) Address:	PO Box 1590	Sunnyside, WA	98944							
Physical Address (if different):_	1821 N Rd 32	Pasco, WA 99	9301							
Phone number: 509-845-00	03	_ Fax Number:	509-543-9564							
Email address: <u>eframendo5@</u>										
Unified Business Identifier Number (UBI): 603-267-553										
Type of Business Structure:										
	Type of Busi	ness Structu	<u>re</u> :							
☐ Individual ☐ Partnership										
			re: orporation State of Inc. WA  PERCENTAGE OF SHARES							
NAME I	imited Liabilit	y Company 🗆 C	orporation State of Inc. WA							
NAME I	ITLE 21 N Rd 32 Pas	y Company C ADDRESS co, WA 99301	orporation State of Inc. WA  PERCENTAGE OF SHARES							
NAME I	ITLE 21 N Rd 32 Pas	y Company C ADDRESS co, WA 99301	PERCENTAGE OF SHARES 100%							
NAME I	ITLE 21 N Rd 32 Pas	y Company  C  ADDRESS  CO, WA 99301	PERCENTAGE OF SHARES  100%							
NAME I	ITLE 21 N Rd 32 Pas	y Company C  ADDRESS  co, WA 99301	orporation State of Inc. WA  PERCENTAGE OF SHARES  100%							



## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 03/04/2015

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 the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER					NAME:	Doug	⊏isbeiry				
	Harvey Insurance Agency				PHONE (A/C, No. E	(509)	543-9744		FAX (A/C, No):	509) 543	-9564
	3825 W Court				E-MAIL	хц	@harveyquot	es.com	ture, unit	•	
	Pasco		WA	99301	ADDRESS:						
					INSURER(S) AFFORDING COVERAGE INSURER A : National Indemnity Company						NAIC #
NSURED					INSURER E						
	EML Transport, LLC			•	INSURER O						
	1821 N.Road 32										
	Pasco		WA	99301-	INSURER D:						
				INSURER E :							
					INSURER F	:		DEL 001011			
COVERAGI				MBER:				REVISION N			
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	LOYERS' LIABILITY PRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCI		\$	
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If yes, des	scribe under									s	
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CERTIFICA	ATE HOLDER				CANCE	LLATION					AI 1076
Washington Utilities and 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.  AUTHORIZED REPRESENTATIVE						D BEFORE
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