

PART A

TV# 150408

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

#002816 (excluding Household Goods and Common Carrier Brokers)

FOR OFFICIAL USE ONLY

Reception Number: 111 0268 200 02	Safety: <i>Under need</i>	Carrier ID#: <i>10917</i>
	Insurance:	Employee:

TYPE OF APPLICATION (check one)

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

For Commission Use Only; Auth #:

TYPE OF PAYMENT

Check Money Order Amex Discover 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): Debee Thoms Date: 3/9/15
 Signature: [Signature] Title: Treasurer

MOTOR CARRIER IDENTIFICATION

CC#: <u>050834</u>	US DOT#: <u>6291290</u>	WA UNIFIED BUSINESS IDENTIFIER (UBI) #: <u>6023459650</u>
APPLICANT NAME: <u>Buck Thoms Trucking Inc</u>		PHONE#: <u>(360) 435-2120</u>
d/b/a: <u>Same</u>	FAX #: <u>(360) 435-5637</u>	
BUSINESS (MAILING) ADDRESS: (street address, P.O. Box) <u>30214 S.R. 530 NE</u> (city, state, zip) <u>Arlington, WA 98223</u>		
PHYSICAL ADDRESS: (street address, if different) <u>Same</u>		

TYPE OF BUSINESS STRUCTURE

(check individual or complete partnership/corporation information)

INDIVIDUAL PARTNERSHIP CORPORATION (LP, LLP, LLC)
STATE OF INCORPORATION Washington

NAME	TITLE	ADDRESS	STOCK DISTRIBUTION OR PERCENTAGE OF SHARE
<u>Virgil Thoms</u>	<u>President</u>	<u>30214 S.R. 530 NE Apt, WA 98223</u>	<u>50%</u>
<u>Debee Thoms</u>	<u>Treasurer</u>	<u>" "</u>	<u>50%</u>

TRANSFER OF PERMIT NUMBER

Complete this section 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 holder must sign below to authorize the transfer of the permit number.

NAME ON PERMIT: Virgil R Thoms dba Buckle Thoms Trucking PERMIT NUMBER: 050834
Virgil R Thoms 3/9/15
Signature of current permit holder Date

INSURANCE REQUIREMENTS (must check one)

A permit will not be issued until acceptable insurance is received.

<input 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, Sections 1 and 2.
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MOTOR VEHICLE LIST (Attach additional pages if necessary)

UNIT#	LICENSE#	STATE	VIN#
<u>4</u>	<u>A4772A</u>	<u>WA</u>	<u>1NK0XB0X7T5729240</u>
<u>5</u>	<u>A01692N</u>	<u>WA</u>	<u>1XPE0B9X7T0388734</u>
<u>8</u>	<u>A110185</u>	<u>WA</u>	<u>1NK1WXB0X23R397935</u>
<u>12</u>	<u>08071RP</u>	<u>WA</u>	<u>1NKDXB0X25R089741</u>

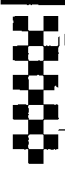
* Add'l list attached

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

Virgil R Thoms 3/9/15
Signature(s) Date

Unit	License #	State	Vin#
19	27008RP	WA	1NKDL40X68J232751
20	29262RP	WA	1NKWXB0X3VR749181
21	29263RP	WA	1NKWXBOX43R709589
22	37180RP	WA	1NKWLBOX93R704352
23	42017RP	WA	1NKDLPOX4ER392626
24	42018RP	WA	1NKDLPOX8ER392628
25	43833RP	WA	3WKDPB0X46F145897
26	47420RP	WA	1NKDLPOXXFR431754
28	48599RP	WA	1NKDLP0X8FR431767



Fax Cover Sheet

**Buck Thoms Trucking, Inc
30214 S.R. 530 N.E.
Arlington, WA 98223
Office (360) 435-2120 Fax (360) 435-5637**

Date: 3/9/15

To: WUTC

Fax: (360) 586-1181

Phone: (360) 664-1222

Re: Transfer / Reinstatement of CC Permit #050834

Pages: 4 including cover sheet

Message:

I am faxing the application to transfer the common carrier permit from Buck Thoms Trucking to Buck Thoms Trucking Inc and to reinstate the permit. Please call if you have any questions.

**Thanks,
Deb Thoms
(425) 418-1464**



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
3/9/2015

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 WCLA Insurance Agency P O Box 2168 Olympia WA 98507-2168	CONTACT NAME: Joanne Hurley	
	PHONE (A/C, No, Ext): (360) 352-5033 x2	FAX (A/C, No): (360) 352-1689
E-MAIL ADDRESS: joanne@loggers.com		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A New Hampshire Insurance Co.		23841
INSURER B Granite State Insurance Co.		23809
INSURER C :		
INSURER D :		
INSURER E :		
INSURER F :		

COVERAGES **CERTIFICATE NUMBER:2014** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS				
A	GENERAL LIABILITY			01-LX-027562802-3	7/10/2014	7/10/2015	EACH OCCURRENCE	\$ 1,000,000			
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000			
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person)	\$ 5,000			
	<input checked="" type="checkbox"/> LBFPD						PERSONAL & ADV INJURY	\$ 1,000,000			
	GEN'L AGGREGATE LIMIT APPLIES PER:									GENERAL AGGREGATE	\$ 2,000,000
	<input checked="" type="checkbox"/> POLICY	<input type="checkbox"/> PRO-JECT	<input type="checkbox"/> LOC							PRODUCTS - COMP/OP AGG	\$ 2,000,000
											\$
B	AUTOMOBILE LIABILITY			02-CA-019046460-3	7/10/2014	7/10/2015	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000			
	<input checked="" type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$			
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS				BODILY INJURY (Per accident)	\$			
	<input type="checkbox"/> HIRED AUTOS						PROPERTY DAMAGE (Per accident)	\$			
							Medical payments	\$ 5,000			
	UMBRELLA LIAB		<input type="checkbox"/> OCCUR				EACH OCCURRENCE	\$			
	EXCESS LIAB		<input type="checkbox"/> CLAIMS-MADE				AGGREGATE	\$			
	DED		RETENTION \$					\$			
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			01-LX-027562802-3 (WA Stop Gap)	7/10/2014	7/10/2015	WC STATU-TORY LIMITS	OTH-ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y/N	N/A				E.L EACH ACCIDENT	\$ 1,000,000			
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L DISEASE - EA EMPLOYEE	\$ 1,000,000			
							E.L DISEASE - POLICY LIMIT	\$ 1,000,000			

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Proof of liability insurance.

CERTIFICATE HOLDER (360) 586-1181 Washington Utilities and Transportation Commission P.O. Box 47250 Olympia, WA 98504	CANCELLATION 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 Joanne Hurley/JOANNE <i>Joanne Hurley</i>