

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-150522
Reception Number	Safety <i>MD</i>	Carrier ID# 16952
111-0268-200-02	Insurance <i>MM</i>	Employee <i>MM</i>
TYPE OF APPLICATION		
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		

MOTOR CARRIER IDENTIFICATION

Common Carrier #: 65824 Unified Business Identifier Number (UBI): 603-252-781

Legal Name: R G DELIVERIES LLC USDOT: 2432699

Trade Name(s), dba(s), if any _____

Email address: RGDELIVERIESLLC@GMAIL.COM

Phone Number: 509-728-8683 Fax Number: _____

Business (Mailing) Address: 30238 32ND AVE S AUBURN WA 98001

Physical Address (if different): _____

TYPE OF BUSINESS STRUCTURE

Individual Partnership Corporation Limited Liability Company State of Inc. _____

NAME RUBEN GONZALEZ **TITLE** MEMBER **Stock Distribution or % of Shares** 100%

***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 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.

MOTOR VEHICLE LIST (Attach additional pages if necessary)			
Unit #	License Number	State	VIN number
001	B31639M	WA	1H7SCABMX1H304660
002	C21089A	WA	16D27C1C94F921439

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.

Ruben Gonzalez
Signature

3-30-2015
Date

MAILING INSTRUCTIONS: MAIL FIRST THREE PARTS TO THE STATE COMMISSION. RETAIN FOURTH PART FOR YOUR FILE
Form E

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

(Executed In Triplicate)

Filed with Washington Utilities and Transportation Commission (hereinafter called Commission)
(NAME OF COMMISSION)

This is to certify, that the Granite State Insurance Company
(NAME OF COMPANY)

(hereinafter called Company) of 175 Water St., 18th Floor New York, NY 10038
(Home Office Address of Company)

has issued to R G Deliveries LLC of 802 S 12th Ave Yakima WA 98902
(Name of Motor Carrier) (Address of Motor Carrier)

a policy or policies of insurance effective from 12/5/2013 12:01 A.M. standard time at the address of the Insured stated in said policy or policies and continuing until canceled 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 of 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 canceled 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 P.O. Box 5980 Napa, CA 94581
(Street Address) (City) (State) (Zip Code)

this 9th day of April, 2014.

Insurance Company File No. 019049550
(Policy Number)

Authorized Company Representative

Liability Limit: \$1,000,000