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

				1 f				
FOR OFFICIAL USE ONLY				Docket No. TV-150615				
Reception Number Safety		Ca		Carrier ID# 1/480				
111-0268-200-02	Insurance		·	Employee M				
TYPE OF APPLICATION								
New Common Carrier Permit Authority,		Extension of Common Carrier Permit Authority						
or Transfer of Existing Permit Number				· · · · · · · · · · · · · · · · · · ·				
\$275 GENERAL COMMODITIES ONLY			\$100	GENERAL COMMODITIES, including ARMORED CAR SERVICE				
\$275 GENERAL COMMODITIES, including ARMORED CAR SERVICE			\$100	GENERAL COMMODITIES, including HAZARDOUS MATERIALS				
\$275 GENERAL COMMODITIES, including HAZARDOUS MATERIALS			\$100	GENERAL COMMODITIES, including HAZARDOUS MATERIALS and ARMORED CAR SERVICE				
\$275 GENERAL COMMODITIES, INCLUDING HAZARDOUS MATERIALS and ARMORED CAR SERVICE								
\$100 REINSTATEMENT OF CANCELLED COMMON CARRIER PERMIT - Must be filed within 10 months of cancellation								
MOTOR CARRIER IDENTIFICATION								
Common Carrier #: 65859 Unified Business Identifier Number (UBI): 602 318 044								
Legal Name: The drone WAY/ PIESANS INEXUSDOT:								
Trade Name(s), dba(s), if any THE DROWE WAY Cecilia Prairisen								
Email address: Czcilia @ thedronew Ay, Com								
Phone Number: 425 876 7847 Fax Number: 425 712 9628								
Business (Mailing) Address: 21327 76th Ave W 755								
Physical Address (if different): Same as Abour.								

TYPE OF BUSINESS STRUCTURE									
☐ Individual	⊠ Partners	ship 🗆 Corporation [☐ Limited Lia	bility Company	State of Inc				
NAME Ceatic Pederson Fresident Journe				Stock Distribution or % of Shares					
Pay Pedersen									
*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.									
ALL OF CALCON AT				Permit Number					
NAME ON PE	KIVII I								
Signature of current permit holder				Date					
INSURANCE REQUIREMENTS (must check one)									
A permit will not be issued until acceptable insurance is received									
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		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.	☐ You will materials n million in P Property D You must o Sections 1	haul hazardous equiring \$1 ublic Liability and amage Insurance. omplete Part C,	You will haul hazardous materials requiring \$5 million in Public Liability and Property Damage Insurance. You must complete Part C, Sections 1 and 2.				
to complete to the									
MOTOR VEHICLE LIST (Attach additional pages if necessary)									
Unit # License Number		State	VIN number						
1	1 AFV4353		WA	7+8B44BF3BK103373					
			ļ						
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.									
Mun				APRIL	1414, 2019				
Signature			Date	,					



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Sole Proprietorship

Unified Business ID #: 602 318 044 Business ID #: 1

Location: 1

CECILIA NAHAS PEDERSEN POUL H PEDERSEN TILE BEST VALUE 21327 76TH AVE W # B-5 EDMONDS WA 98026 7532

TAX REGISTRATION

REGISTERED TRADE NAMES: PIESENS IMEX THE DRONE WAY

This document lists the registrations, endorsements, and licenses authorized for the business named above. By accepting this document, the licensee certifies the information on the application was complete, true, and accurate to the best of his or her knowledge, and that business will be conducted in compliance with all applicable Washington state, county, and city regulations.

Tikki Smith

Director, Department of Revenue

BUSINESS LICENSE



Sole Proprietorship

Unified Business ID #: 602 31B 044 Business ID #: 1 Location: 1

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Director, Department of Revenue

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

Filed with the WASHINGTON UTILITIES & TRANSPORTATION COMMISSION-OPERATIONS DIVISION (hereinafter called Commission) of PO BOX 47250, OLYMPIA, WA 98504

This is to certify, that the United Financial Casualty Company (hereinafter called Company) of PO BOX 94739, CLEVELAND, OH 44101 has issued to CECILIA PEDERSEN of 21327 76TH AVE W, EDMONDS, WA 98026 a policy or policies of insurance effective from 04/15/2015 12:01 A.M. standard time at the address of the insured stated in said policy or policies and continuing until cancelled 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 in 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 cancelled 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 6300 WILSON MILLS, MAYFIELD VILLAGE, OH 44143

this 14th day of April, 2015

Insurance Company File No. CA 03661632

(Policy Number)

(Authorized Company Representative)

MC1633a(08/99)

IRB3539B