FOR OFFICIAL USE ONLY

Reception Number

111-0268-200-02

Docket No. TV- \SO625

Carrier ID# 11482

Employee /W

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

Safety MO

Insurance

TYPE OF APPLICATION									
New Common Carrier Permit Authority, or Transfer of Existing Permit Number	Extension of Common Carrier Permit Authority								
\$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	EIDENTIFICATION								
Common Carrier #6586 Unified Business Identifier Number (UBI): 603 - 386 - 773 Legal Name: Best Move Delivery Services LLC USDOT: 1726807									
Trade Name(s), dba(s), if any									
Email address:									
Phone Number: 206-280-5747									
Business (Mailing) Address: 25844 189th AVR SE, CoungtonWA 98042									
Physical Address (if different):									

	TYPE OF BUSINE	SS STRUCTUI	RE				
☐ Individual ☐ Partner	ship Deorporation D	3 Limited Lial	bility Company	State of Inc			
NAME B-est Move Delivery Services, LLC Stock Distribution or % of Shares							
Marco	Rodriguez	Own	ef				
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	*TRANSFER OF P	The second of grant agent has been accom-	TOWARD TO SECURE SECURITION OF THE SECURITION OF				
*Complete this section ONL permit holder and permit no transfer of the permit numb	Y if you are transferring an e umber to be transferred. The per.	xisting permi e current per	it to a new owne mit hold must si	r. List name of current gn below to authorize the			
NAME ON PERMIT	NA	·····	Permi	t Number			
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 Insurance. You do not need to complete Part B.	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 haul hazardous materials requiring \$1 million in Public Liability and Property Damage Insurance. You must complete Part C, Sections 1 and 2.		You will haul hazardou materials requiring \$5 million in Public Liability and Property Damage Insurance. You must complete Part C, Sections and 2.			
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	icense Number	additional pages if necessary) State VIN number					
			IFYACI	NDC379XIDI7			
	SIGNA that the filing of this applicat	<u> ne di ne le boli di ni e e le c</u>	in itself constitu	te authority to operate			
and that no operations may	y be conducted until a permicontained in this application	t is issued by	the Commission	. I hereby declare and			
			6/16/10	—			
			10111111				

		Driver Qualification	n Requiremer	nts					
Name: Mar	C O	Rodeiguez_	Position: _	Owner					
as required by FMCS intrastate commerce	R Part 39: within W	L.51 and by the WSP in WAC 44	6-65-010. Owne ions. Owners/o	mployee authorized to drive motor vehicles er/operators that work exclusively in operators that conduct any interstate or that they may use.					
		Drivers Hour	s of Service						
Name: Map	ره	Piod Riquez	Position: _	Owner					
		true and accurate hours of serv 9 CFR, Part 395.1(e) and by the		each individual that drives a motor vehicle 46-65-010.					
		Vehicle Inspection, Rep	air, and Main	tenance					
Name:			Position: _						
Each company must prepare a written "Driver Vehicle Inspection Report" on each vehicle used each day as required by the FMCSA in 49 CFR, Part 396.11 and by the WSP in WAC 446-65-010. In addition, each company must maintain certain required records for each vehicle that includes the following, as required by the FMCSA in 49 CFR, Part 396.3 and by the WSP in WAC 446-65-010: • Identification of the vehicle. • The nature and due date of various inspection and maintenance operations to be performed.									
		spections, repairs and maintenderiodic inspections as required		In 49 CFR, Part 396.17 and by the WSP in					
		Signa	ture						
• •		s that I understand my responders ich apply to my operations.	onsibility as a r	notor carrier and I will comply with all					
\rightarrow		<u> </u>		4/16/15					
Signature of appli	cant			Date					

NOTE: Once issued, you must keep a copy of your permit in your vehicle.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 06/16/2015

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).

AND REPORT ALL PROPERTY AND A SECONDARY SERVICES (LASSING SECONDARY SECONDAR	C	ertificate holder in lieu of such endor	seme	nt(s)	•							
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