



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.gov
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 Carrier # CC-65507 to be reinstated.

Legal Name: GALE A. PUTNAM

Trade Name(s), dba(s), if any: PUTNAM PRODUCTS

Business (Mailing) Address: 32207-7th PL S.W

Physical Address (if different): _____

Phone number: 253-205-7651 Fax Number: 253-214-4339

Email address: GALEPUTNAM@SBCOMCAST.NET USDOT #: _____

Unified Business Identifier Number (UBI): 600 630 615

Type of Business Structure:

Individual Partnership Limited Liability Company Corporation State of Inc. _____

<u>NAME</u>	<u>TITLE</u>	<u>ADDRESS</u>	<u>PERCENTAGE OF SHARES</u>

For Official Use Only 111-0268-200-02 Receipt ID:	Received Date: <u>5/3/15</u>	ID: <u>16574</u>
	Insurance:	Docket TV- <u>150729</u>
	Payment ID:	

476160

Ac-Ling

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 GALE A PUTNAM, DBA: PUTNAM PRODUCTS of 32207 7TH PL SW, FEDERAL WAY, WA 98023 a policy or policies of insurance effective from 05/06/2015 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 8th day of May, 2015

Insurance Company File No. CA 03403700
(Policy Number)

K-P.M.

(Authorized Company Representative)

MC1633a(08/99)

IRB3539B