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

FOR OFFICIAL USE ONLY

Reception Number

Docket No. TV-

Carrier ID# [7

111-0268-200-02	Insurance			Employee 💉				
TYPE OF APPLICATION								
New Common Carrier Permi or Transfer of Existing Perm		Ex	Extension of Common Carrier Permit Authority					
\$275 GENERAL COMMOD			\$100	GENERAL COMMODITIES, including ARMORED CAR SERVICE				
\$275 GENERAL COMMODI ARMORED CAR SERV			\$100	GENERAL COMMODITIES, including HAZARDOUS MATERIALS				
\$275 GENERAL COMMODI HAZARDOUS MATER	· · · · · · · · · · · · · · · · · · ·		\$100	GENERAL COMMODITIES, including HAZARDOUS MATERIALS and ARMORED CAR SERVICE				
\$275 GENERAL COMMODI HAZARDOUS MATER ARMORED CAR SERV	IALS and		·					
\$100 REINSTATEMENT OF CANCELLED COMMON CARRIER PERMIT - Must be filed within 10 months of cancellation								
MOTOR CARRIER IDENTIFICATION								
Common Carrier #: Unified Business Identifier Number (UBI): 603-328-								
Legal Name: Arkan Nagar uspot: 2547616								
Trade Name(s), dba(s), if any Arkans Delivery								
Email address: arkan 30@ live com								
Phone Number: 425-622-7407 Fax Number:								
Business (Mailing) Address: 4121 156th St. Se 98012								
Physical Address (if different):								

]	TYPE OF BUSINE	SS STRUCTU	RE				
Individual	☐ Partner	ship 🗆 Co	orporation [☐ Limited Lia	bility Company	State of Inc.			
NAME TITLE OWNER				Stock Distribution or % of Shares					
	7		4 10 10 10 10 10 10 10 10 10 10 10 10 10			·			
*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 PE	RMIT	NA		Permit Number NA					
N/A N/A									
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	You will no	ot haul	☐ You will:	naul hazardous	☐ You will haul hazardous			
hazardous mat	erials in any	hazardous materials in any		materials re	equiring \$1	materials requiring \$5			
quantity. You will only			will operate		ublic Liability and	million in Public Liability			
operate vehicles with a		vehicles with a GVWR of			mage Insurance.	and Property Damage			
GVWR of less than 10,000		10,000 pounds or more. You			omplete Part C,	Insurance. You must			
pounds. You must obtain \$300,000 in Public Liability		must obtain \$750,000 in Sections 1 and 2. Public Liability and Property		nu Z.	complete Part C, Sections 1 and 2.				
and Property Damage		Damage Insurance. You must				and Zi			
Insurance. You do not need complete Part B.									
to complete Part B.									
1	M	OTOR VEHIC	LE LIST (Attach a	additional pa	iges if necessary)	15 20 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
Unit #	License Number			State V		IN number			
	1 65822.9			NA	168360	1645 F527223			

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.

5-28-K

Signature

Date

Driver Qualifica	tion Requireme	nts
Name: I drive myself/No	— Position: _	Owner
Each company must maintain a complete Driver Qualificati as required by FMCSR Part 391.51 and by the WSP in WAC intrastate commerce within Washington have limited exen	446-65-010. Own	er/operators that work exclusively in
operations must maintain a complete file on themselves ar		
Drivers Ho	urs of Service	
Name: Arkan Najor	— Position: _	owner
Each company must maintain true and accurate hours of so as required by the FMCSA in 49 CFR, Part 395.1(e) and by t		
Vehicle Inspection, R	epair, and Main	tenance
Name: Arkan Najar	— Position: _	Owner
Each company must prepare a written "Driver Vehicle Insp the FMCSA in 49 CFR, Part 396.11 and by the WSP in WAC required records for each vehicle that includes the followir WSP in WAC 446-65-010: Identification of the vehicle. The nature and due date of various inspect A record of inspections, repairs and mainte	446-65-010. In adding, as required by tion and maintena	dition, each company must maintain certain the FMCSA in 49 CFR, Part 396.3 and by the ance operations to be performed.
All companies must conduct periodic inspections as require WAC 446-65-010.	ed by the FMCSA i	in 49 CFR, Part 396.17 and by the WSP in
Sig	nature	
My signature below certifies that I understand my res the safety requirements which apply to my operation		motor carrier and I will comply with all
		5-28-15
Signature of applicant		Date

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



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

05/29/2015

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

C	ertificate holder in lieu of such endors	eme	nt(s).		CONT	^ -					
PRO	DUCER				CONTAC NAME:			1 FAU			
Doug Hertzog(7943374)				PHONE (A/C, No. Ext): 425-743-9000 FAX (A/C, No): 425-948-4094							
	212 Bothell Everett Hwy Ste H				E-MAIL ADDRES	ss: dhertzoa	@farmersage	ent.com			
10212 Botton Croise Tim, Grovi						NAIC #					
Mill Creek WA 98012-1235					INSURE	21709					
INSURED					INSURER B: Farmers Insurance Exchange				21652		
NAJAR, ARKAN					INSURE	21687					
4121 150TH ST SE					INSURER C : Mid Century Insurance Company 2:						
					INSURE						
	BOTHELL		WA	98012	INSURE						
CO		TIFIC		NUMBER:	INOUNE	<u> </u>					
TI	IS IS TO CERTIFY THAT THE POLICIES	OF I	NSUF	ANCE LISTED BELOW HAY	REVISION NUMBER: AVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD						
IN	DICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY KCLUSIONS AND CONDITIONS OF SUCH	QUIR PERT POLIC	EME! AIN, CIES.	NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF ANY ED BY	CONTRACT	OR OTHER D S DESCRIBED	OCUMENT WITH RESPECT	TO WHICH THIS		
INSR	TYPE OF INSURANCE		SUBR WYD			POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMITS			
LIK	GENERAL LIABILITY	instr	1170	, oder Hemotic		,	11-11-11-11-11-11-11-11-11-11-11-11-11-	EACH OCCURRENCE \$			
	COMMERCIAL GENERAL LIABILITY							DAMAGE TO RENTED PREMISES (Ea occurrence) \$			
	CLAIMS-MADE OCCUR							MED EXP (Any one person) \$			
	CENTRO-MADE COCOR							PERSONAL & ADV INJURY \$			
			'					GENERAL AGGREGATE \$			
	OF A LOOP FOATE LIMIT APPLIES DEP							PRODUCTS - COMP/OP AGG \$			
	GEN'L AGGREGATE LIMIT APPLIES PER:							S S			
	POLICY JECT LOC AUTOMOBILE LIABILITY	<u> </u>						COMBINED SINGLE LIMIT	1,000,000		
	 -	i						(Ea accident) \$ BODILY INJURY (Per person) \$	1,000,000		
_	ANY AUTO ALL OWNED SCHEDULED			005101010		04/04/0045	04/04/0016	BODILY INJURY (Per accident) \$			
В	AUTOS AUTOS NON-OWNED			605494349		04/04/2015	04/04/2016	PROPERTY DAMAGE \$			
	HIRED AUTOS AUTOS							(Per accident)			
		_									
	UMBRELLA LIAB OCCUR	1						EACH OCCURRENCE \$			
	EXCESS LIAB CLAIMS-MADE	ļ				ļ		AGGREGATE \$	_,		
	DED RETENTION \$		<u> </u>					S WC STATU OTH	· · · · · · · · · · · · · · · · · ·		
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N								WC STATU- TORY LIMITS ER			
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?		NIA						E.L. EACH ACCIDENT \$			
(Mandatory in NH)		ĺ	Ì					E.L. DISEASE - EA EMPLOYEE \$			
	If yes, describe under DESCRIPTION OF OPERATIONS below		L					E.L. DISEASE - POLICY LIMIT \$			
		ļ									
						L					
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (Attach	ACORD 101, Additional Remarks	Schedule	e, If more space is	s required)				
20	00 FORD ECONOLINE; VIN: 1FTRE14	22YH	A410	91							
		-									
							-				
									<u> </u>		
CF	RTIFICATE HOLDER				CAN	CELLATION		· · · · · · · · · · · · · · · · · · ·			
<u> </u>	THE PROPERTY OF THE PROPERTY O										
								DESCRIBED POLICIES BE CAN			
WUTC						THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
1300 EVERGREEN PARK DR SW											
					AUTHO	RIZED REPRESE	NTATIVE	1/	Λ		
OLYMPIA WA 98502 (/ \		11	4		
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