

STATE OF WASHINGTON  
DEPARTMENT OF REVENUE  
DIVISION OF PROPERTY TAXES  
FOR RENEWAL STATEMENT - FEE \$100.00  
(See WAC 460-14-220)

Applicant must be the owner of a Cancelled Common Carrier permit must be within 12 months of the expiration date of the permit. If over 12 months, you must submit a new application.

Common Carrier # 68342 to be reinstated.

Owner Teresta R. Wingquist  
Company Wingquist Hauling

Address 12801 W. Shelton Matlock Rd  
City (if different) Same

Phone Number 206 963 2194 Fax Number \_\_\_\_\_  
E-mail WINGQUIST HAULING @ gmail.com  
USDOT # (2478419)

Business Identifier Number (BIN) 602075165

Type of Business Structure

Partnership  Limited Liability Company  Corporation  State of Inc. \_\_\_\_\_

<u>TITLE</u>	<u>ADDRESS</u>	<u>PERCENTAGE OF SHARES</u>
<u>TERESTA WINGQUIST OWNER</u>	<u>12801 W. Shelton Matlock Rd. Shelton WA. 98584</u>	

**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 WINQUIST HAULING of 12801 W SHELTON MALOCK RD, SHELTON, WA 98584-0000 a policy or policies of insurance effective from 06/12/2015 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.

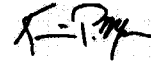
Whenever requested, the Company agrees to furnish the Commission a duplicate original of said policy or policies and all endorsements thereon.

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 12th day of June, 2015

Insurance Company File No. CA 03526082  
(Policy Number)



(Authorized Company Representative)

MC1633a(08/99)

IRB3539B