



1300 South Evergreen Park Drive SW  
PO Box 47250  
Olympia, WA 98504-7250  
Phone 360-564-1222  
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 # 64848 to be reinstated.

Legal Name: Jeff Wilcox Trucking Inc

Trade Name(s), dba(s), if any: \_\_\_\_\_

Business (Mailing) Address: PO Box 175 Beaver WA 98305

Physical Address (if different): 71 Camas Ave Forks WA 98331

Phone number: 360 477-3300 Fax Number: \_\_\_\_\_

Email address: Jeffro\_Y2@hotmail.com USDOT #: 2381221

Unified Business Identifier Number (UBI): 603 390 040

**Type of Business Structure:**

Individual  Partnership  Limited liability Company  Corporation State of Inc. WA

NAME TITLE ADDRESS PERCENTAGE OF SHARES

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

For Official Use Only	Received Date: <u>6/11/15</u>	ID: <u>7838</u>
111-0268-200-02	Insurance:	Docket TV- <u>151282</u>
Receipt ID:	Payment ID:	



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

(EXECUTED IN TRIPLICATE)

Filed with Washington Utilities & Transportation Commission (hereinafter called Commission)  
(Name of Commission)

This is to certify, that the National Indemnity Company  
(Name of Company)

(hereinafter called Company) of 3024 Harney Street, Omaha, NE 68131  
(Home Office Address of Company)

has issued to JEFF WILCOX TRUCKING INC  
(Name of Motor Carrier)

of PO BOX 1647, PORT ANGELES, WA 96305  
(Address of Motor Carrier)

a policy or policies of insurance effective from 06/09/2015 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 Commissioner.

Countersigned at 3024 Harney Street Omaha NE 68131  
(Street Address) (City) (State) (ZIP Code)

this 15th day of June, 20 15



Authorized Representative

Insurance Company File No. 70TRS050849  
(Policy Number)

1,000,000 CSL