

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 # 65565 t	o be reinstated.
Legal Name: Anton	10 Hernandez	
Trade Name(s), dba(s), if any	: HES Transport	
大大大阪 (建立) こうしゅう あいしょうしん	385 4th AVE SE	Expresta WA 98823
그 마음이 공개적으로 하는 것으로 그는 것이다.	: 10586 RZ P.Z NO	
	07-8468 Fax Number:_	
Email address: antonio	1522 Quarro GUSDOT#: 25	535936
	umber (UBI): 603 4(30 4)	4번 11 kg
	Type of Business Structur	
☑ Individual ☐ Partnershi	□ Limited Liability Company □ Co	orporation State of Inc.
NAME	TITLE ADDRESS	PERCENTAGE OF SHARES
Antonio Hecoconde	2 Owner 10586 REPR	- Nu 90100
	Quincy of	
For Official Use Only	Received Date: GCSUS ID: 16625	
111-0268-200-02	Insurance: Docket TV- [S[303	
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 & Tra	insportation C	ommission	(hereinaf	ter called Commission)		
	(Nar	ne of Commission)			·		
This is to certif	fy, that the	the National Indemnity Company (Name of Company)						
(hereinafter called	Company) of _	f 3024 Harney Street, Omaha, NE 68131						
	, _	(Home Office Address of Company)						
has issued to		ANTO	NIO D HERNAI	NDEZ DBA H	&S TRANSPORT			
_				(Name of Motor		·		
of		10586 ROAD P 2 NW, QUINCY, WA 98848 (Address of Motor Carrier)						
a policy or policies			06/23/			time at the address of		
					rovided herein, whic			
					ce Endorsement, ha			
						obligations imposed		
				of the State	in which the Commi	ission has jurisdiction		
or regulations pror	nuigated in accord	ance therewith	n.					
\Mhanayar raa	wantad the Comm	ony caroos to	furnish the Co	mmission a d	lunlicate original of	roid policy or		
policies and all end			rumish the Co	mmission a d	luplicate original of	said policy or		
to which it is attach	hed. Such cancell ate Commission, s	lation may be e such thirty (30)	effected by the	Company or	ed without cancellat the insured giving t to run from the date	hirty (30) days' notice		
Countersigned at	3024 Harney Street		Omaha		NE	68131		
	(Street Address		(City)		(State)	(ZIP Code)		
this	23rd		day of	June	, 20 15			
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					Jom 4			
					/			
			_	,	Authorized Repres	sentative		
Insurance Compar	ny File No. 70°	TRS051417						
	, <u></u>	(Policy Numb	ber)	•				
		, ,	•					

1,000,000 CSL

This form determined by the National Association of Regulatory Utilities Commissioners and promulgated pursuant to the provisions of Section 202(b)(2) of the Interstate Commerce Act (49 U.S.C. § 302[b][2]) and 49 CFR § 387.301