

# REINSTATEMENT

2015

## 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

151619

### APPLICATION FOR PERMIT

(excluding Household Goods and Common Carrier Brokers)

#### FOR OFFICIAL USE ONLY

Reception Number: 111 0268 200 02	Safety:	Carrier ID#:
	Insurance:	Employee:

#### TYPE OF APPLICATION (check one)

New Common Carrier Permit Authority, or Transfer of Existing Permit Number	Extension of Common Carrier Permit Authority
<input type="checkbox"/> \$275 GENERAL COMMODITIES ONLY	<input type="checkbox"/> \$100 GENERAL COMMODITIES, including ARMORED CAR SERVICE
<input type="checkbox"/> \$275 GENERAL COMMODITIES, including ARMORED CAR SERVICE	<input type="checkbox"/> \$100 GENERAL COMMODITIES, including HAZARDOUS MATERIALS
<input type="checkbox"/> \$275 GENERAL COMMODITIES, including HAZARDOUS MATERIALS	<input type="checkbox"/> \$100 GENERAL COMMODITIES, including HAZARDOUS MATERIALS and ARMORED CAR SERVICE
<input type="checkbox"/> \$275 GENERAL COMMODITIES, INCLUDING HAZARDOUS MATERIALS and ARMORED CAR SERVICE	"Fruit Harvest only"

\$100 REINSTATEMENT OF CANCELLED COMMON CARRIER PERMIT  
(Must be filed within 10 months of cancellation)

For Commission Use Only:  
Auth #:

#### TYPE OF PAYMENT

Check

CERTIFICATION: I, the undersigned, under penalty for false statement, certify that the following information is true and correct, and I am authorized to execute and file this document on behalf of the applicant, and that all information on file is current and valid.

Name (printed): Ruth Carlisle Date: August 5, 2015  
 Signature: Ruth Carlisle Title: Manager/owner

#### MOTOR CARRIER IDENTIFICATION

CC#: <u>22880</u>	US DOT# <u>601779</u>	WA UNIFIED BUSINESS IDENTIFIER (UBI) #: <u>602-928624</u>
APPLICANT NAME: <u>HTI, LLC</u>		PHONE#: <u>509-829-5421</u>
d/b/a: <u>HTI, LLC</u>	<u>Ruth Carlisle</u>	FAX #: <u>509-829-5336</u>
BUSINESS (MAILING) ADDRESS: (street address, P.O. Box) <u>1560 Highland Drive</u>		
(city, state, zip) <u>Zillah, Washington 98953</u>		
PHYSICAL ADDRESS: (street address, if different)		

08-05-'15 09:24 FROM-

5094691177

T-985 P0001/0002 F-785

ACCEPTABLE ONLY IF DOCKET NUMBER CERTIFICATE NUMBER OR PERMIT NUMBER IS SPECIFIED. No. CC-022880

Approved

Form E

UNIFORM MOTOR CARRIER BODILY INJURY AND PROPERTY DAMAGE LIABILITY CERTIFICATE OF INSURANCE (Executed in Triplicate)

Filed with WUTC

(Name of Commissioner)

(hereinafter called Commissioner)

This is to certify, that the

ZURICH AMERICAN INSURANCE COMPANY

(Name of Company)

(hereinafter called Company) SCHAUMBURG, IL

has issued to HTI LLC

(Name of Motor Carrier)

(Home Office Address of Company)

to 1560 HIGHLAND DRIVE ZILLAH, WA 98953

(Address of Motor Carrier)

08/05/2015

a policy or policies of insurance effective from 12:01 A.M. standard time in the address of the insured stated in said policy or policies and continuing until canceled 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 canceled 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.

Counter signed at 1333 S RUSTLE RD

(Typed Address)

SPOKANE

(City)

WA

(State)

99224

(Zip Code)

this 5TH

day of

AUGUST, 2015

P.S. CO. Of

Tom Cochran

(Authorized Company Representative)

Insurance Company File No.

PRA-9222075

(Policy Number)

PO BOX 19150 SPOKANE, WA 99219

(Address of Authorized Company Representative)

Hot Forms & Services  
Revised 04-14-08