

1300 South Evergreen Park Drive SW PO Box 47250 Olympia, WA 98504-7250 Phone 360-664-1222 Fax 360-586-1181 Web Site: <u>www.utc.wa.gov</u> 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 # <u>(00</u> 4	593	_ to be reinstated.						
Legal Name: Rogelio G. Valda									
Trade Name(s), dba(s), if any: Roy Valdy Trucking Business (Mailing) Address: PO Box 2818, Othelto, WA 99344									
Physical Address (if different): 2096 W. HorAsio Lv, Othello 99344									
Phone number: 509 488 - 0498 Fax Number:									
Email address: RValdez 2 Wagmail Con USDOT #: 1025496									
Unified Business Identifier Number (UBI): 602 202 86									
Type of Business Structure:									
☑ Individual ☐ Partnership ☐ Limited Liability Company ☐ Corporation State of Inc									
NAME	TITLE	<u>ADDRESS</u>	PERCENTAGE OF SHARES						
			· · · · · · · · · · · · · · · · · · ·						
For Official Use Only	Received Date:	<u> </u>	ID:						
111-0268-200-02	Insurance:		Docket TV-\(10/\)						
Receipt ID:	Payment ID:	-	12/165						

				DDILY INJURY AND F IFICATE OF INSURA In Triplicate)		
Filed with Washington Utility & Transportation Commission (NAME OF COMMISSION)					(hereinaft	ter called Commission)
This is t	o certify, that the	Sentry Sele	ect Insuranc	e Company	OLIDALIS O	
/h i	- d C	DO Day 90	ac Ctavana	(NAME OF CO	•	
(nereinaπer calle	ed Company) of	PO Box 80	36, Stevens	Point, WI 54481-8036 (HOME ADDRESS OF		·
	Rogelio G Valdez DBA Roy Valdez			(HOME ABBILLOG OF	1112 GOIM 7.441)	
	Dittioy value	Tracking	(N	IAME OF MOTOR CARRIER	2)	-
-	PO BOX 2818 OTHELLO, WA 9	9344-2818	•			
			•	F MOTOR CARRIER)		
stated in said po Motor Carrier Bo vide automobile carrier by the pr mulgated in acc Whenev	olicy of policies a odily Injury and F bodily injury and ovisions of the n ordance therewi	and continuin Property Dam d property da notor carrier l th. e Company a	g until cance age Liability mage liabilit aw of the St	ate in which the Com	in, which, by attach ent, has or have be the obligations imp mission has jurisdic	ment of the Uniform
which it is attacl writing to the St	ned. Such cance	ellation may l such thirty (3	oe effected l	in may not be cancele by the Company or the tice to commence to r	e insured giving thir	ty (30) days' notice in
Countersigned a	at <u>PO Box 803</u>			Stevens Point	WI	54481-8036
	(STREET AL	DRESS)		(CITY)	(STATE)	(ZIP CODE)
this 13th	n day of	August	2015			

FORM E

AUTHORITY #

AUTHORIZED COMPANY REPRESENTATIVE

Insurance Company File No. __

A0040341002 (POLICY NUMBER)