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PART A

APPLICATION FOR PERMIT

(excluding Household Goods)

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

FOR OFFICIAL USE ONLY			Docket No. IV- (>1 / C G					
Reception Number Safety				Carrier ID#				
111-0268-200-02 Insurance				Employee M				
TYPE OF APPLICATION 673015								
New Common Carrier Permit Authority,			Extension of Common Carrier Permit Authority					
or Transfer of Existing Permit Number								
\$275 GENERAL COMMODITIES ONLY			\$100	GENERAL COMMODITIES, including ARMORED CAR SERVICE				
	\$275 GENERAL COMMODITIES, including ARMORED CAR SERVICE		\$100	GENERAL COMMODITIES, including HAZARDOUS MATERIALS				
\$275 GENERAL COMMODITIES, including HAZARDOUS MATERIALS			\$100	GENERAL COMMODITIES, including HAZARDOUS MATERIALS and ARMORED CAR SERVICE				
\$275 GENERAL COMMODITIES, INCLUDING HAZARDOUS MATERIALS and ARMORED CAR SERVICE								
\$100 REINSTATEMENT OF CANCELLED COMMON CARRIER PERMIT - Must be filed within 10 months of cancellation								
MOTOR CARRIER IDENTIFICATION								
Common Carrier #: 65951 Unified Business Identifier Number (UBI): 602.255-977								
Legal Name: D. Painter L.P. USDOT: 1366520								
Trade Name(s), dba(s), if any lon Painter Logging, Inc Email address: Apainter erainier connect.com								
		ra <u>eli kan kan Pandan (fili ali a</u>						
Phone Number: 340-832-3683 Fax Number: Business (Mailing) Address: 10 Box 477 Eatonville, WA 98328								
Physical Address (if different):								

Form E UNIFORM MOTOR CARRIER BODILY INJURY AND PROPERTY DAMAGE LIABILITY CERTIFICATION OF INSURANCE

Filed with _ Washington Utilities & Transportation Commission						(herein after called Agency)		
(Name of Agency)								
This is to certify that the Harco National Ins	irance Compai	ıv						
(Name of Com		• •						
(herein after called Company) of 1314 Douglas Street	. Suite 1600 .C	maha .NE .6	8102					
	ss of Company)	•			.*			
has issued to DPAINTER LP	of POE	OX 477 ,EA	TONVILLI	E .WA .9	8328			
(Name of Motor Carrier)	— UI ——	(Addre	ss of Motor	Carrier)				
A policy or policies of insurance effective from policy or policies and continuing until cancelled as provided Liability Insurance Endorsement, has or have becovering the obligations imposed upon such motor carrier regulations promulgated in accordance therewith.	led herein, which the	by attachment of ovide automobile	the Uniform bodily inju	Motor Car ry and prop	rier Bodily Inju erty damage I	iability insurance		
Whenever requested, the Company agrees to furn This certificate and the endorsement described he cancellation may be effective by the Company or the ins commence to run from the date notice is actually receive	rein may not be car ured giving thirty (3	ncelled without ca 0) days' notice in	ancellation of	of the policy	to which it is	attached. Such		
1314 Douglas Street								
Suite 1600 Countersigned at Omaha	NE	68102	This	26th d	ay of Aug	20 15		
·	dress)	00102		(Day)	(Month			
Insurance Company File No. CP00171475			Sue Joh		D			
(Policy	/ No)		(Autr	iorized Cor	npany Repres	eniauve)		

Liability Limit :1,000,000.00