

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 Car	rier# <u>(C~40853</u> to	be reinstated.
Legal Name: UOShua	Lee mulle	
Trade Name(s), dba(s), if any:	IT Truckin	9
Business (Mailing) Address:	2 Box 303	Elma WA98SUI
Physical Address (if different):\\2	dol mox chehai	is Rd McCleary 9
Phone number: 300 47	0 8408 Fax Number:	Ø
Email address: tawnya 2	50 msn couspot #: 02	409836
Unified Business Identifier Numb	er (UBI): 91 - 210937	7 602118240
	Type of Business Structure	
Individual 🗆 Partnership 🗆	Limited Liability Company 🛭 Corp	poration State of Inc.
NAME TITI	LE ADDRESS	PERCENTAGE OF SHARES
Jush Muller Owne	x DO Box 202	186%
		1
Tow Official Use Only	- Mulis	15889
For Official Use Only 111-0268-200-02	Received Date: 1915	ID: 15869 Docket TV- 157832

Amex CCV#		☐ Money Order	r 			Amount	:: \$		
CERTIFICATION: I, the undersigned, under penalty for false statement, certify that the following information is true and correct, that I am authorized to execute and file this document on behalf of applicant, and that all information on file is current and valid. Company Name:] Amex	CCV#	(four digit cod	e on front of car	d)	Expirati	on Date:		
CERTIFICATION: I, the undersigned, under penalty for false statement, certify that the following information is true and correct, that I am authorized to execute and file this document on behalf of applicant, and that all information on file is current and valid. Company Name:	Discove	☐ Mastercard	☐ Visa	CCV	#	(three d	ligit code on b	ack of card)	
If paying by credit card, you may fax your application to 360-586-1181 or scan to transportation@utc.wa.gov	redit Card	number:							
If paying by credit card, you may fax your application to 360-586-1181 or scan to transportation@utc.wa.gov	ompany N lame (prir ignature:_	lame: J J	mull	ucki er	Dat	e: :D\/\^	14/1	15	
transportation@utc.wa.gov		O						* - 1	
		•					81 or scar	ı to	
		ition@utc.wa.gc							
	ransporta								

PROBRESSIVE"

Progressive P.O. Box 94739 Cleveland, OH 4410

> Pullicy standard: 89518178-8 Underwitten by: United Presidel Capally Company September 14, 2015

Certificate of Insurance

Cartificate Halder	hamed .	Agent
Additional Insured	JOSHUA O MULLER	PROG COMMERCIAL
UTILITIES & TRANSPORTATION	TANNYA M MULLER	PO BOX 94739
COMMISSION OF WASHINGTON	JT TRUCKING	CLEVELAND, OH 44101
1300 S. EVERGREEN PARK DR	PO BOX 202	
Olympia, wa 98504	ELMA, WA 98541	

named above for the periodic inclinated. This Certificae is issued for information purposes only. It confers no rights upon the certificate holder and does not change, alter, modify, or extend the coverage afforded by the policies fisted below are subject to all the terms, exclusions, fimitations, endorsements, and concliders of these policies.

Incidental George (s)	Links
Bodilly Injury/Property Damage	\$1,000,000 Combined Single Limit
Uninsped/Underinsped Motorist	\$1,000,000/\$1,000,000
General Lightity	\$1,000,000/\$1,000,000 Acceptate
EACH OCCURRENCE	\$1,000,000
GENERAL AGGREGATE	\$1,000,000
PRODUCTS/COMPLETED OPERATIONS AGGREGATE	
PERSONAL & ADVERTISING INJURY	\$1,000,000
DAMAGE TO PREMISES RENTED TO YOU	\$100,000
MEDICAL EXPENSE (ANY ONE PERSON)	\$5,000
of Location/Vehides/Special Items Scheduled autos only	
1991 KW T60 1XKAD69X9MI561460	
Uninsured Motorist Property Damage	\$25,000 w/\$250 Ded
Comprehensive	\$2,500 Ded
Collision	\$2,500 Ded
1998 KENWORTH TRUCK INKDGGGG008798938	
Uninsured Motorist Property Demage	\$25,000 w/\$250 Ded
Comprehensive	\$2,500 Ded
Collision	\$2,500 Ded
1978 PEERLESS TRAILER W783274	
Comprehensive	\$1,000 Ded
Collision	\$2,500 Ded



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C	ommon Carrier # <u>((</u>	<u> 40053 </u>	be reinstated.
Legal Name: <u>U</u>	shua Le	e mulle	
Trade Name(s), db	a(s), if any:	Truckin	4
Business (Mailing)	Address: PO B	506 XC	Elma WA98541
Physical Address (i	f different):\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	nox chehai	is Rd McCleary
Phone number:	400 470 64	Fax Number:	
Email address: <u>† 4</u>	why 250 m	Sn OOUSDOT#: 03	409836
Unified Business Id	entifier Number (UBI):	91-210937	17 602118240
		Business Structure	
∑Individual □ F	Partnership 🛮 Limited L	iability Company 🛭 Cor	poration State of Inc.
NAME	TITLE	<u>ADDRESS</u>	PERCENTAGE OF SHARES
Josh Muller	Owner	DO Box 202	186%
		9/11/16	11 00 C
For Official Use Or			ID: 1500
111-0268-200-02 Receipt ID: 56			Docket TV- 5/8
	132 Payment	ID: 3073	, - 1