

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 #	15597	_ to be reinstated.
Legal Name: ROSA 1 JIMENO2			
Trade Name(s), dba(s), if any: B JIMENEZ Trucking			
Business (Mailing) Address:		x 1892	Mattawa WA 9931
Physical Address (if different): (002 Government Rd Mattawa wA			
Phone number: 509 - 770 - 3949 Fax Number:			
Email address: 12 m2 2375@yahw.CMUSDOT#: 2542910			
Unified Business Identifier Number (UBI): COOP G47382			
Type of Business Structure:			
☑ Individual ☐ Partnership ☐ Limited Liability Company ☐ Corporation State of Inc			
NAME	TITLE	ADDRESS	PERCENTAGE OF SHARES
R Jimenez Trucking PO Box 1892 Mattawa W499349 100%			
For Official Use Only	Received D	oate:	ID:
111-0268-200-02	Insurance:		Docket TV- IV VTX
Receipt ID:	Payment ID:		w. 3 C
		048486	

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

Filed with the WASHINGTON UTILITIES & TRANSPORTATION COMMISSION-OPERATIONS DIVISION (hereinafter called Commission) of PO BOX 47250, OLYMPIA, WA 98504

This is to certify, that the United Financial Casualty Company (hereinafter called Company) of PO BOX 94739, CLEVELAND, OH 44101 has issued to ROSA I JIMENEZ, R JIMENEZ TRUCKING of P O BOX 1892, MATTAWA, WA 99349 a policy or policies of insurance effective from 09/02/2015 12:01 A.M. standard time at the address of the insured stated in said policy or policies and continuing until cancelled 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 cancelled 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 Commission.

Countersigned at 6300 WILSON MILLS, MAYFIELD VILLAGE, OH 44143

this 3rd day of September, 2015

Insurance Company File No. CA 02650747

(Policy Number)

(Authorized Company Representative)

MC1633a(08/99)

IRB3539B