

REINSTATEMENT

LSL863

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

APPLICATION FOR PERMIT

(excluding Household Goods and Common Carrier Brokers)

FOR OFFICIAL USE ONLY

Reception Number: 111 0268 200 02	Safety:	Carrier ID# <i>18</i>
	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	

<input checked="" type="checkbox"/> \$100 REINSTATEMENT OF CANCELLED COMMON CARRIER PERMIT (Must be filed within 10 months of cancellation)	For Commission Use Only: Auth #:
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TYPE OF PAYMENT

Check Money Order Amex Discover Mastercard Visa Expiration

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 the applicant, and that all information on file is current and valid.

Name (printed): Scott Blankenship Date: 9-15-15
 Signature: Scott Blankenship Title: Owner

MOTOR CARRIER IDENTIFICATION

CC#: <u>60126</u>	US DOT#: <u>1735288</u>	WA UNIFIED BUSINESS IDENTIFIER (UBI) #: <u>602 084 981</u>
APPLICANT NAME: <u>Scottco Joint Venture</u>		PHONE#: <u>509 650 7313</u>
d/b/a:	FAX #: <u>509 646 3486</u>	

BUSINESS (MAILING) ADDRESS:
 (street address, P.O. Box) 210 Cooper Box 595
 (city, state, zip) Washuena WA 99371

PHYSICAL ADDRESS: (street address, if different)

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

Filed with WA UTILITIES & TRANSPORTATION COMMISSION (hereinafter called Commission)
(Name of Commission)

This is to certify, that the OIDA RISK RETENTION GROUP, INC.
(Name of Company)

(hereinafter called Company) of 58 EAST VIEW LANE, SUITE 2, BARRE, VT 05641
SCOTTO JOINT VENTURE (Home Office Address of Company)

has issued to DBA SCOTTO (Name of Motor Carrier) of 210 SW COOPER ST; WASHTUCNA, WA 99371
(Address of Motor Carrier)

a policy or policies of insurance effective from 09/17/2015 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 1 NW OIDA DRIVE GRAIN VALLEY MO 64029
(Street Address) (City) (State) (Zip Code)

this 17TH day of SEPTEMBER 2015

Insurance Company File No PL199523601
(Policy Number)


(Authorized Company Representative)

MC 1633a (Ed. 8-99) UNIFORM INFORMATION SERVICES, INC.

IRB 3539B

vfg Member # 942261