

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

| | | |
|------------------------------|------------------|------------------------------|
| <i>FOR OFFICIAL USE ONLY</i> | | Docket No. TV- <u>151967</u> |
| Reception Number | Safety <u>MD</u> | Carrier ID# <u>0287</u> |
| 111-0268-200-02 | Insurance | Employee <u>MD</u> |

TYPE OF APPLICATION

| 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 type="checkbox"/> \$100 REINSTATEMENT OF CANCELLED COMMON CARRIER PERMIT - Must be filed within 10 months of cancellation | |

MOTOR CARRIER IDENTIFICATION

Common Carrier #: 6637 Unified Business Identifier Number (UBI): 603546235

Legal Name: Alejandro Chavez Ramirez USDOT: 2814349

Trade Name(s), dba(s), if any: Chavez Delivery LLC

Email address: ~~MD~~ Alexdetancitara@hotmail.com

Phone Number: 206 981-1172 Fax Number: _____

Business (Mailing) Address: 30015 108th AVE SE Auburn WA 98092

Physical Address (if different): _____

TYPE OF BUSINESS STRUCTURE

Individual
 Partnership
 Corporation
 Limited Liability Company
 State of Inc. _____

NAME TITLE Stock Distribution or % of Shares

***TRANSFER OF PERMIT NUMBER**

*Complete this section ONLY if you are transferring an existing permit to a new owner. List name of current permit holder and permit number to be transferred. The current permit holder must sign below to authorize the transfer of the permit number.

NAME ON PERMIT _____ Permit Number _____

Signature of current permit holder

Date

INSURANCE REQUIREMENTS (must check one)

A permit will not be issued until acceptable insurance is received

| | | | |
|---|---|---|---|
| <input type="checkbox"/> You will not haul hazardous materials in any quantity. You will only operate vehicles with a GVWR of less than 10,000 pounds. You must obtain \$300,000 in Public Liability and Property Damage Insurance. You do not need to complete Part B. | <input checked="" type="checkbox"/> You will not haul hazardous materials in any quantity. You will operate vehicles with a GVWR of 10,000 pounds or more. You must obtain \$750,000 in Public Liability and Property Damage Insurance. You must complete Part B. | <input type="checkbox"/> You will haul hazardous materials requiring \$1 million in Public Liability and Property Damage Insurance. You must complete Part C, Sections 1 and 2. | <input type="checkbox"/> You will haul hazardous materials requiring \$5 million in Public Liability and Property Damage Insurance. You must complete Part C, Sections 1 and 2. |
|---|---|---|---|

MOTOR VEHICLE LIST (Attach additional pages if necessary)

| Unit # | License Number | State | VIN number |
|--------|----------------|-------|-------------------|
| Truck | C57883E | WA | 1FVABSAKX4DM56973 |
| | | | |
| | | | |

SIGNATURE

I, as applicant, understand that the filing of this application does not in itself constitute authority to operate and that no operations may be conducted until a permit is issued by the Commission. I hereby declare and affirm that the information contained in this application is true to the best of my knowledge and belief.

Alexandro Chaver

Signature

10-12-15

Date

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

(EXECUTED IN TRIPLICATE)

Filed with **Washington Utilities & Transportation Commission** (hereinafter called Commission)

This is to certify, that the **Mutual of Enumclaw Insurance Company #1359**

(hereinafter called Company) of **1460 Wells Street, Enumclaw WA 98022**

has issued to **CHAVEZ DELIVERY LLC** of **30015 108TH AVE SE, AUBURN, WA 98092**

a policy or policies of insurance effective from **10/09/2015 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 affected 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 **1460 Wells St, Enumclaw WA 98022**

this **12TH** day of **OCTOBER 2015**.

Insurance Company File No: **CPP0019121**

Cori Medrano /CLA

(Authorized Company Representative)