

TV-152090

WASHINGTON



UTILITIES AND TRANSPORTATION COMMISSION

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 # CC-58391 to be reinstated.

Legal Name: M P Environmental Services Inc

Trade Name(s), dba(s), if any: _____

Business (Mailing) Address: 3400 Manor Street

Bakerfield CA
93308

Physical Address (if different): _____

Phone number: 661-393-1151 Fax Number: 661-393-3834

Email address: gblankenship@mpenviron.com USDOT #: 441566

Unified Business Identifier Number (UBI): 601-574-424

Type of Business Structure:

Individual Partnership Limited Liability Company Corporation State of Inc. CA

<u>NAME</u>	<u>TITLE</u>	<u>ADDRESS</u>	<u>PERCENTAGE OF SHARES</u>
<u>Dawn Calderwood</u>	<u>President</u>	<u>3400 Manor St Bkfld, CA</u>	<u>100</u>
<u>Shawn Calderwood</u>	<u>Vice Pres/Sec</u>	<u>3400 Manor St Bkfld, CA</u>	<u>0</u>

#044534

<i>For Official Use Only</i>	Received Date: <u>11/4/15</u>	ID: <u>132581</u>
111-0268-200-02	Insurance: <u>[Signature]</u>	Docket TV- <u>152090</u>
Receipt ID:	Payment ID: <u>044534</u>	

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 Starr Indemnity & Liability Co.
(Name of Company)
(herein after called Company) of 399 Park Ave, 8th Floor, New York, NY, 10022
(Home Address of Company)

has issued to M P Environmental Services Inc of 3400 Manor Street, Bakersfield, CA, 93308
(Name of Motor Carrier) (Address of Motor Carrier)

A policy or policies of insurance effective from 10/01/2015 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 Agency has jurisdiction or regulations promulgated in accordance therewith.

Whenever requested, the Company agrees to furnish the Agency 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 effective by the Company or the insured giving thirty (30) days' notice in writing to the State Agency, such thirty (30) days' notice to commence to run from the date notice is actually received in the office of the Agency.

Countersigned at 399 Park Ave, 8th Floor NY 10022 This 04th day of Nov 20 15
(Address) (Day) (Month) (Year)

Insurance Company File No. SISIPCA08345915 Jim Vendetti
(Policy No) (Authorized Company Representative)

Liability Limit :1,000,000.00

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Washington, State of - Utilities & Transportation Commission

Utilities & Transportation Commission POS

Confirmation Number: 044534
 Payment Date: Wednesday, November 4, 2015
 Payment Time: 11:58AM PT

Payer Information

First Name: Gina Blankenship
 Street Address: 3400 Manor Street
 Town/City: Bakersfield, CA 93308
 Country: United States
 Daytime Phone Number: (661) 393 - 1151
 E-mail Address: gblankenship@mpenviron.com
 Company Name-If not a Company, provide name of Payee: M P Environmental Services Inc
 Payment Menu : Application Fees
 Payment Menu - Additional Payment:
 Application Types (If Applicable): Common Carrier

Card Information

Card Type: MasterCard
 Card Number: *****3410
 Expiration Date: 01/2017
 Card Verification Number: ****

Payment Information

Payment Type: Utilities & Transportation Commission POS
 Payment Amount: \$100.00
 Convenience Fee: \$3.95
 Total Payment: \$103.95

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