

**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

<b>FOR OFFICIAL USE ONLY</b>		Docket No. TV-
Reception Number	Safety	Carrier ID# <u>17586</u>
<u>111-0268-200-02</u>	Insurance	Employee <u>MD</u>
<b>TYPE OF APPLICATION</b> <u>191368</u>		
New Common Carrier Permit Authority, or Transfer of Existing Permit Number		Extension of Common Carrier Permit Authority
<input checked="" 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 # 66221 Unified Business Identifier Number (UBI): 603570726

Legal Name: Leonid Mychko USDOT: \_\_\_\_\_

Trade Name(s), dba(s), if any \_\_\_\_\_

Email address: mychkoleo@gmail.com

Phone Number: (253) 632-1044 Fax Number: \_\_\_\_\_

Business (Mailing) Address: 35405 23 Rd Ave SW FEDERAL WAY WA  
C-5  
98023

Physical Address (if different): \_\_\_\_\_

**TYPE OF BUSINESS STRUCTURE**

Individual     Partnership     Corporation     Limited Liability Company    State of Inc. \_\_\_\_\_

<u>NAME</u>	<u>TITLE</u>	<u>Stock Distribution or % of Shares</u>

**\*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 hold 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 checked="" 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 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
1	AIP 5062	WA	4T3ZF13C824497511

**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. [\*]

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.

[2]

Mychka  
Signature

12.29.2015  
Date

8

1

10

Received Time Dec. 30. 2015 9:48AM No. 1461



## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
**01/04/2016**

**THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.**

**IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).**

<b>PRODUCER</b> <b>INSURANCE SOLUTIONS OF WASHINGTON</b> <b>6915 LAKEWOOD DRIVE WEST A-3</b> <b>UNIVERSITY PLACE, WA 98467</b> <b>License #: 215299</b>	<b>CONTACT NAME: ALEX</b> <b>PHONE (A/C, No, Ext): (253)588-2625</b> <b>FAX (A/C, No): (253)397-3085</b> <b>E-MAIL ADDRESS: patiebbs@nwinsurancesolutions.com</b> <hr/> <b>INSURER(S) AFFORDING COVERAGE</b> <b>NAIC #</b> <b>INSURER A: PROGRESSIVE</b> <b>INSURER B:</b> <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>
<b>INSURED</b> <b>LEONID MYCHKO</b> <b>35405 23RD AVE SW APT C5</b> <b>FEDERAL WAY, WA 98023-3125</b>	

**COVERAGES**      **CERTIFICATE NUMBER: 00000000-39341**      **REVISION NUMBER: 2**

**THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.**

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR <hr/> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:					EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COM/OP AGG \$ \$
<b>A</b>	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS		<b>02819745-0</b>	<b>12/30/2015</b>	<b>12/30/2016</b>	COMBINED SINGLE LIMIT (Ea accident) \$ <b>300,000</b> BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N    N/A If yes, describe under DESCRIPTION OF OPERATIONS below					PER STATUTE    OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**  
**AUTO'S ON POLICY IS: 2002 TOYOTA SIENNA VIN: 4T3ZF13C82U497511**  
**AUTO'S COVERAGE ARE SUBJECT TO ELIGIBILITY RULES AND EXCEPTIONS.**  
**UTILITIES AND TRANSPORTATION COMMISSION IS CERTIFICATE HOLDER AND ADDITIONAL INSURED REGARDING AUTO LIABILITY AND MOTOR TRUCK CARGO COVERAGE 100,000**

<b>CERTIFICATE HOLDER</b> <b>UTILITIES AND TRANSPORTATION COMMISSION</b> <b>1300 SOUTH EVERGREEN PARK DRIVE SW</b> <b>PO BOX 47250</b> <b>OLYMPIA, WA 98504-7250</b>	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. <hr/> AUTHORIZED REPRESENTATIVE  (ASB)
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