

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-61027 to be reinstated.

Legal Name: STEVENS, LYNN R

Trade Name(s), dba(s), if any: LYNN STEVENS TRUCKING

Business (Mailing) Address: 14510 W MEDICAL LAK - FOUR LAKES RD

Physical Address (if different) (SAME) CHENEY, WA

Phone number: 509-994-3008 Fax Number: 509-299-6306

Email address: _____ USDOT #: 779743

Unified Business Identifier Number (UBI): 602-046-772

Type of Business Structure:

Individual Partnership Limited Liability Company Corporation State of Inc. _____

<u>NAME</u>	<u>TITLE</u>	<u>ADDRESS</u>	<u>PERCENTAGE OF SHARES</u>

<i>For Official Use Only</i>	Received Date: <u>1/15/16</u>	ID: <u>M4101</u>
111-0268-200-02	Insurance:	Docket TV-
Receipt ID:	Payment ID: <u>033528</u>	

Form E

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

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

This is to certify, that the **Western national Assurance Company** hereinafter called Company)
of **9706 4th Ave NE Seattle, WA 98155**

has issued to for **Lynn R Stevens DBA: Lynn Stevens Trucking of 14510 Medical Lake / Four Lakes Road Cheney, WA
99004**

a policy or policies of insurance effective from **12/23/15 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 **9706 4th Ave NE Seattle, WA 98155**

this **23th** day of **December** 2015

Insurance Company File No. **CPP1129126**
(Policy Number)

Linda Oliphant
(Authorized Company Representative)