

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 # 64065 to be reinstated.

Legal Name: Jose Esquivel Trucking LLC

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

Business (Mailing) Address: PO Box 3248 Pasco, WA 99302

Physical Address (if different): 4712 Cochins Ln Pasco, WA 99301

Phone number: 509-855-6033 Fax Number: _____

Email address: Tory.Rangel@yahoo.com USDOT #: 19908841

Unified Business Identifier Number (UBI): 603-046-393

Type of Business Structure:

Individual Partnership Limited Liability Company Corporation State of Inc. WA

<u>NAME</u>	<u>TITLE</u>	<u>ADDRESS</u>	<u>PERCENTAGE OF SHARES</u>
<u>Jose Esquivel</u>	<u>owner</u>	<u>4712 Cochins Pasco, WA 99301</u>	<u>100%</u>

<i>For Official Use Only</i>	Received Date: <u>4/8/15</u>	ID: <u>6173</u>
111-0268-200-02	Insurance: <u>MD</u>	Docket TV- <u>150590</u>
Receipt ID:	Payment ID:	

ACCEPTABLE ONLY IF DOCKET NUMBER CERTIFICATE NUMBER OR PERMIT NUMBER IS SPECIFIED. No. 0173

Approved _____

Form E

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

Andy

Filed with WUTC

(Name of Commission)

(hereinafter called Commission)

This is to certify, that the

ZURICH AMERICAN INSURANCE COMPANY

(Name of Company)

(hereinafter called Company)

SCHAUMBURG, IL

(Home Office Address of Company)

has issued to

JOSE ESQUIVEL TRUCKING LLC to 2408 W JAY ST, PASCO, WA 99301

(Name of Motor Carrier)

(Address of Motor Carrier)

02/19/2015

a policy or policies of insurance effective from 02/19/2015 12:01 A.M. standard time at the address of the insured stated in said policy or policies and continuing until canceled 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 herewith.

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 canceled 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 1333 S RUSTLE RD

(Street Address)

SPOKANE

(City)

WA

(State)

99224

(Zip Code)

this 8TH

day of

APRIL, 2015

INS. CO. ID# _____

Insurance Company File No.

PRA-9221615

(Policy Number)

Tom Cochran

(Authorized Company Representative)

PO BOX 19150 SPOKANE, WA 99219

(Address of Authorized Company Representative)