



1300 South Evergreen Park Drive SW PO Box 47250 Olympia, WA 98504-7250 Phone 360-664-1222 Fax 360-586-1181

Web Site: <u>www.utc.wa.gov</u> 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 Ca	rrier # <i>6</i> <sup>1</sup>	1828	_ to be reinstated.				
Legal Name: Jose	M. San	che 2					
Trade Name(s), dba(s), if any:	Sanch	ez Truc	King				
Business (Mailing) Address:	750 E	Fir	<i>J</i>				
Physical Address (if different):	SAME						
Phone number: <u>509 - 346</u>	- 7940	Fax Number:					
Email address:							
Unified Business Identifier Num	ber (UBI):	603-268	-299				
Type of Business Structure:							
Individual   Partnership   Limited Liability Company   Corporation State of Inc.							
NAME TIT	LE	ADDRESS	PERCENTAGE OF SHARES				
Jose M Sanchez a	wher	260 E Fir	18070				
	· · · · · · · · · · · · · · · · · · ·						
For Official Use Only	Received Dat	e Matta	10: 7186				
111-0268-200-02	Insurance:		Docket TV- 43 300				
Receipt ID:	Payment ID:		DOCKET IN- I' J				

M-5444 (01/2010)

## FORM E

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

(EXECUTED IN TRIPLICATE)

Filed with		ies & Transportation	Commission	(hereina	after called Commission)			
	(Name of C	commission)						
This is to certify	/, that the	Berkshire Hathaway Homestate Insurance Company						
		(Name of Company)						
hereinafter called (	Company) of	f 3333 Farnam Street, Omaha, NE 68131 (Home Office Address of Company)						
		·	Trome Office Addic	33 or company)				
has issued to		JOSE M SANCHEZ DBA SANCHEZ TRUCKING (Name of Motor Carrier)						
_								
of		250 E FIR ST, OTHELLO, WA 99344  (Address of Motor Carrier)						
			(					
the insured stated if the Uniform Motor of amended to provide upon such motor or or regulations promoved whenever requipolicies and all end.  This certificate to which it is attach in writing to the State received in the office.	of insurance effective fin said policy or policies Carrier Bodily Injury and e automobile bodily injurarrier by the provisions bulgated in accordance uested, the Company allorsements thereon.  I and the endorsement ed. Such cancellation the Commission, such the of the Commissioner  3333 Farnam Street	s and continuing until d Property Damage I ury and property dam of the motor carrier is therewith.  agrees to furnish the described herein may be effected by thirty (30) days' notice of the continuity of the continuity (30) days' notice of the co	cancelled as proceed as proceeding as proceed as proceeding as proce	rovided herein, whice Endorsement, hurance covering the in which the Communicate original of ed without cancellathe insured giving	as or have been e obligations imposed hission has jurisdiction said policy or ation of the policy thirty (30) days' notice			
Countersigned at	(Street Address)		maha ity)	NE (State)	(ZIP Code)			
this	11th	day of	September	, 20 <u>14</u>				
				11/10	1/			
		-	Authorized Representative					
Insurance Compan	·	08009-01 Policy Number)	<del></del>					

1,000,000 CSL