1998 Application for Annual Registration as Interstate EXEMPT Commodity Carrier

Mail to:

Washington Utilities & Transportation Commission
PO Box 47250
Olympia, WA 98504-7250

Phone: (360) 664-1222 Fax: (360) 586-1118

(For Commission Use Only)

CID # _____

Carreg Record ID _____

Insurance Filing _____

Reception Number _____

111 0268 200 08 _____

111 0268 _____

REGISTRATION FEES Registration Fee of $10 per vehicle must be submitted with this application. A registration receipt will be sent to you when this application is approved.

Number of Vehicles: _____ X $10.00 Fee = $_____

TYPE OF REGISTRATION:

❏ New Carrier Registration - The motor carrier has not previously registered. A Form E Certificate of Insurance must be attached to this application.

❏ Annual Registration - The motor carrier is renewing its annual registration.

❏ Supplemental Registration - The motor carrier is adding additional vehicles to an existing registration.

APPLICANT (Insurance must match applicant name exactly.)

US DOT Number _____

Name: _____

Trade Name: _____

Telephone Number: _____ Fax Number _____

MAILING ADDRESS

Street/PO Box_____

City _____

State _____

Zip Code _____

PHYSICAL ADDRESS **(If different from mailing)**

Street _____

City _____

State _____Zip

Code _____

TYPE OF MOTOR CARRIER

❏ Individual ❏ Partnership ❏ Corporation If Corporation, state in which incorporated _____

List names of partners or officers:

Name: _____ Title: _____

Name: _____ Title: _____

Name: _____ Title: _____

Signature _____ Title _____ Date _____