



621 Woodland Square Loop SE  
 Lacey, WA 98503  
 PO Box 47250  
 Olympia, WA 98504-7250  
 Phone 360-664-1222  
 Web Site: [www.utc.wa.gov](http://www.utc.wa.gov)  
[transportation@utc.wa.gov](mailto:transportation@utc.wa.gov)

**COMMON CARRIER OF PROPERTY**  
 (Excluding Household Goods Carriers and Brokers)

<i>For Official Use Only</i>	
111-0268-200-02	Date Received
Receipt Number	Payment ID

**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 # \_\_\_\_\_ to be reinstated.**

Legal Name: \_\_\_\_\_

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

Business (Mailing) Address: \_\_\_\_\_

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

Phone number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email address: \_\_\_\_\_ USDOT #: \_\_\_\_\_

Unified Business Identifier Number (UBI): \_\_\_\_\_

**Type of Common Carrier Permit Authority for Reinstatement:**

**GENERAL COMMODITIES ONLY**

GENERAL COMMODITIES, including **ARMORED CAR SERVICE**

GENERAL COMMODITIES, including **HAZARDOUS MATERIALS**

GENERAL COMMODITIES, including **HAZARDOUS MATERIALS** and **ARMORED CAR SERVICE**

## Type of Business Structure:

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

NAME                                      TITLE                                      ADDRESS                                      PERCENTAGE OF SHARES

---

---

Have you or your company ever been cited for business-related violations of state law or commission rule or any other federal or state agency?      Yes      No

If yes, please explain:

### **CERTIFICATION**

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.

\_\_\_\_\_  
Applicant Name

\_\_\_\_\_  
Date

### **FILING YOUR APPLICATION**

Select one of the following:

Scan/PDF your application and upload to [efileapp.utc.wa.gov](http://efileapp.utc.wa.gov) and pay online at [payments.utc.wa.gov](http://payments.utc.wa.gov), or,

Mail your application with your check or money order to the following address:  
UTC, PO Box 47250, Olympia, WA 98504-7250

ACH online (no service fee) or credit card online at [payments.utc.wa.gov](http://payments.utc.wa.gov) (2.5% or minimum of \$3.95 is charged by Official Payments for credit card processing).

**DO NOT EMAIL YOUR CREDIT CARD INFORMATION**