



pay UBI 3/14

**SECTION 1 - APPLICANT INFORMATION**

Name of Applicant: Mohammad Haija - Rainier Shuttle Service

Trade Name(s) (if applicable): Rainier Shuttle Service

**Mailing Address:**

**Physical Address:**

Street 4765 Okanogan Dr

Street 301 Wright St

City Port Orchard

City Cle Elum 98922

State/Zip 98366

State/Zip 98922

Phone Number: 360-990-1513

Fax Number: ---

UBI #: 603 382 311

E-Mail: mhaija@gmail.com

**Type of business structure:**

- Individual
- Partnership
- Corporation
- Other (LP, LLP, LLC)

List the name, title, and percentage of partner's share or stock distribution for major stockholders:

Name	Title	Stock Distributions or Percentage of Shares
<u>Mohammad Haija</u>	<u>owner</u>	<u>100%</u>
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List other certificates or permits held with the commission: ---

List your USDOT # 2490019 (If you don't have one you can go online at [www.fmcsa.dot.gov/online-registration](http://www.fmcsa.dot.gov/online-registration) or contact the Washington State Patrol at 360-596-3812 for assistance.)

**SECTION 2 - EQUIPMENT**

(Attach additional sheets if necessary)

License Number	Year And Make Of Vehicle	Vehicle ID Number	Seating Capacity
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		<u>9B692</u>	