

PASSENGER CHARTER/EXCURSION SERVICE CARRIER OF PASSENGERS 2005 REGULATORY FEE

⇒ PHONE 360-664-1222 FAX 360-586-1181

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JAN 0 5 2005

1300 South Evergreen Park Drive SW PO Box 47250 Olympia, WA 98504-7250 WASH. UT. & TP. COMM

The UTC has a policy of providing equal access to its services. If you need special accommodations, please call 360-664-1133 or TTY 360-586-8203.

INSTRUCTIONS:

- 1. Complete both sides of the form.
- 2. Include payment of the \$11.00 per vehicle fee. If renewing by mail, DO NOT SEND CASH. Payment may be made by check, money order, or credit card.

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3. This receipt for regulatory fees paid will expire December 31, 2	
4. This receipt must be kept at your principal place of business, sul CH-334 ES- MC 216 259 C US DOT 506707 Applicant Name Mount C, Moland d/b/a Cop, tol Condumy Tolly in Term	FOR COMMISSION USE ONLY Reception Number 111 0268 232 01 111 0268 Carrier ID 29 0 7 5
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Telephone 1-541-447-4021 FAX	Email
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Please complete the following:
Current Insurance Company:
Policy #:
Any recordable accidents in 2004:
If yes, how many recordable accidents:
Accident Definition: An accident is defined as an occurrence involving a commercial motor vehicle on a public road in intrastate or interstate commerce which results in one or more of the following:
 A fatality, Injury to a person requiring immediate treatment away from the scene of the accident, or Disabling damage to a vehicle requiring it to be towed from the accident scene.
What were the total operating miles for the year 2004?(Please list total operating miles involving passenger charter/excursion service in intrastate and/or interstate transportation involving a commercial vehicle.)
I certify that the information provided on the front and back of this document is true and correct, I am authorized to execute and file this document, and that all information on file is current and valid.
Signature Title ann
file this document, and that all information on file is current and valid. Signature
For questions or comments regarding accident reporting requirements, please contact:

Tom McVaugh, MCLE Special Investigator 360-664-1237

Email: tmcvaugh@wutc.wa.gov



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 3. This receipt for regulatory fees paid will expire December 31, 2 4. This receipt must be kept at your principal place of business, su 	
Applicant Name Thomas C. Holland	
dola Cop to 1 Conchung Tolly ho Torne	Carrier ID
MAILING ADDRESS: Street/PO Box 1041 5. MAIN 5tr. City, State/Zip Fred Exilly on 97754	
Telephone 541- 447- 4671 FAX	`E-mail
TYPE OF PAYMENT- DO NOT SEND CASH IN THE MAIL- Important new information: To Check	he WUTC now accepts credit card payments! Expiration Date Month Year
REGULATORY FEES: Number of Vehicles:X \$11.00 Fee = \$ I hereby declare that the authority is no longer beingused and is hereby surrendered to the Signature	e Commission for cancellation.
FOR COMMISSION APPROVAL ONLY: By signature below, this authorizes the above namedpassenger charter or excursion service of Washington State.	pertificate holder to operate vehicles for which fees have been paid, over the public roadways of
Customer Service Representative Date	
Compliance Issues:	
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What were the total operating miles for the year 2003 (year to date)?
I certify that the information provided on the front and back of this document is true and correct, I am authorized to execute and file this document, and that all information on file is current and valid.
Signature Show & latter Title Anno
Date 2-7-05
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Email: tmcvaugh@wutc.wa.gov



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