



UTILITIES AND TRANSPORTATION COMMISSION

PASSENGER CHARTER/EXCURSION SERVICE CARRIER OF PASSENGERS 2005 REGULATORY FEE

PHONE 360-664-1222 FAX 360-586-1181

RECEIVED

JAN 05 2005

WASH. UT. & TP. COMM

1300 South Evergreen Park Drive SW PO Box 47250 Olympia, WA 98504-7250

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.
3. This receipt for regulatory fees paid will expire December 31, 2005.
4. This receipt must be kept at your principal place of business, subject to inspection by Commission personnel.

CH- 334 ES- MC 216399-C US DOT 506707

FOR COMMISSION USE ONLY

Applicant Name Thomas C. Hillman

Reception Number

d/b/a Capital Community Taxis in Town

111 0268 232 01 111 0268

Carrier ID 29075

MAILING ADDRESS:

Street/PO Box 1041 S. MAIN ST.

City, State/Zip PENNS 16 OR. 97754

Telephone 1-541-447-4071 FAX

E-mail

TYPE OF PAYMENT- DO NOT SEND CASH IN THE MAIL- Important new information: The WUTC now accepts credit card payments!

Check Money Order

Charge to: AMEX NOVUS VISA MASTER CARD

Card Number:

Expiration Date Month Year

REGULATORY FEES:

Number of Vehicles: X \$11.00 Fee = \$

I hereby declare that the authority is no longer being used and is hereby surrendered to the Commission for cancellation.

Signature Thomas C. Hillman Date 1-1-05

FOR COMMISSION APPROVAL ONLY:

By signature below, this authorizes the above named passenger charter or excursion service certificate holder to operate vehicles for which fees have been paid over the public roadways of Washington State.

Customer Service Representative

Date

Compliance Issues:

Please complete the following:

Current Insurance Company: _____

Policy #: _____

Any recordable accidents in 2004: _____

If yes, how many recordable accidents: _____

(Please indicate total recordable accidents for all passenger charter/excursion service operations involved in both intrastate and interstate operations.)

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:

1. A fatality,
2. Injury to a person requiring immediate treatment away from the scene of the accident, or
3. 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 *Thomas E. Allen* Title *Owner*

Date *2-1-05*

For questions or comments regarding accident reporting requirements, please contact:

Tom McVaugh, MCLE Special Investigator
360-664-1237
Email: tmcvaugh@wutc.wa.gov

WASHINGTON



UTILITIES AND TRANSPORTATION COMMISSION

PASSENGER CHARTER/EXCURSION SERVICE

CARRIER OF PASSENGERS 2004 REGULATORY FEE

PHONE 360-664-1222 FAX 360-586-1181

RECEIVED

JAN 05 2005

WASH. UT. & TP. COMM

1300 South Evergreen Park Drive SW
PO Box 47250
Olympia, WA 98504-7250

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 submitting by mail, DO NOT SEND CASH. Payment may be made by check, money order, or credit card.
3. This receipt for regulatory fees paid will expire December 31, 2004.
4. This receipt must be kept at your principal place of business, subject to inspection by Commission personnel.

CH- ES- MC216359 US DOT 506707
Applicant Name Thomas E. Hollenbeck
d/b/a Capital Coachways Tillyko Towne

FOR COMMISSION USE ONLY
Reception Number
111 0268 232 01 111 0268
Carrier ID

MAILING ADDRESS:
Street/PO Box 1041 S. MAIN ST.
City, State/Zip PENNSVILLE, OR 97754
Telephone 541-447-4071 FAX E-mail

TYPE OF PAYMENT - DO NOT SEND CASH IN THE MAIL- Important new information: The WUTC now accepts credit card payments!
Charge to: AMEX NOVUS VISA MASTER CARD
Card Number:
Expiration Date Month Year

REGULATORY FEES:
Number of Vehicles: X \$11.00 Fee = \$
I hereby declare that the authority is no longer being used and is hereby surrendered to the Commission for cancellation.
Signature Thomas E. Hollenbeck Date 1-1-05

FOR COMMISSION APPROVAL ONLY:
By signature below, this authorizes the above named passenger charter or excursion service certificate holder to operate vehicles for which fees have been paid, over the public roadways of Washington State.
Customer Service Representative Date
Compliance Issues:

Please complete the following:

Current Insurance Company: _____

Policy #: _____

Any recordable accidents in 2003: _____

If yes, how many recordable accidents: _____
(Please indicate total recordable accidents for all passenger charter or excursion service operations involved in both intrastate and interstate operations.)

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:

1. A fatality,
2. Injury to a person requiring immediate treatment away from the scene of the accident, or
3. Disabling damage to a vehicle requiring it to be towed from the accident scene.

What were the total operating miles for the year 2003 (year to date)? _____
(Please list total operating miles involving passenger charter or 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 

Date 1-1-07

For questions or comments regarding accident reporting requirements, please contact:

Tom McVaugh, MCLE Special Investigator
(360) 664-1237
Email: tmcvaugh@wutc.wa.gov

Please complete the following:

Current Insurance Company: _____

Policy #: _____

Any recordable accidents in 2002: _____

If yes, how many recordable accidents: _____

(Please indicate total recordable accidents for all passenger charter/excursion service operations involved in both intrastate and interstate operations.)

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:

1. A fatality,
2. Injury to a person requiring immediate treatment away from the scene of the accident, or
3. Disabling damage to a vehicle requiring it to be towed from the accident scene.

What were the total operating miles for the year 2002? _____

(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 *Steven E. Albert* Title *Owner*

Date *1-1-05*

For questions or comments regarding accident reporting requirements, please contact:

Tom McVaugh, MCLE Special Investigator
(360) 664-1237
Email: tmcvaugh@wutc.wa.gov