

VENDOR NAME AND ADDRESS METRO LIMOUSINE SERVICES LLC 4742 LEE AVE. LONGVIEW, WA 98632	AGENCY NUMBER	LOCATION CODE
	2150	
	AGENCY P.R. OR AUTHORIZATION NUMBER	
		REFUND
AGENCY NAME AND LOCATION		
UTILITIES AND TRANSP. COMM. 1300 S. EVERGREEN PK DRIVE S.W. P.O. BOX 47250 OLYMPIA, WA 98504-7250		
FEDERAL I.D. NO. OR SOCIAL SECURITY NO. (FOR REPORTING PERSONAL SERVICES CONTRACT PAYMENTS TO I.R.S.)		RECEIVED BY
		DATE RECEIVED
		BUSINESS OFFICE

USE SPACE BELOW AS A WORKSHEET TO DEVELOP OR EXPLAIN THE GOODS OR SERVICES PURCHASED

STAPLE INVOICES ON BACK

REVENUE REFUND – This application was overcharged when the credit card was ran. Carrier only has one vehicle.

RECEPTION OR FIELD RECEIPT NO. 45183 DATED 5/21/13 \$50.00

PREPARED BY			TELEPHONE NUMBER			DATE			AGENCY APPROVAL			DATE				
Tina Leipski <i>[Signature]</i>			664-1170			5/24/13			<i>[Signature]</i>			5/24/13				
DOC. DATE		PMT DUE DATE		CURRENT DOC. NO.		REF. DOC. NO.		VENDOR NUMBER		VENDOR MESSAGE		USE TAX		UBI NUMBER		
								VOD1								
REF DOC SUF	TRANS CODE	M O D	FUN D	MASTER INDEX APPN INDEX	PROGRAM INDEX	SU B OBJ	SUB SUB OBJECT	ORG INDEX	WORK CLASS ALLOC	COUNTY BUDGET UNIT	CITY/TOWN MOS	PROJEC T	SUB PROJ	PROJ PHAS	AMOUNT	INVOICE NUMBER
	198		111			02	68								\$50.00	REFUND
ACCOUNTING APPROVAL FOR PAYMENT										DATE			WARRANT TOTAL \$50.00		WARRANT NUMBER	

1300 S. Evergreen Park Dr. SW
 P.O. Box 47250
 Olympia, WA 98504-7250
 Phone: 360-664-1222
 Fax: 360-586-1181
 TTY: 360-586-8203
 or
 1-800-416-5289
 e-mail: Transportation@utc.wa.gov

APPLICATION FOR CHARTER AND EXCURSION CARRIER SERVICE CERTIFICATE

Application Fee and Initial Regulatory Fees due at time of application:
\$200 PLUS \$25 PER VEHICLE

Passenger Charter and Excursion Carrier Services	Fee Required
Application fee (Application for new certificate, to reinstate a previously canceled certificate, or to transfer an existing certificate to a new owner or business structure)	\$200.00
Name Change (Application to change a company's corporate name, change a trade name, add a new trade name, or change the surname of an individual owner or partner)	\$ 35.00
Regulatory Fee (per vehicle)	\$ 25.00
TYPE OF PAYMENT	
<input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> AMEX <input type="checkbox"/> MasterCard <input checked="" type="checkbox"/> Visa	
Credit Card Information (if applicable) Exp Date / Month/Year	
Amount \$ <u>225.00</u> Company Name: <u>Metro Limousine Services LLC</u>	
CERTIFICATION: I, the undersigned, under penalty for false statement, certify that the following information is true and correct, that I am authorized to execute and file this document on behalf of the applicant, and that all information on file is current and valid.	
Cardholder's signature: <u>E. J. Silvery</u> Date: <u>5/21/2013</u>	

(For Commission Use Only) 111 0268 232 01	Company ID:	Docket TE-
111 0268 232 02	Date Filed: <u>5/21/13</u>	Safety Inspection:
111 0268 232 03	Reg Fees:	Insurance:
111 0268	DOL:	SOS:

045183 Charter Appl VI
 Revised 08-11