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JUL 17 2014

1300 South Evergreen Park Drive SW PO Box 47250 Olympia, WA 98504-7250 Phone (360) 664-1222 Fax (360) 586-1181 Web Site: <u>www.wutc.wa.gov</u>

WASH, UT. & TP. COMM

## **CHARTER AND EXCURSION REGULATORY FEE**

Company Name CUSTCMIZED TOWS
Company Address P.O. BOX 98677
Company City Des MCINES State WA Zip 98198
Company Permit Number Cevil # CH-188
In accordance with RCW 81.70.350 "Regulatory Fees", the Commission requires Charter and Excursion companies to file reports of the number of vehicles operated by the company and pay the sum of \$25 for each vehicle operated. There is a minimum fee of \$25.
1. Total number of vehicles operated 7
2. Total Regulatory Fees owed (enter amount from line 1) $7 \times 25.00 = $175$
There is a minimum fee of \$25.00
Cash Check Doney Order DAMEX Doney Creder Visa
Credit Card Information (if applicable)
Exp Date
Exp Date
Credit Card Information (if applicable)  Exp Date Month/Year
Exp Date         Credit Card Information (if applicable)         Month/Year         Amount \$         Amount \$         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
Exp Date         Credit Card Information (if applicable)         Month/Year         Amount \$         Amount \$         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.
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Image: Credit Card Information (if applicable)       Exp Date Month/Year         Amount \$          Amount \$          Exp Date Month/Year          Amount \$          Amount \$          Creating the provement of the applicant on the 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.         NAME (Printed):
Credit Card Information (if applicable)       Exp Date Month/Year         Amount \$          Amount \$          Exp Date Month/Year          Amount \$

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STATE OF WASHINGTON WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION 1300 S. Evergreen Park Dr. S.W., P.O. Box 47250 • Olympia, Washington 98504-7250 (360) 664-1160 • TTY (360) 586-8203

July 1, 2014

Customized Tours & Charter Service LLC PO Box 98677 Des Moines, WA 98198-0677

## **RE: CHARTER/EXCURSION REGULATORY FEE**

Customized Tours & Charter Service LLC:

I was notified by Alan Dickson, UTC Inspector, that you may have additional vehicles that fall under your charter/excursion authority. If this is the case, you will need to pay the regulatory fee for each of the additional vehicles.

I'm enclosing a Regulatory Fee sheet that can be completed and returned to our office with the proper fee.

If you have any questions or concerns, feel free to contact me at 360-664-1170 or email at tleipski@utc.wa.gov.

Sincerely.

ña Leip Licensing Services