

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25

**BEFORE THE WASHINGTON  
UTILITIES AND TRANSPORTATION COMMISSION**

In the Matter of Determining the Proper ) DOCKET TE-180220  
Carrier Classification of, and Complaint for )  
Penalties Against ) **DECLARATION OF ARMANDO GARZA,**  
 ) **JR.**  
GARZA WINE TOURS LLC )  
 )  
 )  
 )  
 )  
 )

Armando Garza, Jr. declares:

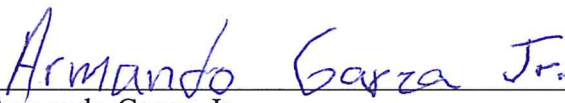
1. I am over the age of 18 years of age and am competent to be a witness in this proceeding. I am making this Declaration based upon my own knowledge and information.
2. I am the sole owner and governor of A Plus Taxi LLC.
3. A Plus Taxi LLC is a sister company of Garza Wine Tours LLC.
4. While my wife, Carmen Ceron-Garza, was listed as the Governor of Garza Wine Tours LLC, our intention was that Garza Wine Tours LLC would be a sister company of A Plus Taxi LLC and that A Plus Taxi LLC would provide all transportation for Garza Wine Tours LLC.
5. When my wife received notice of this hearing from the Washington Utilities and Transportation Commission regarding the potential violation, we took immediate action. I have

1 been in contact with Jason Hoxit about how to bring Garza Wine Tours into compliance. I was  
2 advised to dissolve Garza Wine Tours LLC and register it as a trade name under A Plus Taxi  
3 LLC. My wife and I took steps to dissolve Garza Wine Tours LLC and I registered "Garza Wine  
4 Tours" as a trade name with the Department of Revenue. Attached hereto as Exhibit A is a true  
5 and correct copy of the confirmation from the Department of Revenue's website showing "Garza  
6 Wine Tours" as a registered trade name of A Plus Taxi LLC.

7 6. In addition, I have submitted an Application for Charter and Exclusion Carrier  
8 Services Certificate for A Plus Taxi LLC. In the application, I listed "Garza Wine Tours" as the  
9 trade name. Attached hereto as Exhibit B are true and correct copies of the filed Application  
10 along with the filing and payment confirmations.

11 I declare under penalty of perjury under the laws of the State of Washington that the  
12 foregoing is true and correct.

13 Signed this 10 day of April, 2018, at Walla Walla, Washington.

14  
15   
16 Armando Garza, Jr.

My DOR

My DOR Unauthenticated Business Lookup A PLUS TAXI LLC

License Information:

New search Back to results

**Entity name:** A PLUS TAXI LLC  
**Business name:** A PLUS TAXI LLC  
**Entity type:** Limited Liability Company  
**UBI #:** 603-432-752    **Business ID:** 001    **Location ID:** 0001  
**Location:** Open  
**Location address:** 405 WELLINGTON AVE  
 WALLA WALLA WA 99362-2251  
**Mailing address:** 614 SE MOCKINGBIRD DR  
 COLLEGE PLACE WA 99324-1866  
**Excise tax account and reseller permit status:** Open (View)  
**Secretary of State status:** [Click here](#)

Endorsements

Endorsements held at this location	License #	Count	Details	Status	Expiration date	First issuance dat
Walla Walla General Business				Pending	Mar-31-2019	

Governing People May include governing people not registered with SOS

Governing people	Title
GARZA JR, ARMANDO	

Registered Trade Names

Registered trade names	Status	First issued
A PLUS TAXI LLC	Active	Oct-06-2014
GARZA WINE TOURS	Active	Mar-23-2018

2 Rows

Information current as of 3/28/2018 1:01:50 PM

*Working together to fund Washington's future*



1300 S. Evergreen Park D  
 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  
 email: transportation@utc.wa.gov

## PASSENGER CHARTER AND EXCURSION CARRIER SERVICES

**This application packet contains the following information:**

- Application Forms
- Checklist
- WAC 480-30 Passenger Transportation Rules
- “Your Guide to Achieving a Satisfactory Safety Record”

You **may not begin** operations as a charter and excursion carrier service until you are granted authority and a certificate is issued to you by the Utilities & Transportation Commission (UTC). You must also obtain a USDOT number from the Federal Motor Carrier Safety Administration (FMCSA).

**Insurance/Bond:** Contact your insurance agent to provide verification of bodily injury and property damage insurance (Form E) or a surety bond (Form G) covering each motor vehicle you operate in Washington. The insurance or a surety bond must be at the following minimum levels:

Motor vehicles that:	Must have insurance or a surety bond at the following minimum levels:
Have a passenger seating capacity of fifteen or less (including the driver)	\$1,500,000 combined single limit coverage
Have a passenger seating capacity of sixteen or more (including the driver)	\$5,000,000 combined single limit coverage

**Regulatory Fees:** Initial regulatory fees of \$25 per vehicle are due at the time application is made. Thereafter, annual regulatory fees of \$25 per vehicle are due by May 1 of each year.

**Equipment List/Inspection:** Describe the equipment that will be used. Once all application and insurance requirements are met, our Compliance staff will contact you to make arrangements to have your vehicles inspected. Vehicles must be inspected and have a valid Commercial Vehicle Safety Alliance (CVSA) decal attached before a charter and excursion carrier service certificate will be issued.

## CHECKLIST

Please complete and/or include the following items with your Passenger Charter and Excursion Carrier Services application:

- Indicate the type of Application
  - If applying for a new certificate, complete entire application and pay applicable fee along with the regulatory fee for each vehicle.
  - If applying for a transfer, complete the entire application, pay applicable fees and include Attachment A.
- Type of Payment
  - Credit card - complete the enclosed Type of Payment page and sign. Fax the completed application to 360-586-1181; or
  - Scan and email to [transportation@utc.wa.gov](mailto:transportation@utc.wa.gov), or
  - If paying by check or money order – mail the completed application with fees of \$200, plus, \$25 per vehicle, and attachments to:

Washington Utilities and Transportation Commission

P.O. Box 47250

Olympia, WA 98504-7250

### Section 1 – Applicant Information

- Legal Name must match your registered name with Business Licensing Services.
- Trade Name(s) if any. If you plan on using other names than your legal name, include them on the application. They also must be registered with Business Licensing Services.
- Include Mailing address and Physical address, if different.
- Record your Unified Business Identifier (UBI#).(business license number);
- If corporation or LLC, you must be registered with Secretary of State’s Office. Also list the names, titles, and percentages of ownership/members of business.
- Record your USDOT number. This is a requirement for intrastate passenger carriers. The legal name and trade name must match exactly how applying for this authority.
- Describe the type of tours/excursions you plan on providing. (attach additional sheets if needed)

### Section 2 - Equipment

- List all vehicles that will be used to transport passengers. The equipment will be inspected once all requirements are met and we have insurance on file.

### Section 3 – Safety and Operations

- Indicate the name and position of the person that will be responsible for these requirements.

### Section 4 – Declaration of Applicant

- Sign and date.

### Insurance

- Contact your insurance agent and request a Form E filing (combined single limit of public liability and property damage). The insurance must be in your legal name. We will accept a Binder or Certificate of Liability for up to 60 days or until the Form E is received. The Binder or Certificate of Liability must show the Washington Utilities & Transportation Commission as the certificate holder. Mail, fax or email to the above address or email address.

\*\*Once all requirements are met and insurance is received, we will set up an inspection of your vehicles.



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 SERVICES CERTIFICATE

(For Official Use Only) 111 0268 232 01	Company ID:	Docket TE-
111 0268 232 02	Date Filed:	Safety Inspection:
111 0268 232 03	Reg Fees:	Insurance:
111 0268	DOL:	SOS:
Receipt ID:	Payment ID:	CH -

<b>Passenger Charter and Excursion Carrier Services <u>WAC 480-30</u></b>	<b><u>Fee Required</u></b>
<input checked="" type="checkbox"/> <b>New Authority</b> Transfer an existing certificate to a new owner or business structure. <ul style="list-style-type: none"> <li>○ If transfer, complete Attachment A.</li> </ul>	<b>\$200.00</b>
<input type="checkbox"/> <b>Reinstate</b> a previously cancelled certificate; <u>WAC-480-30-121</u> .	<b>\$200.00</b>
<b>Plus,</b>	
<input checked="" type="checkbox"/> <b>Regulatory Fee</b> - In accordance with <u>RCW 81.70.350</u> "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.	
<b>Total number of vehicles to be operated</b> <u>  1  </u> x \$25 per vehicle	= \$ <u>25</u>
<b>Total due</b> (\$200, plus, \$25 per vehicle)	= \$ <u>225</u>
<b>Name Change - WAC <u>480-30-146</u></b> 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.	<b>\$ 35.00</b>
<b>Company Name:</b> _____	

## FILING YOUR APPLICATION

Select one of the following:

- File and pay electronically at [efileapp.utc.wa.gov](http://efileapp.utc.wa.gov)
- Scan/PDF to [transportation@utc.wa.gov](mailto:transportation@utc.wa.gov) and call us at 360-664-1222 to arrange payment
- Fax to 360-586-1181 and call us at 360-664-1222 to arrange payment
- Mail your application *with* your check or money order to the following address:  
UTC  
PO Box 47250  
Olympia, WA 98504-7250

## PAYING FOR YOUR APPLICATION

Select one of the following:

- ACH online (no service fee) at [payments.utc.wa.gov](http://payments.utc.wa.gov)
- Credit Card online at [payments.utc.wa.gov](http://payments.utc.wa.gov)  
(2.5% or minimum of \$3.95 is charged by Official Payments for credit card processing)
- Check or Money Order. Mail your check or money order *with* your application to the following:  
UTC  
PO Box 47250  
Olympia, WA 98504-7250

You may also fax your application to 360-586-1181 or scan to [transportation@utc.wa.gov](mailto:transportation@utc.wa.gov) and call us with your credit card number. **DO NOT EMAIL OR FAX YOUR CREDIT CARD INFORMATION.**

**SECTION 1 – APPLICANT INFORMATION**

**Legal Name:** A Plus Taxi, LLC

The legal name must match your registration with Department of Revenue

**Trade Name(s) (if any):** Garza Wine Tours

Trade name(s) must be registered under your UBI number

**Mailing Address:**

**Physical Address:**

Street	<u>614 SE Mockingbird Dr.</u>	Street	<u>405 Wellington Ave.</u>
City	<u>College Place</u>	City	<u>Walla Walla</u>
	<u>WA, 99324</u>		<u>WA, 99362</u>
State/Zip	_____	State/Zip	_____

Phone Number: (509) 593-4169

Fax Number: \_\_\_\_\_

UBI #: 603-432-752

E-Mail: \_\_\_\_\_

Website: www.aplustaxillc.com

**Type of business structure**

Individual       Partnership       Corporation       Other (LP, LLP, LLC)

If a Partnership, Corporation, or Other, list the name, title, and percentage of partner's share or stock distribution for major stockholders:

<u>Name</u>	<u>Title</u>	<u>Stock Distributions or Percentage of Shares</u>
Armando Garza, Jr.	Governor	100%
_____	_____	_____
_____	_____	_____

List other certificates or permits held with the commission: \_\_\_\_\_

USDOT #3111296      If you don't have a USDOT #, go online at www.fmcsa.dot.gov/online-registration or contact the Washington State Patrol at 360-596-3810 for assistance.

**Business Operations**

Describe the type of tours/excursions you plan on providing: Wine tours



**SECTION 2 – EQUIPMENT**

*(Attach additional sheets if necessary)*

License Number	Year And Make Of Vehicle	Vehicle ID Number	Seating Capacity
BCM1028	2015 – Chevrolet Express Van G3500	1GAFZG1FG3F1203926	15 (with driver)

**SECTION 3 – SAFETY AND OPERATIONS**

In each of the categories shown below, list the person and position responsible for understanding and complying with the Federal Motor Carrier Safety Regulations (FMCSR) and Washington State laws and rules. Please refer to the WAC rules, fact sheets and publication "Your Guide to Achieving a Satisfactory Safety Rating" for assistance with requirements.

SAFETY RESPONSIBILITIES	
<ul style="list-style-type: none"> <li>▪ <b>COMMERCIAL DRIVER’S LICENSE (CDL) STANDARDS REQUIREMENTS AND PENALTIES</b> (Title 49, Code of Federal Regulations Part 383). If you operate commercial motor vehicles, your drivers must have a valid CDL.</li> <li>▪ <b>DRIVER QUALIFICATION REQUIREMENTS</b> (Title 49, Code of Federal Regulations Part 391). Each of your drivers must meet minimum qualification requirements. You must maintain driver qualification files for each driver.</li> <li>▪ <b>DRIVERS HOURS OF SERVICE</b> (Title 49, Code of Federal Regulations Part 395). Each of your drivers must maintain hours of service logs. You must maintain true and accurate hours of service records for each driver.</li> <li>▪ <b>CONTROLLED SUBSTANCE AND ALCOHOL USE AND TESTING</b> (Title 49, Code of Federal Regulations Part 382 and Part 40). If you operate commercial motor vehicles, your drivers must be in a Controlled Substance and Alcohol Use and Testing program. You must have a alcohol and controlled substances testing program.</li> <li>▪ <b>INSPECTION, REPAIR AND MAINTENANCE</b> (Title 49, Code of Federal Regulations Part 396). You must systematically inspect, repair and maintain all motor vehicles.</li> <li>▪ <b>SAFETY REGULATIONS, GENERAL</b> (Title 49, Code of Federal Regulations Part 390). You must follow safety regulations.</li> <li>▪ <b>DRIVING COMMERCIAL MOTOR VEHICLES</b> (Title 49, Code of Federal Regulations Part 392). You must follow regulations for driving commercial motor vehicles.</li> <li>▪ <b>PARTS AND ACCESSORIES NECESSARY FOR SAFE OPERATION</b> (Title 49, Code of Federal Regulations Part 393). You must maintain parts and accessories in safe condition.</li> </ul>	
<b>Name: Armando Garza, Jr.</b>	<b>Position: Governor</b>

<b>OPERATIONAL RESPONSIBILITIES</b>	
List the person and position responsible for understanding and complying with the requirements of each category shown below.	
<b>ANNUAL REPORTS AND REGULATORY FEES.</b> You must file an annual safety report and pay regulatory fees by May 1 of each year.	
<b>Name: Armando Garza, Jr.</b>	<b>Position: Governor</b>
<b>STATE OF WASHINGTON GENERAL LAWS, RULES AND REGULATIONS.</b> You must comply with the regulations of local, state, and federal agencies such as, <u>but not limited to: Department of Labor and Industries, Department of Licensing, Secretary of State, Department of Revenue, Internal Revenue Service</u> and Employment Security.	
<b>Name: Armando Garza, Jr.</b>	<b>Position: Governor</b>

**SECTION 4 – DECLARATION OF APPLICANT**

I understand that filing this application does not in itself constitute authority to operate as a passenger charter and excursion carrier.

As the applicant for a passenger charter and excursion certificate, I understand the responsibilities of a charter and excursion carrier, and I am in compliance with all local, state, and federal regulations governing business in the State of Washington.

I certify under penalty of perjury under the laws of the State of Washington that the information contained in this application is true and correct.

I certify that I am the applicant or I am authorized to execute and file this document on behalf of the applicant.

**Printed name of applicant** Armando Garza, Jr.

**Signature of applicant** Armando Garza Jr.

**Date** 4/6/18 County, State Walla Walla, WA

## Kjirsten Hedine

---

**From:** Records Service Center <Sharepointadmins@utc.wa.gov>  
**Sent:** Monday, April 09, 2018 10:46 AM  
**To:** Kjirsten Hedine  
**Subject:** UTC Electronic Submission Received, Confirmation ID 9486

Your electronic submission has been received by the Washington Utilities and Transportation Commission. Please save this email, and reference the confirmation ID when contacting the Commission.

\* Please do not reply to this message. This is an automated message, and the originating account cannot receive emails.

**Electronic submission details:**

Confirmation ID: 9486  
Docket No: TE-180220  
Company: A Plus Taxi, LLC  
Filing Description:

**Documents Filed:**

File Name: UTC Application Packet.pdf  
Description:  
Confidentiality: None

## Kjirsten Hedine

---

**From:** WA UTC Payments <DoNotReply@utc.wa.gov>  
**Sent:** Monday, April 09, 2018 10:51 AM  
**To:** Kjirsten Hedine  
**Subject:** UTC Payment Confirmation



### Thank You for Submitting Your Online Credit Card Payment

Your payment of \$225.00 has been received on 4-9-2018 10:50 AM.

Payment ID: 5563

Company: A Plus Taxi, LLC

Credit Card Confirmation Number: 604435

### Payment Summary

Payment Amount to UTC: \$225.00

Convenience Fee to Official Payments: \$5.63

Total Charged to Credit Card: \$230.63

Any questions can be directed to Accounts Receivable, 360-664-1349.