



UTILITIES AND TRANSPORTATION  
COMMISSION

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@wutc.wa.gov

**APPLICATION FOR CHARTER AND EXCURSION CARRIER SERVICE CERTIFICATE**

**Fee: \$200.00**

111 0268 232 01	Company ID: 44739	CHA #: 79479
111 0268 232 02	Date Filed: 11-06	Safety Inspection:
111 0268 232 03	Reg. Fees: ok	Insurance: ok
111 0268	DOL: ok	SOS: ok N/A
		Docket TE- 061674

Name of Applicant: Duane Coggins

Trade Name(s) (if applicable): Kokopelli's Run

**Mailing Address:**

**Physical Address:**

Street PO Box 434  
City Manson  
State/Zip WA 98831

Street 800 E. wapato way  
City Manson  
State/Zip WA 98831

Phone Number: <sup>Home</sup> (509) 687-1613 / <sup>cell</sup> (509) 679-4743

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

UBI #: 602 662 929 *ok*

E-Mail: nascarfani1076@msn.com

**Type of business structure:**

- Individual     Partnership     Corporation     Other (LP, LLP, LLC)

List the name, title, and percentage of partner's share or stock distribution for major stockholders:

Name: Duane Coggins    Title: Owner/Driver    Stock Distribution or Percentage of Shares: \_\_\_\_\_

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

**EQUIPMENT LIST**

License Number	Year And Make Of Vehicle	Vehicle ID Number	Seating Capacity
487UFR	1987 Ford	1FDKE30L2HBS8029	21 Passenger

**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**

**COMMERCIAL DRIVER'S LICENSE (CDL) STANDARDS REQUIREMENTS AND PENALTIES** (Title 49, Code of Federal Regulations Part 383) Any driver who operates a vehicle that meets the definition of a commercial motor vehicle must have a valid CDL.

Name: Duane Coggins	Position: owner
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**DRIVER QUALIFICATION REQUIREMENTS** (Title 49, Code of Federal Regulations Part 391) Driver's must meet minimum qualification requirements and each company must maintain driver qualification files for each driver.

Name: Duane Coggins	Position: owner
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**DRIVERS HOURS OF SERVICE** (Title 49, Code of Federal Regulations Part 395) Drivers must maintain logs and each company must maintain true and accurate hours of service records for each driver.

Name: Duane Coggins	Position: owner
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**CONTROLLED SUBSTANCE AND ALCOHOL USE AND TESTING** (Title 49, Code of Federal Regulations Part 382) All persons who drive commercial vehicles requiring a CDL must be in a Controlled Substance and Alcohol Use and Testing program that is in compliance with FMCSR in Title 49, Code of Federal Regulations Part 382 and Title 49, Code of Federal Regulations Part 40. Each company will have in place a system for complying with FMCSR governing alcohol use and controlled substances testing requirements (Title 49 Code of Federal Regulations Part 382 and Title 49 Code of Federal Regulations Part 40).

Name: Duane Coggins	Position: owner
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**INSPECTION, REPAIR AND MAINTENANCE** (Title 49, Code of Federal Regulations Part 396) Every motor carrier shall systematically inspect, repair, and maintain all motor vehicles subject to its control.

Name: Duane Coggins	Position: owner
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**SAFETY REGULATIONS, GENERAL** (Title 49, Code of Federal Regulations Part 390)

Name: Duane Coggins	Position: owner
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<b>DRIVING OF COMMERCIAL MOTOR VEHICLES (Title 49, Code of Federal Regulations Part 392)</b>	
Name: <u>Duane Coggins</u>	Position: <u>owner/Driver</u>
<b>PARTS AND ACCESSORIES NECESSARY FOR SAFE OPERATION (Title 49, Code of Federal Regulations Part 393)</b>	
Name: <u>Duane Coggins</u>	Position: <u>owner</u>
<b>OPERATIONAL RESPONSIBILITIES</b>	
List the person and position responsible for understanding and complying with the requirements of each category shown below.	
<b>REGULATORY FEES</b> Charter and excursion carriers must file an annual safety report and pay regulatory fees by December 31 of each year.	
Name: <u>Duane Coggins</u>	Position: <u>owner</u>
<b>CUSTOMER SERVICE</b> Person responsible for customer service complaints, and customer notice requirements.	
Name: <u>Duane Coggins</u>	Position: <u>owner</u>
<b>STATE OF WASHINGTON GENERAL LAWS, RULES AND REGULATIONS</b> Individuals and companies doing business in the state of Washington must comply with the regulations of local, state, and federal agencies such as, <u>but not limited to</u> : Department of Labor and Industries (industrial insurance, safety, prevailing wage); Department of Licensing (vehicle and drivers licenses, business licensing, fuel permits, fuel tax); Secretary of State (corporate registrations); Department of Revenue and Internal Revenue Service (taxes); and Employment Security.	
Name: <u>Duane Coggins</u>	Position: <u>owner</u>

### 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 authorized to execute and file this document.

Printed name of applicant: Duane Coggins

Signature of applicant: Duane Coggins

Date, County, State: 10/30/06 Chelan County WA

Dear Washington Utilities And Transportation Commission

Just wanted to make A sidenote  
I am waiting to hear from the insurance  
company today October 30 for my 5,000,000  
coverage I talked with Carolyn A. Caruso  
and told her I would fax Certificate of  
Insurance as soon as I get it.

Thank You

Duane Coggins

WASHINGTON



UTILITIES AND TRANSPORTATION COMMISSION

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

PASSENGER CHARTER/EXCURSION SERVICE
CARRIER OF PASSENGERS 2006 REGULATORY FEE

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

The UTC has a policy of providing equal access to its services. If you need special accommodations, please call 360-664-1133 or TTY 360-586-8200

RECEIVED
NOV 01 2006
WASH. UT. & TP. COMM.
RECEIVED
NOV 01 2006
WASH. UT. & TP. COMM.

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, 2006.
4. This receipt must be kept at your principal place of business, subject to inspection by Commission personnel.

CH- ES- ICC/MC DOT

Applicant Name Duane Coggins

d/b/a Kokopelli's Run

FOR COMMISSION USE ONLY

Reception Number 0003066

111 0268 232 01 211.00 111 0268

Carrier ID

CK# 1927

MAILING ADDRESS: PO Box 434

City, State/Zip Manson WA 98831

Telephone (509) 687-1613 (509) 679-4743 FAX

PHYSICAL ADDRESS: 800 E. Wapato Way

City, State/Zip Manson WA 98831

E-mail narscan@nw1076@emsn.com

TYPE OF PAYMENT - DO NOT SEND CASH IN THE MAIL

X Check Money Order

Charge to: AMEX DISCOVER VISA MASTER CARD

Card Number:

Expiration Date Month Year

REGULATORY FEES:

Number of Vehicles: 1 X \$11.00 Fee = \$ 11.00

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

Signature Duane Coggins Date 10/30/06

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:

See Reverse

Please complete the following:

Current Insurance Company: \_\_\_\_\_

Policy #: \_\_\_\_\_

Any recordable accidents in 2005?      Yes     No

If yes, how many? \_\_\_\_\_

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

**Recordable 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 2005? 0

(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 Shane Coggins      Title owner/Driver

Date \_\_\_\_\_

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

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