

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

1-800-416-5289

		E-mail: Transportation@wutc.wa.gov
APPLICATION FOR CHAR		RRIER SERVICE CERTIFICATE
	Fee: \$200.00	m044787 CH 48
111 0268 232 01	Company ID: HHI	CHA#: 7948(0
111 0268 232 026 200.00	Date Filed:	Safety Inspection
111 0268 232 03	Reg. Fees:	Insurance:
111 0268	DOL: N	sos.
0003211	- Or	Docket TE- 06840
t,		
Name of Applicant:thunder exp	press charter inc.	
Trade Name(s) (if applicable):		
Mailing Address:		Physical Address:
Street w. 6946 theo	Street	
City Rathdrum	City	
State/Zip Idaho 83858	State/Zip	
Phone Number:208 773 6505		Fax Number:
UBI #:602671845		E-Mail:
Type of business structure:		
☐ Individual ☐ Partnership	o □x Corporation	☐ Other (LP, LLP, LLC)
List the name, title, and percentage of p	partner's share or stock distribution	on for major stockholders:
Name:		Distribution or Percentage of Shares:
Robert westfall owner 100%		

Posted

UTC-5 - 19/19/06 (Licensing Services)

- Distribution of p	ermits held with the commission	on,none			
EQUIPMENT LIST					
License Number	Year And Make Of Vehicle	Vehicle ID Number	Seating Capacity		
	1982 MCI	1TUAAH9A3CR000335	44		
<u> </u>					
In each of the categories of	SAFETY AND hown below, list the person an	O OPERATIONS			
with the Federal Motor Ca	nown below, list the person an arrier Safety Regulations (FMCs, and publication "Your Guide	CSR) and Washington State law	ws and rules. Please refer to		
		PONSIBILITIES			
49, Code of Federal Regularization with the commercial motor vehicle	ER'S LICENSE (CDL) STAT lations Part 383) Any driver when must have a valid CDL.	NDARDS REQUIREMENT the operates a vehicle that mee	S AND PENALTIES (Title ts the definition of a		
Name:ROBERT WESTFALL Position:OWNER					
DRIVER QUALIFICAT must meet minimum quali driver.	TON REQUIREMENTS (Title fication requirements and each	tle 49, Code of Federal Regula a company must maintain drive	ations Part 391) Driver's er qualification files for each		
Name:ROBERT WESTFA	ALL	Position:OWNER			
DRIVERS HOURS OF S	SERVICE (Title 49, Code of I aintain true and accurate hours	Federal Regulations Part 395) s of service records for each de	Drivers must maintain logs river.		
Name:ROBERT WESTFA	ROBERT WESTFALL Position:OWNER				
Regulations Part 382) All Substance and Alcohol Us Regulations Part 382 and ' system for complying with	ANCE AND ALCOHOL US persons who drive commercial e and Testing program that is in Title 49, Code of Federal Regular FMCSR governing alcohol us no Part 382 and Title 49 Code	vehicles requiring a CDL mu in compliance with FMCSR in lations Part 40. Each compan se and controlled substances to	st be in a Controlled Title 49, Code of Federal www. will have in place a esting requirements (Title 49)		
Name:ROBERT WESTFA	ALL	Position:OWNER			
INSPECTION, REPAIR carrier shall systematically	AND MAINTENANCE (Tit inspect, repair, and maintain a	le 49, Code of Federal Regula all motor vehicles subject to its	tions Part 396) Every motor s control.		
Name:ROBERT WESTFA	ALL	Position:OWNER			
SAFETY REGULATION	NS, GENERAL (Title 49, Coo	de of Federal Regulations Part	390)		
Name:ROBERT WESTFA	LL	Position:OWNER			

UTG-5 - 10/19/06 (Licensing Services)

DRIVING OF COMMERCIAL MOTOR VEHICLES	6 (Title 49, Code of Federal Regulations Part 392)		
Name:ROBERT WESTFALL	Position:OWONER		
PARTS AND ACCESSORIES NECESSARY FOR SA Regulations Part 393)	AFE OPERATION (Title 49, Code of Federal		
Name:ROBERT WESTFALL	Position:OWNER		
OPERATIONAL R	ESPONSIBILITIES		
List the person and position responsible for understanding shown below.	g and complying with the requirements of each category		
REGULATORY FEES Charter and excursion carriers in December 31 of each year.	nust file an annual safety report and pay regulatory fees by		
Name:ROBERT WESTFALL	Position:OWNER		
CUSTOMER SERVICE Person responsible for custome	er service complaints, and customer notice requirements.		
Name:ROBERT WESTFALL	Position:OWNER		
doing business in the state of Washington must comply w such as, but not limited to: Department of Labor and Indu Department of Licensing (vehicle and drivers licenses, bu (corporate registrations); Department of Revenue and Inte	stries (industrial insurance, safety, prevailing wage); siness licensing, fuel permits, fuel tax); Secretary of State		
Name:ROBERT WESTFALL	Position:OWNER		
	OF APPLICANT		
I understand that filing this application does not in itself c excursion carrier.	constitute authority to operate as a passenger charter and		
As the applicant for a passenger charter and excursion cerexcursion carrier, and I am in compliance with all local, state of Washington.			
I certify under penalty of perjury under the laws of the sta application is true and correct.	te of Washington that the information contained in this		
I certify that I am authorized to execute and file this docum	ment.		
Printed name of applicant:ROBERT WESTFALL			
Signature of applicant: Robert Verifer	ll		
Date County State: 11/30/06 KOOTEN AT COUNTY	יע והגעה פדגדפ		

UTC-5 - 10/19/06 (Licensing Services)

44787

WASHINGTON

1905 2005

UTILITIES AND TRANSPORTATION
COMMISSION

Celebrating 100 Years

1300 South Evergreen Park Drive SW P.O. Box 47250 Olympia, WA 98504-7250 Telephone: 360-664-1222 Fax: 360-586-1181

MC#: 58/526 US DOT#: 1569906 (If applicable)
NAME: Thunder express Charten, INC.
COMPANY NAME:
ADDRESS: W-6946 theo.
CITY, STATE, ZIP: RAthdrum IP. 83858
TELEPHONE NUMBER: 509-218-0727.
TYPE OF CREDIT CARD: (check one)
☑ VISA ☐ MASTERCARD ☐ DISCOVER ☐ AMERICAN EXPRESS
EXPIRATION DATE: AMOUNT \$ 200.00
CERTIFICATION
 the undersigned, under penalty for false statement, certify that the information is true, valid, and correct and that I am authorized to execute and file this document on behalf of the applicant.
NAME (Printed): JOHN Glinsk.
SIGNATURE: 04/06.
WUTC USE ONLY
AUTHORIZATION NUMBER STAFF: CS AMOUNT: \$ 200.00 RECEPTION NUMBER: NO.000
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0003211

Washington State Patrol

ASSIGN#

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VCOM	. ,		
PERMIT	/		14
Special Project	Man	llan	1, 1, 1
	VVOU	HPA	ICAU

UNIFORM DRIVER/VEHICLE INSPECTION REPORT

1225046

PERSONNEL NO. DIST / DET	LEVEL: 1	2	3 4	5 X	
GENER	_		HAZARDOUS		 S
DATE TIME (MILITARY) BEGUN 08	55 FINISHED (0.9	20 HAZARD CL	ASS / DIVISION NO		
LOCATION: SR/MP		20	QTY? Y N HA		Y N
(208) 760-87	OF CARR		REQUIRED? Y N	CARGO TANK	S? Y N
CARRIER NAME (Inclue DBA when applicable)	PRESS OF	HARTER	, Fic		
W. 6946 TA	460			·•-	
RATHDRUM ST	ATE ZIP CODE LD 83858		OT NO.	ICC NO.	26
DRIVER NAME	DRIVI	:R	-W/4EW	0015	20
		SE NO.		STATE EX	P. YEAR
DATE OF BIRTH MED. CERT. Y / / WAIVER Y	N SHIPPER NAME		SH	IPPING NO.	
REGISTERED OWNER NAME/ADDRESS	VEHIC	LE Ig.v	W	Ippr pare	
SAME	<u> </u>	4	5-P455	PBT RATE	
UNIT TYPE YEAR/MAKE 1 R// SD/MC:T	CO. UNIT NO.	LIC	CENSE NO. / VIN NO.		STATE
2 84 654 11104	1000		4001		
3					
20 30 19- 4	5 6 7	8 9	10 11 1	2	
FRONT / CAICE 1/4					
1 /1/2 /4					
CFR 702 (01 0.1#0 1	VIOLATIONS	D	1 2 3	3 4 Unit #s O/S	Complied
393,48 H MX & R	ISIOE BLACK	UP IID	$-\frac{\omega}{\omega}$		1526
TWOP"	5	CI CLIV			
DISPLANCED OF	156440G	NOT	W		+
21,714,70000	HOURS (IF VENTI	ace,		
	· · · · · · · · · · · · · · · · · · ·				
CVSA DECALE AUDIT 1 AUDIT C	Tung				
551837/ UNIT 2	UNIT 3	UNIT 4	NOIC NO.		
 Vehicle may not be operated until O / S defects noted above are repaired. 	DRIVER SIGNATURE	Mark	in)		
— Driver may not drive until in compliance. 3000-150-160 R (2/99)	Jeon 1	Pacomb	el	1	