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UTILITIES AND TRANSPORTATION
COMMISSION

FEB 0 7 2007 WASH. UT. & TP. COMM

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 CHARTER AND EXCURSION CARRIER SERVICE CERTIFICATE Fee: \$200.00

		•
111 0268 232 01	Company ID: 7304	СНА #:
111 0268 232 02 \$ 200.00	Date Filed: 27107	Safety Inspection:
111 0268 232 03	Reg. Fees:	Insurance:
111 0268	DOL:	SOS:
0003504		Docket TE-
Name of Applicant: 557		
Trade Name(s) (if applicable):	lite transport / E	lite shuffles
Mailing Address:		Physical Address:
Street 509 E 52Nd str	<u>same</u>	as mailins
Street 509 £ 52Nd str City Tacoma WA	City	
State/Zip WA 98404	State/Zip	
Phone Number: 253 431 2	788 Fax Number	er: <u>253 · 476 · 0480</u>
₩:	E-Mail:	ANTliv 5000 PAOL com
Type of business structure:		
☐ Individual ☐ Partnership	□ Corporation □ 0	Other (LP, LLP, LLC)
List the name, title, and percentage of pa	artner's share or stock distribution for	major stockholders:
Name: ANTHONY Douglas	Title: Stock Distri	bution or Percentage of Shares:
	· · · · · · · · · · · · · · · · · · ·	

EQUIPMENT LIST

License Number	Year And Make Of Vehicle		Vehicle ID Number	Seating Capacity
162 VXK	162 VXK 1985 MC1 96A	MC1 96A3	IM8DD M9A5F-	47
			PQ40343	
		SAFETY AND	<i>OPERATIONS</i>	
with the Federal Motor Ca	ırrier Safety I	Regulations (FMC)	position responsible for unde SR) and Washington State law to Achieving a Satisfactory Sa	s and rules. Please refer to

		:			
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 DEVICE					
49, Code of Federal Regulat commercial motor vehicle m	C'S LICENSE (CDL) STAN ions Part 383) Any driver whoust have a valid CDL.	o operates a	EQUIREMENTS vehicle that meets	S AND PENALTIES (Title s the definition of a	
Name: ANTHONY DOL	56LA-8	Position:			
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: A. Douglas		Position:			
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: A. DouglA		Position:			
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 40).					
Name: A. Doug Co	S	Position:	OWNER		
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: A. Dougla:		Position:	ownigh		
SAFETY REGULATIONS, GENERAL (Title 49, Code of Federal Regulations Part 390)					
Name: A. Dougus		Position:	OWNER	·	

DRIVING OF COMMERCIAL MOTOR VEHICLES	S (Title 49, Code of Federal Regulations Part 392)		
Name: A. Douglas	Position: OWNER		
PARTS AND ACCESSORIES NECESSARY FOR SA Regulations Part 393)	AFE OPERATION (Title 49, Code of Federal		
Name: A. Douglas	Position: OWNEr		
OPERATIONAL RESPONSIBILITIES			
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 reducember 31 of each year.	nust file an annual safety report and pay regulatory fees by		
Name: A. Douglas	Position: owner		
CUSTOMER SERVICE Person responsible for customer service complaints, and customer notice requirements.			
Name: A. Douslas	Position: Owner		
	stries (industrial insurance, safety, prevailing wage); siness licensing, fuel permits, fuel tax); Secretary of State		
	ernal Revenue Service (taxes); and Employment Security.		
(corporate registrations); Department of Revenue and Intelligence (Name: A. Douglas	Position:		
Name: A. Douglas	Position:		
Name: A. Douglas	Position: O When		
Name: A. Douglus DECLARATION I understand that filing this application does not in itself of	Position: OF APPLICANT constitute authority to operate as a passenger charter and rtificate, I understand the responsibilities of a charter and		
Name: A. Dougles DECLARATION I understand that filing this application does not in itself of excursion carrier. As the applicant for a passenger charter and excursion cerexcursion carrier, and I am in compliance with all local, so	Position: OF APPLICANT constitute authority to operate as a passenger charter and retificate, I understand the responsibilities of a charter and tate, and federal regulations governing business in the		
Name: A. Dougles DECLARATION I understand that filing this application does not in itself of excursion carrier. 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 state.	OF APPLICANT constitute authority to operate as a passenger charter and retificate, I understand the responsibilities of a charter and tate, and federal regulations governing business in the tee of Washington that the information contained in this		
Name: A. Dougles DECLARATION I understand that filing this application does not in itself of excursion carrier. As the applicant for a passenger charter and excursion cerexcursion carrier, and I am in compliance with all local, s state of Washington. I certify under penalty of perjury under the laws of the state application is true and correct.	Position: OF APPLICANT constitute authority to operate as a passenger charter and retificate, I understand the responsibilities of a charter and tate, and federal regulations governing business in the ute of Washington that the information contained in this ment.		
Name: A. Dougles DECLARATION I understand that filing this application does not in itself of excursion carrier. As the applicant for a passenger charter and excursion cerexcursion carrier, and I am in compliance with all local, s state of Washington. I certify under penalty of perjury under the laws of the state application is true and correct. I certify that I am authorized to execute and file this documents.	Position: OF APPLICANT constitute authority to operate as a passenger charter and retificate, I understand the responsibilities of a charter and tate, and federal regulations governing business in the ute of Washington that the information contained in this ment.		