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FEB 1 6 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:	CHA#1 07034
111 0268 232 02 \$ acc	Date Filed: 2/20/0	Safety Inspection:
111 0268 232 03	Reg. Fees:	Insurance:
111 0268	111 0268 DOL: SOS:	
0003543		Docket TE- 070341
Name of Applicant: Phose Trade Name(s) (if applicable)	Shahrazad : Limousine :	·
い めかね Mailing Address	•	Physical Address:
Street 7616 147	AVe NE Street 7	616 147 AVE NE
City Redmon	d City R	edmond, wa
State/Zip	State/Zip	edmond, wa 98052
Phone Number: 425	829 6021 Fa	x Number: N/A
ABI#:		E-Mail: tshahrazad49 @yah
Type of business structure:		
☐ Individual ☐ Parts	nership Corporation	Other (LP, LLP, LLC)
List the name, title, and percenta	ge of partner's share or stock distrib	ution for major stockholders:
Name: Probas Shahva	rad President Sto	ck Distribution or Percentage of Shares:
-	•	
UTC-5 - 10/19/06 (Licensing Services)	4	

	EQUIPMI	ENT LIST	
License Number	Year And Make Of Vehicle	Vehicle ID Number	Seating Capacity
B816628	2003 Lincoln Nari	gator 5LMF428RBL	
B 81 66 2B			
	*SAFETY AND	OPERATIONS **	
with the Federal Motor Car	nown below, list the person and rrier Safety Regulations (FMCS), and publication "Your Guide to	SR) and Washington State law	s and rules. Please refer
with requirements.	SAFETY RESPO	ONSIBILITIES	
COMMERCIAL DRIVE (Title 49, Code of Federal commercial motor vehicle	CR'S LICENSE (CDL) STAN Regulations Part 383) Any driv must have a valid CDL	DARDS REQUIREMENTS rer who operates a vehicle that	AND PENALTIES meets the definition of
Name:		Position:	
DRIVER QUALIFICAT must meet minimum qualif driver.	ION REQUIREMENTS (Title fication requirements and each of	e 49, Code of Federal Regulat company must maintain driver	ions Part 391) Driver's qualification files for e
Name:		Position:	
	FDVICE (Title 40 Code of E.	ederal Regulations Part 395) F	Privers must maintain lo
DRIVERS HOURS OF S and each company must ma	aintain true and accurate hours	of service records for each driv	ver.
Name:	aintain true and accurate hours of	of service records for each drive Position:	ver.
Name: CONTROLLED SUBSTARegulations Part 382) All p Substance and Alcohol Use Regulations Part 382 and T system for complying with	aintain true and accurate hours	Position: E AND TESTING (Title 49, Ovehicles requiring a CDL must compliance with FMCSR in Tations Part 40. Each company and controlled substances test	Code of Federal be in a Controlled Citle 49, Code of Federa will have in place a
Name: CONTROLLED SUBSTARegulations Part 382) All p Substance and Alcohol Use Regulations Part 382 and T system for complying with Code of Federal Regulation	ANCE AND ALCOHOL USE persons who drive commercial versons who drive commercial versons and Testing program that is in Title 49, Code of Federal Regular FMCSR governing alcohol use as Part 382 and Title 49 Code of Section 1982.	Position: E AND TESTING (Title 49, Ovehicles requiring a CDL must compliance with FMCSR in Tations Part 40. Each company and controlled substances test	Code of Federal be in a Controlled Citle 49, Code of Federa will have in place a
Name: CONTROLLED SUBSTARegulations Part 382) All p Substance and Alcohol Use Regulations Part 382 and T system for complying with Code of Federal Regulation Name: INSPECTION, REPAIR	ANCE AND ALCOHOL USE persons who drive commercial versons who drive commercial versons and Testing program that is in Title 49, Code of Federal Regular FMCSR governing alcohol use as Part 382 and Title 49 Code of Section 1982.	Position: E AND TESTING (Title 49, Orehicles requiring a CDL must compliance with FMCSR in Tations Part 40. Each company and controlled substances test of Federal Regulations Part 40) Position: 49, Code of Federal Regulations	Code of Federal be in a Controlled Citle 49, Code of Federa will have in place a ting requirements (Title
Name: CONTROLLED SUBSTAREgulations Part 382) All p Substance and Alcohol Use Regulations Part 382 and T system for complying with Code of Federal Regulation Name: INSPECTION, REPAIR	ANCE AND ALCOHOL USE persons who drive commercial versons who drive commercial versons and Testing program that is in Title 49, Code of Federal Regular FMCSR governing alcohol usens Part 382 and Title 49 Code of AND MAINTENANCE (Title tically inspect, repair, and maintenance)	Position: E AND TESTING (Title 49, Orehicles requiring a CDL must compliance with FMCSR in Tations Part 40. Each company and controlled substances test of Federal Regulations Part 40) Position: 49, Code of Federal Regulations	Code of Federal be in a Controlled Citle 49, Code of Federa will have in place a ting requirements (Title
and each company must man Name: CONTROLLED SUBSTAREGULATIONS Part 382) All published and Alcohol Use Regulations Part 382 and Tusystem for complying with Code of Federal Regulation Name: INSPECTION, REPAIR motor carrier shall systemation Name:	ANCE AND ALCOHOL USE persons who drive commercial versons who drive commercial versons and Testing program that is in Title 49, Code of Federal Regular FMCSR governing alcohol usens Part 382 and Title 49 Code of AND MAINTENANCE (Title tically inspect, repair, and maintenance)	Position: E AND TESTING (Title 49, Ozehicles requiring a CDL must compliance with FMCSR in Tations Part 40. Each company and controlled substances test of Federal Regulations Part 40) Position: E 49, Code of Federal Regulation all motor vehicles subject Position:	Code of Federal be in a Controlled little 49, Code of Feder will have in place a ting requirements (Title ons Part 396) Every to its control.

DRIVING OF COMMERCIAL MOTOR VEHICLE	S (Title 49, Code of Federal Regulations Part 392)			
Name:	Position:			
PARTS AND ACCESSORIES NECESSARY FOR S Regulations Part 393)	AFE OPERATION (Title 49, Code of Federal			
Name: Abbas Shahrazad	Position: Owner			
OPERATIONAL R	ESPONSIBILITIES			
List the person and position responsible for understanding and complying with the requirements of each category shown below.				
REGULATORY FEES Charter and excursion carriers to by December 31 of each year.	must file an annual safety report and pay regulatory fees			
Name: Abbas Shahrazad	Position: owner			
CUSTOMER SERVICE Person responsible for customer service complaints, and customer notice requirements.				
Name: Abbas Shahya Zad STATE OF WASHINGTON GENERAL LAWS, RU	Position: owner			
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 Stat (corporate registrations); Department of Revenue and Internal Revenue Service (taxes); and Employment Security				
Name: Albas Shahrazad	Position: Owner - President			
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 documents are successful.	ment.			
Printed name of applicant: Abbas Shahrazad				
Signature of applicant:				
Date, County, State: 2/15/07 King - Wa				



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

SHAHRAZAD, ABBAS 7616 147 AVE NE REDMOND, WA 98052

February 22, 2007

Notice of Deficient Application

Return this document with the completed/corrected items listed below for prompt processing of your application for operating authority.

- X Your application is missing some information. Please complete the highlighted areas and return to our office.
- You must remit regulatory fees for your vehicles. Please complete the form enclosed and return to our office with the correct payment.
- X Obtain a Uniform Motor Carrier Certificate of Insurance (Form E) from your insurance company. The insurance must show your name EXACTLY as it is shown above.
- X You need to have a Unified Business Identifier (UBI) number (Master Business License). You can reach Department of Licensing at 360-664-1400 to obtain one.

Who do I contact if I have questions?

You may call 360-664-1222 or e-mail us at <u>transportation@wutc.wa.gov</u>. Our fax number is 360-586-1181.

Thank You.

Tina Leipski Transportation Specialist 2

Enclosures



STATE OF WASHINGTON

WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION

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SHAHRAZAD, ABBAS 7616 147 AVE NE REDMOND, WA 98052

April 3, 2007

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- You must remit regulatory fees for your vehicles. Please complete the form enclosed and return to our office with the correct payment.
- X Obtain a Uniform Motor Carrier Certificate of Insurance (Form E) from your insurance company. The insurance must show your name EXACTLY as it is shown above.
- Your application is subject to be dismissed in 30 days if all requirements have not been met.

Who do I contact if I have questions?

You may call 360-664-1222 or e-mail us at <u>transportation@wutc.wa.gov</u>. Our fax number is 360-586-1181.

Thank You.