

TE-070776

WASHINGTON  
**UTC**  
UTILITIES AND TRANSPORTATION  
COMMISSION

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WASH. UT. & TP. COMM.

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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: <u>M-43971</u>	CHA #:
111 0268 232 02 <u>200.00</u> <u>0003876</u>	Date Filed: <u>4/23/07</u>	Safety Inspection:
111 0268 232 03	Reg. Fees:	Insurance:
111 0268	DOL:	SOS:
		Docket TE-

Name of Applicant: MIKE STOWE

Trade Name(s) (if applicable): CHELAN VALLEY TOURS

**Mailing Address:**

**Physical Address:**

Street P.O. BOX 572

Street 223 E. NIXON

City CHELAN

City CHELAN

State/Zip WA. 98816

State/Zip WA. 98816

Phone Number: 509-692-2386

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

 \_\_\_\_\_

E-Mail: MIKE@CHELANVALLEYTOURS.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: \_\_\_\_\_ Title: \_\_\_\_\_ Stock Distribution or Percentage of Shares: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

#10058

List other certificates or permits held with the commission: 0

**EQUIPMENT LIST**

License Number	Year And Make Of Vehicle	Vehicle ID Number	Seating Capacity
A60080 S	1972 PINZGAVER 710 M	5750807	10 w/ DR.
A60081 S	1973 PINZGAVER 710 M	5751358	10 w/ DR.

**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: MIKE STOWE Position: owner

**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: MIKE STOWE Position: owner

**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: MIKE STOWE Position: owner

**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: MIKE STOWE 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: MIKE STOWE Position: owner

**SAFETY REGULATIONS, GENERAL** (Title 49, Code of Federal Regulations Part 390)

Name: MIKE STOWE Position: owner

<b>DRIVING OF COMMERCIAL MOTOR VEHICLES (Title 49, Code of Federal Regulations Part 392)</b>	
Name: <u>MIKE STOWE</u>	Position: <u>owner</u>
<b>PARTS AND ACCESSORIES NECESSARY FOR SAFE OPERATION (Title 49, Code of Federal Regulations Part 393)</b>	
Name: <u>MIKE STOWE</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>MIKE STOWE</u>	Position: <u>owner</u>
<b>CUSTOMER SERVICE</b> Person responsible for customer service complaints, and customer notice requirements.	
Name: <u>MIKE STOWE</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>MIKE STOWE</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: MIKE STOWE

Signature of applicant: MIKE STOWE

Date, County, State: 4/14/07 chelan WASH.

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I stopped operating last October when my insurance company billed back to June for the half million dollar increase in the liability. I didn't have the money and thought it was unfair so I canceled my policy. I have a new agent working on a new policy. His name is Clint at Martin Morris in Chelan (see business card). I would like to 2 rigs inspected. I have enclosed a check for \$220.

Thank you.

Mike

**MARTIN | M | MORRIS**  
AGENCY INC.



Clint Park  
INSURANCE

509/682-3559 FAX: 509/682-4595  
P.O. Box 879, 312 E. Trow Chelan, WA 98816