

TE-070970



1300 S. Evergreen Park Dr. SW
P.O. Box 47250
Olympia, WA 98504-7250
Phone: 360-664-1222
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TTY: 360-586-8203
or
1-800-416-5289
E-mail: Transportation@wutc.wa.gov

~~Application for Charter and Excursion Carrier Service Certificate~~ both
Fee: \$200.00

APPLICATION FOR CHARTER AND EXCURSION CARRIER SERVICE CERTIFICATE

111 0268 232 01 11.00	Company ID: 4547	CHA #:
111 0268 232 02 200.00	Date Filed: 5/16/07	Safety Inspection:
111 0268 232 03	Reg. Fees:	Insurance:
111 0268	DOL:	SOS:
		Docket TE-

Name of Applicant: William Prigmore

Trade Name(s) (if applicable): Driver for Hire

Mailing Address:
Street 10101 8th Ave. S. Apt. J97
City Seattle
State/Zip WA 98168

Physical Address:
Street 10101 8th Ave. S. Apt. J97
City Seattle
State/Zip WA 98168

Phone Number: 2064239603

Fax Number: _____

UBI #: 602-112-792

E-Mail: driverforhire@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:	Title:	Stock Distribution or Percentage of Shares:
_____	_____	_____
_____	_____	_____
_____	_____	_____

CASH

List other certificates or permits held with the commission: _____

EQUIPMENT LIST

License Number	Year And Make Of Vehicle	Vehicle ID Number	Seating Capacity

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: *William Prigmore* 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: *William Prigmore* 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: *William Prigmore* 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: *William Prigmore* 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: *William Prigmore* Position: *owner*

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

Name: *William Prigmore* Position: *owner*

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
5/2/2007

PRODUCER
MYBIA
9757 NE Juanita Dr - Suite 204
Kirkland WA 98034
(425) 820-8802

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURERS AFFORDING COVERAGE

NAIC #

INSURER A: Northland Casualty Company

24031

INSURER B:

INSURER C:

INSURER D:

INSURER E:

INSURED
Driver for Hire

4820 NE Orseth Rd.
Poulsbo WA

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR	INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
		GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				EACH OCCURRENCE	\$
						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
						MED EXP (Any one person)	\$
						PERSONAL & ADV INJURY	\$
						GENERAL AGGREGATE	\$
						PRODUCTS - COMP/OP AGG	\$
A		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	TP234976	1/1/2007	1/1/2008	COMBINED SINGLE LIMIT (Ea accident)	\$
						BODILY INJURY (Per person)	\$ 1,500,000
						BODILY INJURY (Per accident)	\$
						PROPERTY DAMAGE (Per accident)	\$
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT	\$
						OTHER THAN EA ACC	\$
						AUTO ONLY: AGG	\$
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE RETENTION \$				EACH OCCURRENCE	\$
						AGGREGATE	\$
							\$
							\$
							\$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				WC STATU-TORY LIMITS	OTH-ER
						E.L. EACH ACCIDENT	\$
						E.L. DISEASE - EA EMPLOYEE	\$
						E.L. DISEASE - POLICY LIMIT	\$
		OTHER					

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

1997 Dodge 3500 Van VIN# 2B5WB35Z7VK886515

CERTIFICATE HOLDER

Washington Utilities & Transportation Commission
PO Box 47250

Olympia WA 98504-7250

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

C. J. [Signature]

WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION
P.O. Box 47250 Olympia, WA 98504-7250

CHARTER AND EXCURSION REGULATORY FEE CALCULATION SCHEDULE

Company Name DBA Driver for Hire / William Prigmore Regulatory fee year 2007

In accordance with RCW 81.70.350 "Regulatory Fees", the commission requires charter and excursion companies to file reports of the number of vehicle operated by the company at any time during the calendar year and pay the sum of \$11 annually for each vehicle operated. Every company subject to regulation shall file with the commission a statement under oath and pay to the commission a fee as calculated below.

1 Total number of vehicles used for charter or excursion operations during the year

1 1

2 Total regulatory fee due (enter amount from line 1)

2 1 x 11.00 = \$ 11.00

There is a minimum fee of \$11.00

Agency Use Only: 001-111-02-68-232-01