

WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION

RECEIVED
DISTRIBUTION CENTER

1300 South Evergreen Park Drive SW, PO Box 47250
Olympia Washington 98504-7250
Phone: (360) 664-1222
Fax (360) 586-1181

2005 AUG 22 AM 7:57

APPLICATION FOR CHARTER BUS/EXCURSION SERVICE CERTIFICATE

Fee: \$150.00

NOT 43939

111 0268 232 01 <i>1110260</i>	CID	CHA <i>CHA 079398</i>
111 0268 232 02 <i>150.00</i>	DATE	SAFETY INSP
111 0268 232 03		INS/BOND <i>9-2-05 KOB</i>
111 0268		

THIS APPLICATION IS FOR:

(Check One Only) CHARTER BUS CERTIFICATE EXCURSION SERVICE CERTIFICATE

NAME OF APPLICANT: *Per John* CB Motorcars LLC ~~3 PARK PLACE LIMOUSINE~~ *53.00 per carrier*

D/B/A: CB CUSTOM LIMOUSINE

MAILING ADDRESS: 13824 NORMAN WAY PHYSICAL ADDRESS: SAME
BELLEVUE WA 98005

BUSINESS TELEPHONE NUMBER: (425) 562 8007 FAX NUMBER: (425) 562 7234

UBI #: 602-017-267 *53.00 per carrier* E-MAIL: john@parkplacere rentals.com

Per John 602-494-399 *OK W*

IF APPLICANT IS A CORPORATION, LIST NAME, TITLES, AND PERCENTAGE OF STOCK OF PRINCIPAL SHAREHOLDERS. IF APPLICANT IS A PARTNERSHIP, LIST NAMES, ADDRESSES, AND PERCENTAGE OF INTEREST OF ALL PERSONS HAVING AN EQUITY IN THE BUSINESSES:

CHRIS BINGHAM PRESIDENT 100% OWNERSHIP

IF APPLICANT HOLDS ANY OTHER CERTIFICATE OR PERMIT WITH THE COMMISSION, LIST PERMIT NUMBERS:
N/A

EQUIPMENT LIST:

LICENSE NUMBER	YEAR AND MAKE OF VEHICLE	SERIAL NUMBER (VEHICLE IDENTIFICATION NUMBER)	SEATING CAPACITY
<u>A88554X</u>	<u>2005 H2 HUMMER</u>	<u>5R9N23U75H124-722</u>	<u>15 + DRIVER</u>

DESCRIBE OPERATIONS (Territory) SEATTLE METRO AREA CLIENT TRANSPORTATION SERVICE

SAFETY COMPLIANCE REVIEW AND QUESTIONNAIRE:

GENERAL

	YES	NO	N/A
Do you have a copy of the laws and rules relating to passenger charter and excursion service carriers?	<u>X</u>	___	___
Have you been cited within the last three years by the Commission for violations of its rules or laws?	___	<u>X</u>	___

If Yes, explain: _____

Are you familiar with the state motor carrier safety rules?.....	<u>X</u>	___	___
Will management review the carrier's compliance status on a periodic basis?.....	<u>X</u>	___	___

NOTIFICATION AND REPORTING OF ACCIDENTS

	YES	NO	N/A
Are you familiar with the Commission accident reporting rule?	<u>X</u>	___	___
Will you take any action against drivers involved in preventable accidents?.....	<u>X</u>	___	___

PART 391 - QUALIFICATION OF DRIVERS

	YES	NO	N/A
Do you have written hiring policies/procedures that are being followed when hiring new drivers?.....	<u>X</u>	___	___
Are oral interviews conducted with new drivers to verify information submitted on their applications?.....	<u>X</u>	___	___
Will you have a system established to ensure drivers' medical certificates remain current?.....	<u>X</u>	___	___
Will you verify that physicians completing medical certifications are knowledgeable about the instructions for performing and recording driver physical examinations?.....	<u>X</u>	___	___
Will you review the results of the health history and physical examination?.....	<u>X</u>	___	___
Will you have a system established that will ensure drivers' operating licenses remain current?.....	<u>X</u>	___	___
Will you have a system established that will ensure drivers' annual reviews and annual record of violations remain current?.....	<u>X</u>	___	___
Will you comply with the road test provisions of Section 391.31?.....	<u>X</u>	___	___
Can you maintain and produce complete driver qualification files on drivers?.....	<u>X</u>	___	___

PART 392 - DRIVING OF MOTOR VEHICLES

	YES	NO	N/A
Do you have established procedures concerning the use of alcohol and drugs?.....	<u>X</u>	___	___
Do you have a policy for monitoring speed?.....	<u>X</u>	___	___

PART 395 - HOURS OF SERVICE OF DRIVERS

	YES	NO	N/A
Can you explain the hours of service limitations, i.e., 10, 15, 60 in 7, 70 in 8?.....	<u>X</u>	_____	_____
Will you file records of duty status in systematic manner?.....	<u>X</u>	_____	_____
Will drivers be required to complete recaps of their records of duty status?.....	<u>X</u>	_____	_____
Will dispatchers be aware of drivers' hours of service prior to trip?.....	<u>X</u>	_____	_____
Will other independent records be compared to drivers records of duty status for accuracy?.....	<u>X</u>	_____	_____
Will you have a system for recording hours of duty status on 100 mile radius drivers?.....	<u>X</u>	_____	_____
Will you have a disciplinary policy for noncompliance with Part 395?.....	<u>X</u>	_____	_____

PART 396 - INSPECTION, REPAIR AND MAINTENANCE

	YES	NO	N/A
Will you have written procedures explaining a systematic, periodic maintenance program?.....	<u>X</u>	_____	_____
Will you periodically review maintenance records for all equipment?.....	<u>X</u>	_____	_____
Will you comply with the vehicle inspection procedure?.....	<u>X</u>	_____	_____
Will you train drivers to perform pre-trip inspections?.....	<u>X</u>	_____	_____
Will you maintain the prior three months vehicle inspection reports on a vehicle?.....	<u>X</u>	_____	_____
Will you maintain a complete maintenance file on all vehicles?.....	<u>X</u>	_____	_____

THE UNDERSIGNED APPLICANT REQUESTS THAT THE WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION MAKE ITS ORDER GRANTING A CERTIFICATE TO OPERATE AS A CHARTER PARTY OR EXCURSION SERVICE CARRIER AS PROVIDED FOR IN RCW 81.70 AND WAC 480-40

Dated at: BELLEVUE, Washington, 8/16/05
(City or Town) (Month/Day/Year)

JOHN PETHERBRIDGE / CB CUSTOM LIMOS
(Name of applicant)

By: *John Petheridge*
(Signature)

I certify (or declare) under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

BELLEVUE / WA 8/16/05
(Date and Place)

John Petheridge
(Signature)



UTILITIES AND TRANSPORTATION COMMISSION

PASSENGER CHARTER/EXCURSION SERVICE CARRIER OF PASSENGERS 2005 REGULATORY FEE

PHONE 360-664-1222 FAX 360-586-1181

1300 South Evergreen Park Drive SW PO Box 47250 Olympia, WA 98504-7250

The UTC has a policy of providing equal access to its services. If you need special accommodations, please call 360-664-1133 or TTY 360-586-8203.

INSTRUCTIONS:

- 1. Complete both sides of the form.
2. Include payment of the \$11.00 per vehicle fee. If renewing by mail, DO NOT SEND CASH. Payment may be made by check, money order, or credit card.
3. This receipt for regulatory fees paid will expire December 31, 2005.
4. This receipt must be kept at your principal place of business, subject to inspection by Commission personnel.

Form section with fields for CH, ES, MC, US DOT, Applicant Name (CB CUSTOM LIMOS), Reception Number (111 0268 232 01), and Carrier ID.

MAILING ADDRESS section with fields for Street/PO Box (13824 NORTHUP WAY), City, State/Zip (BELLEVUE WA 98005), Telephone (425 562 8007), FAX (425 562 7234), and E-mail (JOHN@CBMOTORSPORTS.COM).

TYPE OF PAYMENT section with checkboxes for Check, Money Order, AMEX, NOVUS, VISA, and MASTER CARD. Includes Expiration Date field.

REGULATORY FEES section with Number of Vehicles (1) X \$11.00 Fee = \$ 11.00. Includes a signature line and date (8/16/05).

FOR COMMISSION APPROVAL ONLY section with a signature line for Customer Service Representative and a Date field.

NEW BUSINESS AUTO DECLARATIONS

CA 00 03 12 93

The Declarations include a second part designated "Part 2".

New
Renewal of Number*

ITEM ONE

This Coverage Part is effective the inception date of the policy unless another date is indicated below. (The following information is required only when this Coverage Part is issued subsequent to preparation of policy.)

Policy No.: CL778704

Effective Date:

Wayne W. Ferguson

Named Insured:

Countersigned by:

Authorized Representative

Additional Premium:

Endorsement No.:

Endorsement date to (by Expiration)

Form of Business: Individual Partnership Corporation Other Limited Corporation

RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

TWO—SCHEDULE OF COVERAGES AND COVERED AUTOS

This policy provides only those coverages where a charge is shown in the premium column below. Each of these coverages will apply only to those "autos" shown as covered "autos". "Autos" are shown as covered "autos" for a particular coverage by the entry of one or more of the symbols from the COVERED AUTOS Section of the Business Auto Coverage Form next to the name of the coverage.

COVERAGES	COVERED AUTOS <small>(Entry of one or more of the symbols from the COVERED AUTOS Section of the Business Auto Coverage Form shows which autos are covered autos)</small>	LIMIT THE MOST WE WILL PAY FOR ANY ONE ACCIDENT OR LOSS	PREMIUM
LIABILITY	7	\$ 1,050,000	\$ 4,326.
PERSONAL INJURY PROTECTION (P.I.P.)††		SEPARATELY STATED IN EACH P.I.P. END. MINUS \$ Deductible	\$
EXCLUDED P.I.P. (or equivalent added No-fault cov.)		SEPARATELY STATED IN EACH ADDED P.I.P. ENDORSEMENT	\$
PROPERTY PROTECTION INS. (P.P.I.) <small>(Michigan Only)</small>		SEPARATELY STATED IN THE P.P.I. ENDORSEMENT MINUS \$ Deductible FOR EACH ACCIDENT	\$
PHYSICAL DAMAGE			
UNINSURED MOTORISTS (UM)	7	\$ Included	\$ Included
UNDERINSURED MOTORISTS <small>(When not included in UM Cov.)</small>	7	\$ 60,000	\$ 37.
COMPREHENSIVE COVERAGE	7	ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS MINUS \$ 5,000 Ded. FOR EACH COVERED AUTO, BUT NO DED. APPLIES TO LOSS CAUSED BY FIRE OR LIGHTNING. †††	\$ 855.
SPECIFIED CAUSES OF LOSS COVERAGE		\$25 Deductible FOR EACH COVERED AUTO FOR LOSS CAUSED BY MISCHIEF OR VANDALISM †††	\$
COLLISION COVERAGE	7	\$ 5,000 Deductible FOR EACH COVERED AUTO †††	\$ 2,566.
TOWING AND LABOR <small>(Not Available in California)</small>		\$ for each disablement of a private passenger auto	\$

TERMS AND ENDORSEMENTS APPLYING TO THIS COVERAGE PART AND MADE PART OF THIS POLICY AT TIME OF ISSUE †:

Per I11201 (11-85) Attached.

PREMIUM FOR ENDORSEMENTS	\$ 78.
ESTIMATED TOTAL PREMIUM	\$ 7,862.

THREE—SCHEDULE OF COVERED AUTOS YOU OWN

††(or equivalent No-fault cov.) †††See ITEM FOUR for hired or borrowed "autos".

DESCRIPTION		PURCHASED		TERRITORY: Town & State Where the Covered Auto will be principally garaged			
Year Model; Trade Name; Body Type Serial Number (S); Vehicle Identification Number (VIN)		Original Cost New	Actual Cost & NEW (N) USED(U)				
2005 Hummer 5GRGN23U75H124722			\$108,000	Bellevue, WA			
CLASSIFICATION							
Radius of Operation <small>(In Miles)</small>	Business use <small>s = service r = retail c = commercial</small>	Size GWW, GCW or Vehicle Seating Capacity	Age Group	Primary Rating Factor		Secondary Rating Factor	Code
				Liab.	Phy. Damage		
100	C	14		.40			4259

Except for towing all physical damage loss is payable to you and the loss payee named below as interests may appear at the time of the loss

Optional if shown in Common Policy Declarations.

Endorsements applicable to this Coverage Part omitted if shown elsewhere in the policy.

THESE DECLARATIONS AND THE COMMON POLICY DECLARATIONS, IF APPLICABLE, TOGETHER WITH THE COMMON POLICY CONDITIONS, COVERAGE FORM(S) AND FORMS AND ENDORSEMENTS, IF ANY, ISSUED TO FORM THIS POLICY.