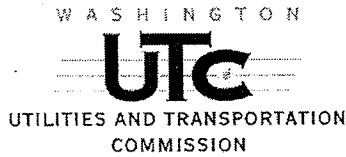


TE-071371



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
or
1-800-416-5289
E-mail: Transportation@wutc.wa.gov

**APPLICATION FOR CHARTER AND EXCURSION CARRIER SERVICE
CERTIFICATE**

Application Fee and Initial Regulatory Fees due at time of application:
\$200 PLUS \$11 PER VEHICLE

V02585B

(For Commission Use Only) 111 0268 232 01 11.00 0004484	Company ID: M-28655	Docket TE-
111 0268 232 02 \$200 - 4497	Date Filed: 6/22/07	Safety Inspection:
111 0268 232 03	Reg. Fees: OL	Insurance:
111 0268	DOL: OL	SOS: P/A

SECTION 1 - APPLICANT INFORMATION

Name of Applicant: MARK Vedmed

Trade Name(s) (if applicable): BelleVue town car and charters

Mailing Address:

Physical Address:

Street 14548 SE 26 ST.

Street 936 121 ST AVE SE

City BelleVue

City BelleVue

State/Zip WA 98007

State/Zip WA 98007

Phone Number: (425) 351-1000

Fax Number: (425) 641-0078

UBI #: 601-271-364

E-Mail: _____

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:

<u>Name</u>	<u>Title</u>	<u>Stock Distribution or Percentage of Shares</u>

List other certificates or permits held with the commission

SECTION 2 – EQUIPMENT

(Attach additional sheets if necessary)

License Number	Year And Make Of Vehicle	Vehicle ID Number	Seating Capacity
B39152C	1989 sebra	WKK138JA3K7	47
		→ 1030150	

SECTION 3 – 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). If you operate commercial motor vehicles, your drivers must have a valid CDL.
- **DRIVER QUALIFICATION REQUIREMENTS** (Title 49, Code of Federal Regulations Part 391). Each of your drivers must meet minimum qualification requirements. You must maintain driver qualification files for each driver.
- **DRIVERS HOURS OF SERVICE** (Title 49, Code of Federal Regulations Part 395). Each of your drivers must maintain hours of service logs. You must maintain true and accurate hours of service records for each driver.
- **CONTROLLED SUBSTANCE AND ALCOHOL USE AND TESTING** (Title 49, Code of Federal Regulations Part 382 and Part 40). If you operate commercial motor vehicles, your drivers must be in a Controlled Substance and Alcohol Use and Testing program. You must have a alcohol and controlled substances testing program.
- **INSPECTION, REPAIR AND MAINTENANCE** (Title 49, Code of Federal Regulations Part 396). You must systematically inspect, repair and maintain all motor vehicles.
- **SAFETY REGULATIONS, GENERAL** (Title 49, Code of Federal Regulations Part 390). You must follow safety regulations.
- **DRIVING COMMERCIAL MOTOR VEHICLES** (Title 49, Code of Federal Regulations Part 392). You must follow regulations for driving commercial motor vehicles.
- **PARTS AND ACCESSORIES NECESSARY FOR SAFE OPERATION** (Title 49, Code of Federal Regulations Part 393). You must maintain parts and accessories in safe condition.

Name: *MARK Vedmed*

Position: *owner.*

OPERATIONAL RESPONSIBILITIES

List the person and position responsible for understanding and complying with the requirements of each category shown below.

ANNUAL REPORTS AND REGULATORY FEES. You must file an annual safety report and pay regulatory fees by December 31 of each year.

Name: *MARK Vedmed*

Position: *owner.*

STATE OF WASHINGTON GENERAL LAWS, RULES AND REGULATIONS. You must comply with the regulations of local, state, and federal agencies such as, but not limited to: Department of Labor and Industries, Department of Licensing, Secretary of State, Department of Revenue and Internal Revenue Service and Employment Security.

Name: *Mark Vedmed*

Position: *owner.*

SECTION 4 – 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 Mark Vedmed

Signature of applicant 

Date 06/10/07

County, State King, WA

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

CHARTER AND EXCURSION REGULATORY FEE CALCULATION SCHEDULE

Company Name Belleve towncar and charter service.

In accordance with RCW 81.70.350 "Regulatory Fees", the Commission requires Charter and Excursion companies to file reports of the number of vehicles operated by the company and pay the sum of \$11 for each vehicle operated. There is a minimum fee of \$11.

1 Total number of vehicles operated

2 Total Regulatory Fees owed (enter amount from line 1)

<u>1</u>	x 11.00 =	\$	<u>11</u>

There is a minimum fee of \$11.00.

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

WASHINGTON
1905 **UTC** 2005
UTILITIES AND TRANSPORTATION
COMMISSION
Celebrating 100 Years

1300 South Evergreen Park Drive SW
P.O. Box 47250
Olympia, WA 98504-7250
Telephone: 360-664-1222
Fax: 360-586-1181

MC#: _____ (If applicable) US DOT#: _____ (If applicable)

NAME: Mark Vedmed

COMPANY NAME: BelleVue town car and charters

ADDRESS: 14548 SE 26 ST.

CITY, STATE, ZIP: BelleVue WA 98007

TELEPHONE NUMBER: (425) 351-1000

TYPE OF CREDIT CARD:
(check one)

VISA MASTERCARD DISCOVER AMERICAN EXPRESS

.	-	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
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EXPIRATION DATE: 07/09 AMOUNT \$ 11,50

CERTIFICATION

I, the undersigned, under penalty for false statement, certify that the information is true, valid, and correct and that I am authorized to execute and file this document on behalf of the applicant.

NAME (Printed): Mark Vedmed

SIGNATURE: [Signature] DATE: 06/10/07

WUTC USE ONLY

AUTHORIZATION NUMBER: _____ STAFF: _____ AMOUNT: \$ _____

RECEPTION NUMBER: _____ 111 0268 200 02
111 0268 032 05

WASHINGTON

1300 South Evergreen Park Drive SW
P.O. Box 47250
Olympia, WA 98504-7250
Telephone: 360-664-1222
Fax: 360-586-1181

1905 **UTC** 2005

UTILITIES AND TRANSPORTATION
COMMISSION
Celebrating 100 Years

MC#: _____ (If applicable) US DOT#: _____ (If applicable)

NAME: Mark Vedmed

COMPANY NAME: Belleuve town car and charters

ADDRESS: 14548 SE 26 ST.

CITY, STATE, ZIP: Belleuve WA 98007

TELEPHONE NUMBER: (425) 351-1000

TYPE OF CREDIT CARD:
(check one)

VISA MASTERCARD DISCOVER AMERICAN EXPRESS

05523B

1	2	3	4	5	6	7	8	9	0	-	-	-	-	-	-	-	-	-	-
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EXPIRATION DATE: 07/09 AMOUNT \$ ~~22.50~~

\$200-

CERTIFICATION

I, the undersigned, under penalty for false statement, certify that the information is true, valid, and correct and that I am authorized to execute and file this document on behalf of the applicant.

NAME (Printed): Mark Vedmed

SIGNATURE: *MV* DATE: 06/10/07

WUTC USE ONLY

AUTHORIZATION NUMBER: _____ STAFF: _____ AMOUNT: \$ _____

RECEPTION NUMBER: _____ 111 0268 200 02 _____
111 0268 032 05 _____

0004497 111-0268-232-02 200.00



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111 0268 232 01 <i>11.00 0004484</i>	Company ID	Docket TB-
111 0268 232 02	Date Filed	Safety Inspection
111 0268 232 03	Reg Fees	Insurance
111 0268	DOL	SOS

*PAID
 06/30/07*

SECTION 1 - APPLICANT INFORMATION

Name of Applicant: *Mark Vedmed*

Trade Name(s) (if applicable): *Belleve town car and charters*

Mailing Address:

Physical Address:

Street: *14548 SE 26 ST*
 City: *Belleve*
 State/Zip: *WA 98007*

Street: *936 21 ST ave SE*
 City: *Belleve*
 State/Zip: *WA 98007*

Phone Number: *(425) 351-1000*

Fax Number: *(425) 641-0078*

UBI #: *601-271-364*

E-Mail: _____