



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 CI	LARTER AND EXCU	JRSION CARI	RIER SERVICE CERTIFICATE
047898 00000	[X	\$200.00	Di -
111 0268 232 016 11 -	Company ID:		CHA#: 4645
111 0268 232 03 200	Date Filed:	101	Safety Inspection:
111 0268 232 03	Reg. Fees: Q		Insurance:
111 0268	DOL:		SOS: PA
			Docket TE-
Name of Applicant: PAND	Y LEACH	9D	
Trade Name(s) (îf applicable);		ENCH T	PANSPORTATION OF
Mailing Address:			Physical Address:
Street 2W. CASINO	20 # 159 Street	a w.	CASINO ED # 159
City EVERETT	City	EVERE	11
State/Zip <u>WA. 98804</u>	State/:	zip WA.	48204
Phone Number: 425-268-	<u>5360</u>	Fax N	umber:
UBI#: 602737823 0		E-Mai	I: STEELERS STALLION @ HOTMAIL.
Type of business structure:			
√ Individual ⊔ Partne	ership 🗆 Cor	poration	□ Other (LP, LLP, LLC)
List the name, title, and percentag	e of partner's share or s	stock distributio	n for major stockholders:
Name: RANDY LEACH	Title: Ե Խ <u>NEP</u>	Stock	Distribution or Percentage of Shares:
			•
		. 192	

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List other certificates or permits held with the commission:	
Figs office costificates of beginning field with the security	

EQUIPMENT LIST

License Number	Year And Make Of Vehicle	Vehicle ID Number	Seating Capacity
B44449D	2006 FORD E 350	IFB5531L36HA927AG	•
		1	

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 (Tide 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. Position: OWNER Name: VOUAS **LEACH** 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: PANOY Position: LEACH 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: RANDY Position: OWNER HOABL 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 19, 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). Position: OWNER Name: YOURS HOAZI 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. Position: Name: OWNER RANDY HOASJ SAFETY REGULATIONS, GENERAL (Title 49, Code of Federal Regulations Part 390) Position: Name: OWNER RANDY LEACH

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DRIVING OF COMMERCIAL MOTOR VEHICLES (Title 49, Code of Federal Regulations Part 392)				
Name: RANDY LEACH Position: OWNER				
PARTS AND ACCESSORIES NECESSARY FOR SAFE OPERATION (Title 49, Code of Federal Regulations Part 393)				
Name: RANDY LEACH Position: OWNER				
OPERATIONAL RESPONSIBILITIES				
List the person and position responsible for understanding and complying with the requirements of each category shown below.				
REGULATORY FEES Charter and excursion carriers must file an annual safety report and pay regulatory fees by December 31 of each year.				
Name: RANDY LEACH Position: OWNER				
CUSTOMER SERVICE Person responsible for customer service complaints, and customer notice requirements.				
Name: RANDY LEACH Position: OWNER				
STATE OF WASHINGTON GENERAL LAWS, RULES AND REGULATIONS Individuals and companies doing business in the state of Washington must comply with the regulations of local, state, and federal agencies such as, but not limited to: 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.				
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Detilion				
Name: RANDY LEACH Position: OWNER				
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Name: RANDY LEACH 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				
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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.				
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.				

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Fax Coversheet

To: Colloan Smith
Fax: 360-586-1181
From: Rondy Leach
Pages: 4 + Cover
Notes: Charter application and credit card authorization.
Thanks for all your help!!!

2 West Casino Road, Everett, WA. 98024 Ph: 425.353 950 Fax: 425.353.4980 WASHINGTON

1905 2005

UTILITIES AND TRANSPORTATION

COMMISSION

Celebracing 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#: US DO 1#				
MC#: US DOT#. (If applicable)				
NAME: PANDY LEACH				
COMPANY NAME: RANDY LEACH TRANSPORTATION				
ADDRESS: 2 W. CASINO RD #159				
CITY, STATE, ZIP: EVERETT, WA. 98204				
TELEPHONE NUMBER: 425 - 268-5360				
TYPE OF CREDIT CARD: (check one)				
(check one) OHTB98 UISA MASTERCARD DISCOVER MAMERICAN EXPRESS				
EXPIRATION DATE: 03-08 AMOUNT \$ \$ 211.00				
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): PANDY A. LEACH				
SIGNATURE: Pandy Lead DATE: 7-3-7				
WUTC USE ONLY				
AUTHORIZATION NUMBER: 047698 STAFF: AMOUNT: \$				
RECEPTION NUMBER:111 0268 200 02				
111 0368 333 01-\$11.00 0000018				

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

	CHARTER AND EXCURSION REGULATORY FEE	CALCULATION SCHEDULE	
Com	pany Name Kondy Leach	·	p.
comp	cordance with RCW 81.70.350 "Regulatory Fees", the Commission in the reports of the number of vehicles operated by the le operated. There is a minimum fee of \$11.	ssion requires Charter and Excu company and pay the sum of \$	rsion 11 for each
1	Total number of vehicles operated		l
2	Total Regulatory Fees owed (enter amount from line 1)	x 11.00 =	\$11-
	There is a minimum fee of \$11 00	Agency Use Only	001-111-02- 68-232-01