

TE-071503



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

Passenger Charter and Excursion Carrier Services	Fee Required
Application fee	\$200.00
Regulatory Fee (per vehicle)	\$ 11.00
TYPE OF PAYMENT	
<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> AMEX <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa	
Credit Card Information (if applicable)	Exp Date Month/Year
Amount \$ _____	
CERTIFICATION: I, the undersigned, under penalty for false statement, certify that the following information is true and correct, that I am authorized to execute and file this document on behalf of the applicant, and that all information on file is current and valid.	
Cardholder's signature: _____	Date: _____

(For Commission Use Only) 111 0268 232 01 11.00	Company ID: 4658	Docket TE-
111 0268 232 02 200.00	Date Filed: 1/13/07	Safety Inspection:
111 0268 232 03	Reg Fees: 0000049	Insurance:
111 0268	DOL: [Signature]	SOS: P/A

7-13-07

SECTION 1 - APPLICANT INFORMATION

Name of Applicant: ELMI' SABRIE.

Trade Name(s) (if applicable): Twin Town car li Services

Mailing Address: Twin Towncar Limo Services Physical Address:

Street P.O. BOX 69351 Street 19042 32 AVE. SA

City SEATTLE. WA. City SEATTLE. WA. ~~98108~~

State/Zip 98168 State/Zip 98108.

Phone Number: 206/271-5783 Fax Number: _____

UBI #: 602-302-9320 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 Distributions or Percentage of Shares</u>

List other certificates or permits held with the commission:

N/A

SECTION 2 - EQUIPMENT

(Attach additional sheets if necessary)

License Number	Year And Make Of Vehicle	Vehicle ID Number	Seating Capacity
<u>B84268 D</u>	<u>202. CH. VAN.</u>	<u>1RNF915M</u>	<u>6.</u>
		<u>5211977985</u>	

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 an 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: ELMI SABRIYE

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: ELMI SABRIYE

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: ELMI SABRIYE

Position: OWNER

SECTION 4 – DECLARATION OF APPLICANT

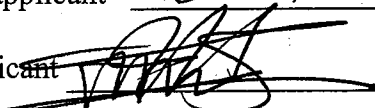
I understand that filing this application does not in itself constitute authority to operate as a passenger charter and excursion carrier.

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 Elmi' SABRIZ. H.

Signature of applicant 

Date 7/13/07 County, State _____

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

CHARTER AND EXCURSION REGULATORY FEE CALCULATION SCHEDULE

Company Name Twin Town Car - hi. 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

1

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

1	x 11.00 =	\$ 11
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There is a minimum fee of \$11.00.

Agency Use Only	001-111-02-68-232-01
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Receipt # 49

7-13-07



UTILITIES AND TRANSPORTATION COMMISSION

Field Receipt

Reception No. **6000149**

Name

KLMI SABRIYE

Permit No.

Empty grid for Permit No.

Receipt No.

Employee No.

Month-Day-Year

M 03873

3951

7-13-07

Cash (Date **7-13-07**)

Initials **BLS**

Method of Payment

Check/Money Order Credit Card

Comments:

EH/EX app

111	268	200	08	...	\$
111	268	013	99	...	\$
111	268	200	08	...	\$
111	268	200	02	...	\$ 200-
111	268	013	20	...	\$
111	268	*	01	...	\$ 11-
111	268	*	02	...	\$
111	268	*		...	\$
111	268	*		...	\$

\$211-

- Single State Registration Fee - Washington State
- Single State Registration Fee - All Other States
- Interstate Exempt Registration Fee
- Intrastate Application Fee - ~~General Commodities~~
- Sales Tax
- Regulatory Fee *Charter*
- Application Fee
- Other

Total Paid

By: *[Signature]*
Agent

By: *[Signature]*
Applicant

White: Financial Services >> Yellow: Applicant >> Pink: Action >> Goldenrod: Book