

TE-071509

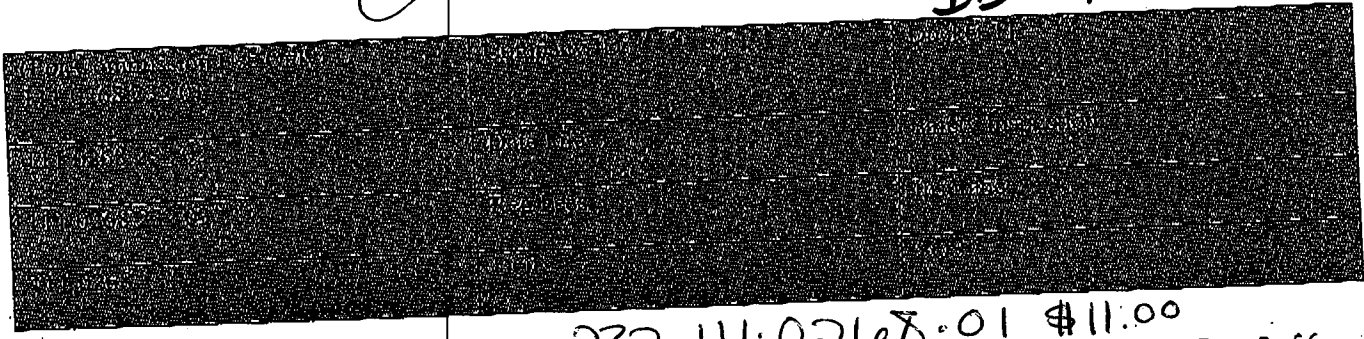


1300 S. Evergreen Park Dr. SW
P.O. Box 47250
Olympia, WA 98504-7250
Phone: 360-864-1222
Fax: 360-586-1181
TTY: 360-586-8203
or
1-800-416-5269
E-mail: Transportation@wutc.wa.gov

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 type="checkbox"/> Cash <input checked="" type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> AMEX <input type="checkbox"/> MasterCard <input checked="" type="checkbox"/> Visa	
Credit Card Information (if applicable)	Exp Date <u>01/10</u> Month/Year
Amount \$ <u>211.00</u>	# <u>045448</u>
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: <u>Julie F. Bayley</u>	Date: <u>2/13/17</u>
ID: <u>4660</u>	



0000060

232.111.0268.01 \$11.00
232.111.0268.02 \$200.00

SECTION 1 - APPLICANT INFORMATION

Name of Applicant: Leslie F. Bagley (dba) [initials]

Trade Name(s) (if applicable): Agate Pass Transportation

Mailing Address:

Physical Address:

Street PO Box 1142
 City Kingston
 State/Zip WA 98346

Street 6221 Lincoln Pl NE
 City Poulsbo
 State/Zip WA 98370

Phone Number: 360 598-3938 Fax Number: Same

UBI #: ~~299-90-6140~~ 602-743-920 E-Mail: les@diuco.org

Type of business structure:
 Individual Partnership UP Corporation Other (LP, LLP, LLC)

List the name, title, and percentage of partner's share or stock distribution for major stockholders:

Name	Title	Stock Distributions or Percentage of Shares
<u>NA</u>		

List other certificates or permits held with the commission:

None

SECTION 2 - EQUIPMENT
 (Attach additional sheets if necessary)

License Number	Year And Make Of Vehicle	Vehicle ID Number	Seating Capacity
<u>Z15 WEU</u>	<u>Ford</u>	<u>1FDXE45S1HA973708</u>	<u>21 + Driver</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 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:

Leslie F. Bagley

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:

Leslie F. Bagley

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:

Leslie F. Bagley

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 Leslie F. Bagley
Signature of applicant Leslie F. Bagley
Date 7/11/10 County, State Kitsap, WA

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

CHARTER AND EXCURSION REGULATORY FEE CALCULATION SCHEDULE

Company Name Agate Pass Transportation

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)

			1
1	x 11.00 =	\$	11 ⁰⁰ -

There is a minimum fee of \$11.00.

Reception # 60
7.16.07

MAILING INSTRUCTIONS: MAIL FIRST THREE PARTS TO THE STATE COMMISSION. RETAIN FOURTH PART FOR YOUR FILE.

Form E
UNIFORM MOTOR CARRIER BODILY INJURY AND PROPERTY
DAMAGE LIABILITY CERTIFICATE OF INSURANCE
(Executed in Triplicate)

Filed with Wash. Utilities & Transportation (hereinafter called Commission)
(Name of Commission) Commission

This is to certify, that the Empire Fire and Marine Insurance Company
(Name of Company)

(hereinafter called Company) of 13810 FNB Parkway, Omaha, NE 68154
(Home Office Address of Company)

has issued to Lealie F. Bagley dba Agate Pass of P.O. Box 1142, Kingston, WA 98346
(Name of Motor Carrier) Transportation (Address of Motor Carrier)

a policy or policies of insurance effective from 7/13/07 12:01 A.M. standard time at the address of the insured stated in said policy or policies and continuing until canceled as provided herein, which, by attachment of the Uniform Motor Carrier Bodily Injury and Property Damage Liability Insurance endorsement, has or have been amended to provide automobile bodily injury and property damage liability insurance covering the obligations imposed upon such motor carrier by the provisions of the motor carrier law of the State in which the Commission has jurisdiction or regulations promulgated in accordance therewith.

COPY

Whenever requested, the Company agrees to furnish the Commission a duplicate original of said policy or policies and all endorsements thereon.

This certificate and the endorsement described herein may not be canceled without cancellation of the policy to which it is attached. Such cancellation may be effected by the Company or the insured giving thirty (30) days' notice in writing to the State Commission, such thirty (30) days' notice to commence to run from the date notice is actually received in the office of the Commission.

Countersigned at 25960 Ohio Ave., Ste. 102 Kingston WA 98346
(Street Address) (City) (State) (Zip Code)

this 13th day of July 19 2007

Wayne W Ferguson
Authorized Company Representative

Insurance Company File No. CL984465
(Policy Number)

MC1633 (Ed. 6-71) UNIFORM PRINTING & SUPPLY, INC.

IRB 33300

COPY