



RECEIVED
JUL 23 2007
WASH. UT. & TP. COMM

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
Fee: \$200.00

111 0268 232 01 11.00 0000090	Company ID: 4672	CHA #:
111 0268 232 02 200.00	Date Filed: 7/23/07	Safety Inspection:
111 0268 232 03	Reg. Fee: [initials]	Insurance:
111 0268	DOL:	SOS:
		Docket TE-

Per DOL
C & S Services, LLC

Name of Applicant: Charles E. Eagan

Trade Name(s) (if applicable): C & S Services

Mailing Address:

Physical Address:

Street 11555 SE. 319th PL.
City Auburn WA
State/Zip Wa. 98092

Street 11555 SE 319th PL.
City Auburn
State/Zip Wa 98092

Phone Number: 253-735-4771

Fax Number:

UBI #: 602-744-429 [initials]

E-Mail: chris63@yahoo.com

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:

Name: Charles E. Eagan Title: President Stock Distribution or Percentage of Shares: 50%

Name: Sonja D. Eagan Title: V. President Stock Distribution or Percentage of Shares: 50%

✓ # 35413

List other certificates or permits held with the commission: _____

EQUIPMENT LIST

License Number	Year And Make Of Vehicle	Vehicle ID Number	Seating Capacity
	2006 Ford E350	1FB9531K16H2829618	10

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) Any driver who operates a vehicle that meets the definition of a commercial motor vehicle must have a valid CDL.

Name: *Charles E. Eagan* Position: *Pres.*

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: *Charles E. Eagan* Position: *Pres*

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: *Charles E. Eagan* Position: *Pres*

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 49, 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).

Name: *Charles E. Eagan* Position: *Pres*

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.

Name: *Charles E. Eagan* Position: *Pres*

SAFETY REGULATIONS, GENERAL (Title 49, Code of Federal Regulations Part 390)

Name: *Charles E. Eagan* Position: *Pres*

DRIVING OF COMMERCIAL MOTOR VEHICLES (Title 49, Code of Federal Regulations Part 392)	
Name: <u>Charles E. Eagan</u>	Position: <u>Pres</u>
PARTS AND ACCESSORIES NECESSARY FOR SAFE OPERATION (Title 49, Code of Federal Regulations Part 393)	
Name: <u>Charles E. Eagan</u>	Position: <u>Pres</u>
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: <u>Charles E. Eagan</u>	Position: <u>Pres</u>
CUSTOMER SERVICE Person responsible for customer service complaints, and customer notice requirements.	
Name: <u>Charles E. Eagan</u>	Position: <u>Pres</u>
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, <u>but not limited to</u> : 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.	
Name: <u>Charles E. Eagan</u>	Position: <u>Pres</u>

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: Charles E. Eagan

Signature of applicant: Charles E. Eagan

Date, County, State: 07/19/07 King county, Wa.

07-03-07

ABSTRACT OF 3 YEAR DRIVING RECORD- NON-COMMERCIAL

THE FOLLOWING IS A TRUE AND CORRECT COPY OF THE INFORMATION MAINTAINED BY THE DEPARTMENT OF LICENSING AT OLYMPIA, WASHINGTON. INSURANCE COMPANIES ARE LIMITED TO A 3 YEAR RECORD. EMPLOYERS ARE ENTITLED TO A FULL RECORD.

LIC# EAGAN-CE-575PL

STATUS: PDL CLEAR

EAGAN, CHARLES EDMOND

DOB 10-13-1943

11555 SE 319TH PL

SEX M EYES GRN

LICENSE ISSUED 06-21-06

AUBURN

WA 98092

HGT 5'09" WGT 298

LICENSE EXPIRES 10-13-07

RESTRICTIONS: CORR LENSES

* NO VIOLATION CONVICTIONS OR ACCIDENTS ON FILE.

If you have any questions concerning this abstract, call (360) 902-3900

DFS 105/DFS 105

DEPARTMENT OF LICENSING
CENTER EXAMINING
8310 Astor Blvd, SE
Auburn, WA 98002



INSURANCE BINDER

DATE (MM/DD/YYYY)

07/17/2007

THIS BINDER IS A TEMPORARY INSURANCE CONTRACT, SUBJECT TO THE CONDITIONS SHOWN ON THE REVERSE SIDE OF THIS FORM.

AGENCY Insurance Source Northwest, Inc. 5900 100th St SW Suite 15 Lakewood, WA 98499		COMPANY Empire Fire / Marine Insurance Co.		BINDER # CL-321316	
PHONE (A/C, No., Ext.): (253)984-6863		FAX (A/C, No.): (253)984-0539		THIS BINDER IS ISSUED TO EXTEND COVERAGE IN THE ABOVE NAMED COMPANY PER EXPIRING POLICY #.	
AGENCY CUSTOMER ID: INSURED C & S Services, LLC Charles Eagan 11555 SE 319th Pl Auburn, Wa 98092		DESCRIPTION OF OPERATIONS/VEHICLES/PROPERTY (Including Location) 2006 Ford E250 Vin# 1FBSS31L16HB29618			

COVERAGES		LIMITS	
TYPE OF INSURANCE	COVERAGE/FORMS	DEDUCTIBLE	AMOUNT
PROPERTY CAUSES OF LOSS <input type="checkbox"/> BASIC <input type="checkbox"/> BROAD <input type="checkbox"/> SPEC			
GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR		EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COM/OP AGG \$	
AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	RETRO DATE FOR CLAIMS MADE: Commercial Auto Package:	COMBINED SINGLE LIMIT \$ 1,500,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$ MEDICAL PAYMENTS \$ 5,000 PERSONAL INJURY PROT \$ UNINSURED MOTORIST \$ 1,000,000 UNINSURED MOTORIST (per accident) \$	
AUTO PHYSICAL DAMAGE <input checked="" type="checkbox"/> COLLISION: DEDUCTIBLE 1,000 <input checked="" type="checkbox"/> OTHER THAN COL: DEDUCTIBLE 1,000 <input type="checkbox"/> ALL VEHICLES <input type="checkbox"/> SCHEDULED VEHICLES		ACTUAL CASH VALUE <input checked="" type="checkbox"/> STATED AMOUNT \$ 20,000 OTHER	
GARAGE LIABILITY <input type="checkbox"/> ANY AUTO		AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EACH ACCIDENT \$ AGGREGATE \$	
EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM	RETRO DATE FOR CLAIMS MADE:	EACH OCCURRENCE \$ AGGREGATE \$ SELF-INSURED RETENTION \$ WC STATUTORY LIMITS	
WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY		E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$	
SPECIAL CONDITIONS/ OTHER COVERAGES Terrorism - Rejected		FEES \$ TAXES \$ ESTIMATED TOTAL PREMIUM \$ 55,181.00	

NAME & ADDRESS		MORTGAGEE	ADDITIONAL INSURED
Washington Utilities & Transportation Commission P O Box 47250 Olympia, WA 98504-7250		LOSS PAYEE	
		LOAN #	
AUTHORIZED REPRESENTATIVE			

ACORD 75 (2004/09)

NOTE: IMPORTANT STATE INFORMATION ON REVERSE SIDE © ACORD CORPORATION 1993-2004

Printed by on July 17, 2007 at 03:01PM

CONDITIONS

This Company binds the kind(s) of insurance stipulated on the reverse side. The Insurance is subject to the terms, conditions and limitations of the policy(ies) in current use by the Company.

This binder may be cancelled by the Insured by surrender of this binder or by written notice to the Company stating when cancellation will be effective. This binder may be cancelled by the Company by notice to the Insured in accordance with the policy conditions. This binder is cancelled when replaced by a policy. If this binder is not replaced by a policy, the Company is entitled to charge a premium for the binder according to the Rules and Rates in use by the Company.

Applicable in California

When this form is used to provide insurance in the amount of one million dollars (\$1,000,000) or more, the title of the form is changed from "Insurance Binder" to "Cover Note".

Applicable in Colorado

With respect to binders issued to renters of residential premises, home owners, condo unit owners and mobile home owners, the insurer has thirty (30) business days, commencing from the effective date of coverage, to evaluate the issuance of the insurance policy.

Applicable in Delaware

The mortgagee or Obligee of any mortgage or other instrument given for the purpose of creating a lien on real property shall accept as evidence of insurance a written binder issued by an authorized insurer or its agent if the binder includes or is accompanied by: the name and address of the borrower; the name and address of the lender as loss payee; a description of the insured real property; a provision that the binder may not be canceled within the term of the binder unless the lender and the insured borrower receive written notice of the cancellation at least ten (10) days prior to the cancellation; except in the case of a renewal of a policy subsequent to the closing of the loan, a paid receipt of the full amount of the applicable premium, and the amount of insurance coverage.

Chapter 21 Title 25 Paragraph 2119

Applicable in Florida

Except for Auto Insurance coverage, no notice of cancellation or nonrenewal of a binder is required unless the duration of the binder exceeds 60 days. For auto insurance, the insurer must give 5 days prior notice, unless the binder is replaced by a policy or another binder in the same company.

Applicable in Nevada

Any person who refuses to accept a binder which provides coverage of less than \$1,000,000.00 when proof is required: (A) Shall be fined not more than \$500.00, and (B) is liable to the party presenting the binder as proof of insurance for actual damages sustained therefrom.

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

CHARTER AND EXCURSION REGULATORY FEE CALCULATION SCHEDULE

Company Name C+S 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 =	\$11.00
---	-----------	---------

There is a minimum fee of \$11.00.

Agency Use Only	001-1111-02 68-232-01
-----------------	--------------------------

Recpt # 90

7.23.07

✓ # 3543