

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 Application fee									Fee Required \$200.00								
Regulatory		per v	ehicl	e)											11.00		
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					T	YPE	OF	PAY	ME	NT							<u> </u>
□ Cash	ſ	Che	ck		Mone	y Ord	er	- A	MEX		Mas	sterCa	rd	□ V	isa		
Credit Card In	nform														p Dat onth/\		
Amount \$CERTIFICA information applicant, ar	TION	N: I, tl e and	ne un	dersig	ned, it I an	under n autl	pena porize	alty fo	xecu	te and							
Cardholder's	s sign	ature:	7	all	Qoo	21/	l . 9	Ho	ule	<u> </u>	Dat	e:_ <i>/(</i>	\sqrt{c}	Jaca	nbe	رد	7

(For Commission Use Only) 111 0268 232 01 244 00 00054 08	Company ID:	1884	Docket TE-
111 0268 232 02	Date Files: 12	112401	Safety Inspection:
111 0268 232 03	Reg Fees:		Insurance O
111.0268	DOL:		sos. OD

SECTION 1 – APPLICANT INFORMATION

Name of Applicant:	Show Me-	Tours, In	ر در		·
Trade Name(s) (if app	licable Show M	le Seattle,	Totally	Seattle To	<u>ur</u> s
Mailing Ad	dress:		Physical A	ddress:	
Street P.O. Box	30833 Stre	eet <u>(45 N</u>	W 75	St.	_
City Seattle	<u>City</u>	Seath	,e	· · · · · · · · · · · · · · · · · · ·	
State/Zip WA	98113 Stat	e/Zip WA	981	17	
Phone Number: 200	-755-4/09 Fax	Number: 20	6-788	-0318	
UBI#: 602 699	2 0 - C		_	ownesealthe	- . Com
Type of business st ☐ Individual ☐			□ Other (LF		
List the name, title, and stockholders:	percentage of partner's	share or stock distri	bution for ma	ajor	
<u>Name</u>		<u>Title</u>		ock Distributions entage of Shares	
Kathleen M.	OHanlon Pa	resident		50%	
John William		ecretary		50%	
List other certificates or	permits held with the co	ommission:			
		EQUIPMENT sheets if necessary)			
License Number	Year And Make Of Vehicle	Vehicle ID Num	ber Sea	ating Capacity	
A12467Z	1993 Citamay	IFDKE37GGP	HA81 107	14+dr	iver
A 92620W	1997 Ford Eldorado	IFDLE40S5VH	A68452	14+ driver	
A446212	1998 Ford E350	IFDWE3053W	HA16 083	14 + driver	•
B05016A	1999 Ford E350	1FDWE3059XH	1A75 351	14 + driver	

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.

of Federal Regulations Part 393). You must maintain parts and accessories in safe condition.							
Name: Kathleen M. O'Hanlon Position: President							
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: Kathleen M. O'Hanlon Position: President							
STATE OF WASHINGTON GENERAL LAWS, RULES AND REGULATIONS. You must comply with the regulations of local, state, and federal agencies such as, <u>but not limited to</u> : Department of Labor and Industries, Department of Licensing, Secretary of State, Department of Revenue and Internal Revenue Service and Employment Security.							
Name: Cathleen M. O'Hanlon Position: President							

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	Kathleen	M. O'Han	lon
Signature of applicant	Kathleen	m. OHan	lon
Date 10 Docembe	1 1 2007 Count	ty, State <u>Lina</u>	WA

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

CHARTER AND EXCURSION REGULATORY FEE CALCULATION SCHEDULE

Com	pany Name	Show	Me	Tours	, Inc	9		<u>.</u>	
comp	cordance with F panies to file rep de operated. Th	orts of the nu	mber of ve	ehicles oper	the Commiss rated by the o	sion require company ar	es Char nd pay	ter and Excu the sum of \$	rsion 11 for each
1	Total numbe	r of vehicles	operated						4
2	Total Regula	tory Fees ov	ved (ente	r amount fi	rom line 1)	4	х	11.00 =	\$ 44.00
	There is a I	minimum fee	of \$11.00	0.				Agency Use Only	001-111-02- 68-232-01

12.12.2007 paid v#1167 recpt#5198