

TE-080599-CT



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 \$25 PER VEHICLE

Passenger Charter and Excursion Carrier Services	Fee Required
Application fee	\$200.00
Regulatory Fee (per vehicle)	\$ 25.00
TYPE OF PAYMENT	
<input type="checkbox"/> Cash <input 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) <u>Petermann Northwest LLC</u> Exp Date _____ Month/Year _____	
) 08	
Amount \$ <u>1,150.00</u>	# <u>U25161</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>[Signature]</u>	Date: <u>3/20/08</u>

(For Commission Use Only)	Company ID:	Docket TE-
111 0268 232 01	50207	
950.00	Date Filed: 4/3/08	Safety Inspection:
111 0268 232 02	Reg Fees: <u>OK</u>	Insurance:
200.00	DOL: <u>OK</u>	SOS: <u>OK</u>
111 0268 232 03		
111 0268		

0006241

SECTION 1 – APPLICANT INFORMATION

Name of Applicant: Petermann Northwest, LLC

Trade Name(s) (if applicable): Petermann

	Mailing Address:		Physical Address:
Street	<u>8041 Hosbrook Road</u> <u>Suite 330</u>	Street	<u>8041 Hosbrook Road</u> <u>Suite 330</u>
City	<u>Cincinnati</u>	City	<u>Cincinnati</u>
State/Zip	<u>OH, 45236</u>	State/Zip	<u>OH, 45236</u>

Phone Number: 513-351-7383 Fax Number: 513-458-2341

UBI #: 602-808-039 E-Mail: msettle@petermannbus.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:

<u>Name</u>	<u>Title</u>	<u>Stock Distributions or Percentage of Shares</u>
Petermann Acquisition Co., LLC	Member	100%

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
<i>See attached sheet</i>			

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: Keith Harms

Position: Safety Manager

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: Keith Harms

Position: Safety Manager

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: Keith Harms

Position: Safety Manager

SECTION 4 – DECLARATION OF APPLICANT

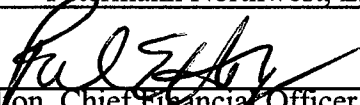
I understand that filing this application does not in itself constitute authority to operate as a passenger charter and excursion carrier.

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 Petermann Northwest, LLC

Signature of applicant 
Paul Helton, Chief Financial Officer and Secretary of Petermann Northwest, LLC

Date 3/25/08 Hammer County, State OH72

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

CHARTER AND EXCURSION REGULATORY FEE CALCULATION SCHEDULE

Company Name Petermann Northwest, LLC

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 \$25 for each vehicle operated. There is a minimum fee of \$25.

1	Total number of vehicles operated			38
2	Total Regulatory Fees owed (enter amount from line 1)	38	x 25.00 =	\$950.00
			Agency Use Only	001-111-02-68-232-01

There is a minimum fee of \$25.00.

ATTACHMENT IN RESPONSE TO SECTION 2

License Number	Year and Make of Vehicle	Vehicle ID Number	Seating Capacity	State Vehicle #
809SKK	2001 FORD	1FDWE45F21HB45362	20	19987
578SDE	2000 INTL	1HVBJABN8YA927719	65	19139
575SDE	2000 INTL	1HVBJABN6YA927721	65	19140
227UZG	2002 FORD	1FDWE45F52HB10641	11 WC	20770
B01283B	2007 INTL	4DRBUAFN37A317910	72	203798
B01281B	2007 INTL	4DRBUAFN57A317911	72	203799
283PMZ	2000 INTL	1HVBJABN4YA927720	65	19127
279VPC	2007 INTL	4DRBUAFN17B494126	72	204121
194SDC	1998 INTL	1HVBJABN3WA085983	78	18029
193SDC	1998 INTL	1HVBJABN7WA085985	78	18031
196SDC	1998 INTL	1HVBJABN0WA085987	78	18033
198SDC	1998 INTL	1HVBJABN4WA085989	78	18034
285PMW	2001 FORD	1FDWE45F41HB45363	20	19988
667PMW	2002 FORD	1FDWE45F01HB45361	20	19986
748UFL	2005 FORD	1FDXE45PX5HB02004	22	203433
823SFK	2001 IHC	1HVBJABN81A916161	72	19738
822SFK	2001 IHC	1HVBJABNX1A916162	72	19739
819SFK	2002 IHC	1HVBJABNX2A941452	14 LIFT	19985
820SFK	2001 IHC	1HVBJABNX1A916145	72	19621
821SFK	2002 IHC	1HVBJABN82A941451	72	19980
409WDS	2002 IHC	1HVBJABNX2A941449	72	19878
408WKS	2002 IHC	1HVBJABN62A941450	72	19879
410WDS	2001 IHC	1HVBJABN51A916151	72	19627
411WDS	2001 IHC	1HVBJABN71A916152	72	19628
412WDS	2001 IHC	1HVBJABN51A916148	72	19624
413WDS	2001 IHC	1HVBJABN71A916149	72	19625
416WDS	2002 IHC	1HVBJABN32A945083	72	20207
415WDS	2001 IHC	1HVBJABN31A916150	72	19626
449VVH	2006 INTL	4DRBUAFN66A255353	65	203194
076VDK	2006 INTL	4DRBUAFN86A255354	65	203195
064VDK	2006 INTL	4DRBUAFNX6A255355	65	206196
065VDK	2006 INTL	4DRBUAFN56A255358	65	206199
066VDK	2005 INTL	4DRBUAFN36A255360	65	203201
079VDK	2005 INTL	4DRBUAFN56A255361	65	203202
080VDK	2005 INTL	4DRBUAFN96A255363	65	203204
75257C	2005 FORD	1FDXE45P35HB02037	21	203170
75217C	2005 FORD	1FDXE45P65HB02033	21	203167
75229C	2005 FORD	1FDXE45P85HB02034	21	203168

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
03/31/08

PRODUCER USI Midwest 312 Elm Street, 24th Floor Cincinnati, OH 45202 513 852-6300	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
	INSURERS AFFORDING COVERAGE	NAIC #
INSURED Petermann Northwest, LLC 8041 Hosbrook Road Cincinnati, OH 45236	INSURER A: The Netherland Insurance Company	
	INSURER B: INDIANA INSURANCE COMPANY	
	INSURER C: National Union Fire Insurance Compan	
	INSURER D:	
	INSURER E:	


COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR	INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A		GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Employers Liability <input type="checkbox"/> Ohio Stop Gap GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC	BKA(09)53731073	03/31/08	03/31/09	EACH OCCURRENCE	\$1,000,000
						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$100,000
						MED EXP (Any one person)	\$5,000
						PERSONAL & ADV INJURY	\$1,000,000
						GENERAL AGGREGATE	\$2,000,000
						PRODUCTS - COMP/OP AGG	\$2,000,000
B		AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS <input checked="" type="checkbox"/> Garage Liab <input checked="" type="checkbox"/> UM/UIM	BAA(09)53731073	03/31/08	03/31/09	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
						BODILY INJURY (Per person)	\$
						BODILY INJURY (Per accident)	\$
						PROPERTY DAMAGE (Per accident)	\$
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT	\$
						OTHER THAN AUTO ONLY: EA ACC	\$
						AUTO ONLY: AGG	\$
B		EXCESS/UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$ 10000	SUO(09)53731073	03/31/08	03/31/09	EACH OCCURRENCE	\$5,000,000
						AGGREGATE	\$5,000,000
						UM/UIM	\$5,000,000
							\$
							\$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				WC STATUTORY LIMITS	OTHER
						E.L. EACH ACCIDENT	\$
						E.L. DISEASE - EA EMPLOYEE	\$
						E.L. DISEASE - POLICY LIMIT	\$
B		OTHER GarageKeeper	BAA(09)53731073	03/31/08	03/31/09	\$250,000 Per Location	
B		Vehicle Physical Damage	BAA(09)53731073	03/31/08	03/31/09	\$5,000 DedComprehensive	
						\$5,000 Ded Collision	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

CERTIFICATE HOLDER

Proof of Insurance Petermann Northwest, LLC	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>30</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE 
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IMPORTANT

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

DISCLAIMER

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.



PETERMANN
Safety One Person at a Time

March 26, 2008

Washington Utilities and Transportation Commission
1300 S. Evergreen Park Dr. SW
P.O. Box 47250
Olympia, WA 98504-7250

Re: Passenger Charter and Excursion Carrier Services Application: Petermann Northwest, LLC

To Whom It May Concern:

Enclosed are the following documents:

1. Passenger Charter and Excursion Services Application for Petermann Northwest, LLC;
2. Bodily Injury and Property Damage Insurance Form E; and

A list of the equipment that will be used to provide charter services is included as an attachment to the application. We would like to arrange an inspection of such equipment at your earliest convenience. Please contact me at (513) 587-4877 to arrange such inspection or if you have any questions or comments regarding the enclosed application.

Very truly yours,

Paul E. Helton
Chief Financial Officer and Secretary
Petermann Northwest, LLC

Enc. - 2

RECEIVED
BUSINESS MANAGEMENT
2008 APR -2 AM 9:13
STATE OF WASH.
UTIL. AND TRANSP.
COMMISSION