

TE-080628-CT

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WASHINGTON

APR 09 2008

UTC

WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION

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@utwc.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 checked="" type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> AMEX <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa	
\$2000 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	Company ID: 5034	Docket TE-
111 0268 232 02	Date Filed: 4-10-08	Safety Inspection:
111 0268 232 03	Reg Fees: 00	Insurance:
111 0268	DOL:	SOS:

0006942

SECTION 1 - APPLICANT INFORMATION

Name of Applicant: Keegan Bray + Candi Bray
 Trade Name(s) (if applicable): KCB Charters

<p>Mailing Address:</p> <p>Street <u>105 Evergreen Dr #2</u></p> <p>City <u>Cashmere</u></p> <p>State/Zip <u>WA, 98815</u></p> <p>Phone Number: <u>509-293-2146</u></p> <p>UBI #: _____</p>	<p>Physical Address:</p> <p>Street <u>5295 Sunset Hwy</u></p> <p>City <u>Cashmere</u></p> <p>State/Zip <u>WA, 98815</u></p> <p>Fax Number: <u>509-782-8195</u></p> <p>E-Mail: <u>KCBCharters@yahoo.com</u></p>
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Type of business structure:

Individual Partnership Corporation Other (LP, LLP, LLC)

married couple owned

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>
<u>Keegan Bray</u>	<u>Owner</u>	<u>49%</u>
<u>Candi Bray</u>	<u>Owner</u>	<u>51%</u>

List other certificates or permits held with the commission:

SECTION 2 - EQUIPMENT

(Attach additional sheets if necessary)

License Number	Year And Make Of Vehicle <i>MCI</i>	Vehicle ID Number	Seating Capacity
<u>B14605F</u>	<u>1989 102-C3</u>	<u>(1TUGCH8A1KR007247)</u>	<u>47</u>

APR 09 2003

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: Keegan Bray

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: Candi Bray

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: Keegan Bray

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 Keegan Bray
Signature of applicant K Bray
Date 3/26/08 County, State Chelan, WA

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

CHARTER AND EXCURSION REGULATORY FEE CALCULATION SCHEDULE

Company Name KCB Charters

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	1		
2	Total Regulatory Fees owed (enter amount from line 1)	1	x 25.00 =	\$ 25 ⁰⁰

There is a minimum fee of \$25.00.

Agency	001-111-02-
Use Only	68-232-01

PO Box 19150 | Spokane, WA 99219 | www.cochraneco.com



1.800.441.4535

INSURANCE BINDER

T.509.838.0655

In accordance with your instructions, and in reliance upon the statements made by the Retail Broker in the Insured's application/submission, we have obtained insurance at your request as follows:

Date Issued: April 2, 2008

Insured: KCB Charters

Producer: Basin Insurance Associates -
Leavenworth (AGT838)

DBA: Keegan Bray

Fax: (866) 274-4062

105 Evergreen

Reference Number: 2259715

Cashmere, WA 98826

Commission: 10%

Policy Number: CL-322593

Term: 4/2/2008 to 4/2/2009

Insurer: Empire Fire and Marine Insurance Company **AM Best Rating:** A +XV*

Coverage: Commercial Auto Package

Limits

\$5,000,000 Auto Liability-CSL \$3245
\$5000 Auto Medical Payments \$100
\$1,000,000 UIM/UM \$131
\$47,000 Total Insd Value Comp/Coll \$847

Deductible

\$1000/1000 Comp/Coll

MEP

%

Premium: \$4,323.00
Fee Schedule:
Terrorism Coverage: REJECTED
Taxes:
Total: \$4,323.00

Policy Form:

Coinsurance:

Retroactive Date:

Valuation:

Exposure:

\$25,000 MCI 47 pass bus

Please see the following page for applicable Terms/Conditions and Endorsements.

WA		INSURANCE IDENTIFICATION CARD	
(STATE)			
COMPANY NUMBER	COMPANY	<input checked="" type="checkbox"/> COMMERCIAL	<input type="checkbox"/> PERSONAL
	Empire Fire & Marine Ins Co		
POLICY NUMBER	EFFECTIVE DATE	EXPIRATION DATE	
CL-322593	4/2/2008	4/2/2009	
YEAR	MAKE/MODEL	VEHICLE IDENTIFICATION NUMBER	
1989	MCI / 102C3	1TUGCH8A1KR007247	
AGENCY/COMPANY ISSUING CARD			
Basin Insurance Associates, Inc.			
11779 UW HWY 2, STE 202			
Leavenworth, WA 98826		(509)548-0658	
INSURED			
Keegan Bray DBA: KCB Charters			
105 Evergreen Dr, #2			
Cashmere, WA 98815			
SEE IMPORTANT NOTICE ON REVERSE SIDE			

THIS CARD MUST BE KEPT IN THE INSURED
VEHICLE AND PRESENTED UPON DEMAND

IN CASE OF ACCIDENT: Report all accidents to your Agent/Company as soon as possible. Obtain the following information:

1. Name and address of each driver, passenger and witness.
2. Name of Insurance Company and policy number for each vehicle involved.

THE FRONT OF THIS DOCUMENT CONTAINS AN ARTIFICIAL WATERMARK - HOLD AT AN ANGLE TO VIEW