

TE-080717-CT



RECEIVED

APR 25 2008

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@utc.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
[] Cash [X] Check [] Money Order [] AMEX [] MasterCard [] Visa
Credit Card Information (if applicable) Exp Date Month/Year
Amount \$ 275.00
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:

Table with 3 columns: (For Commission Use Only), Company ID, Docket TE-; 111 0268 232 01, 5054; 111 0268 232 02, 0008275, 4-28-08; 111 0268 232 03, Reg Fees: 00; 111 0268, DOL: 00, SOS: 00

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WASH. UT. & TR. COMM

SECTION 1 - APPLICANT INFORMATION

Name of Applicant: JPH INTERNATIONAL INC.

Trade Name(s) (if applicable): A & A AIRPORT LIMOUSINE SERVICE

Mailing Address:

Physical Address:

Street P.O. Box 25589

Street 12720 26th Avenue NE

City Seattle

City Seattle

State/Zip WA: 98165

State/Zip WA: 98125

Phone Number: 206-365-1008 Fax Number: 206-366-0710

UBI #: 602 131445 E-Mail: info@a-a limo.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:

Table with 3 columns: Name, Title, Stock Distributions or Percentage of Shares. Rows include HARCHARAN SANDHU (PRESIDENT, 100%) and SHARAN SANDHU (SECRETARY, 0%).

List other certificates or permits held with the commission:

N/A

SECTION 2 - EQUIPMENT

(Attach additional sheets if necessary)

Table with 4 columns: License Number, Year And Make Of Vehicle, Vehicle ID Number, Seating Capacity. Rows include A-A 1 (2006 Hummer), A-A 2 (2008 GMC Yukon), and A-A 11 (1998 Ford Bus).

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: JASBIR SANDHU	Position: U.P. of Operations.
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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: JASBIR SANDHU	Position: U.P. of Operations.
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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: HARCHARAN SANDHU	Position: PRESIDENT
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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 HARCHARAN SANDHU

Signature of applicant 

Date 4-23-08 County, State King County, Washington.

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

CHARTER AND EXCURSION REGULATORY FEE CALCULATION SCHEDULE

Company Name JPH International Inc., DBA: A & A Airport Limousine Services,

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

3

2 Total Regulatory Fees owed (enter amount from line 1)

3	x 25.00 =	\$ 75.00
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There is a minimum fee of \$25.00.

Agency Use Only	001-111-02- 68-232-01
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paid 4/25/08
Receipt # 8275

License Detail**Help us improve this online service****License Information:**

Entity Name: JPH INTERNATIONAL, INC.
Firm Name: A & A AIRPORT LIMOUSINE SERVICE
License Type: Washington State Business
Entity Type: Profit Corporation
UBI: 602131445 Business ID:001 Location ID:0002

Location Address:

12720 26TH AVE NE
SEATTLE, WA, 98125

Mailing Address:

PO BOX 25589
SEATTLE, WA, 98164

[View Additional Locations](#)**Licenses Held at this location:**Limousine Company**License Status**Active**Expires**

06/30/2008

First Issued

09/02/2003

Governing People:

HARCHARAN SANDHU
SHARAN SANDHU

Registered Trade Names:

A & A AIRPORT LIMOUSINE SERVICE

Information Current as of 03/28/2008 4:29AM Pacific Time

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
04/07/2008

PRODUCER (425)739-6565 FAX (425)739-9955
CHOICE INSURANCE, LLC
1715 Market Street, Suite 100
Kirkland, WA 98033

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.

INSURED A & A Airport Limousine Service
JPH International, Inc. DBA:
12720 26th Ave NE
Seattle, WA 98125

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: Northland Insurance Co	NO
INSURER B:	
INSURER C:	
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 LTR	ADD'L INSR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS								
		GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COM/POP AGG \$								
A		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	TP241607	03/17/2008	03/17/2009	COMBINED SINGLE LIMIT (Ea accident) \$ 5,000,000 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 EA ACC \$ AUTO ONLY: AGG \$								
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$								
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				<table border="1"> <tr> <td>WC STATUTORY LIMITS</td> <td>OTHER</td> </tr> <tr> <td>E.L. EACH ACCIDENT</td> <td>\$</td> </tr> <tr> <td>E.L. DISEASE - EA EMPLOYEE</td> <td>\$</td> </tr> <tr> <td>E.L. DISEASE - POLICY LIMIT</td> <td>\$</td> </tr> </table>	WC STATUTORY LIMITS	OTHER	E.L. EACH ACCIDENT	\$	E.L. DISEASE - EA EMPLOYEE	\$	E.L. DISEASE - POLICY LIMIT	\$
WC STATUTORY LIMITS	OTHER													
E.L. EACH ACCIDENT	\$													
E.L. DISEASE - EA EMPLOYEE	\$													
E.L. DISEASE - POLICY LIMIT	\$													
		OTHER												

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
 2008 GMC Yukon vin# 1GKGC26K88R151092
 2006 Hummer vin# 5GRGN23U16H120277

CERTIFICATE HOLDER

WUTC
P.O. Box 47250
Olympia, WA 98504

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
04/15/2008

PRODUCER (425)739-6565 FAX (425)739-9955
CHOICE INSURANCE, LLC
1715 Market Street, Suite 100
Kirkland, WA 98033

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.

INSURED
A & A Airport Limousine Service
JPH International, Inc. dba:
PO Box 25589
Seattle, WA 98165

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: Northland Insurance Co	NO
INSURER B:	
INSURER C:	
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 INSR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$
A	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	TP241607	03/17/2008	03/17/2009	COMBINED SINGLE LIMIT (Ea accident) \$ 5,000,000 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 EA ACC AGG \$
	EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER				WC STATU-TORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
 1998 Ford RVC vin# 1FDXE40S6WH646045
 Policy amended effective 04/15/2008

CERTIFICATE HOLDER

WUTC
PO Box 47250
Olympia, WA 98504

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

03/06/2008 VEHICLE REGISTRATION CERTIFICATE

Lic/Plt AA1	Iss-Dt 04/2007	Tab-No B575904	Reg-Exp 03/14/2009	Val-Cd/Year 52980/2006	Dep 2	Mo-Reg 12	Mo-Gwt 12	Pwr G	Use F/H	Mdyr 2006
Make HUMM	Body HUMMER	VIN or Serial No 5GRGN23U16H120277	Res-Co 31	Sclwt 10000	Seats 14	Model/BT HH2/4W	Gwt 14000	Gwt-St 03/15/2008	Gwt-Exp 03/14/2009	Flt
Equip	Prev-Plt B94705C	Filing \$3.00	Monorail	RTA Tax	Subagent \$4.00	Gwt/Veh Wt \$88.00	Other	Total Fees \$95.00	Cash	Gwt Cr
										BATCH NO 7170

JPH INTERNATIONAL INC DBA
A AND A AIRPORT LIMOUSINE
SERVICES LSE
US BAN CORP EQUIP FIN INC LSR
PO BOX 25589
SEATTLE WA 98165

U S BANCORP EQUIPMENT FIN INC
PO BOX 780
MARSHALL MN 56258

[Handwritten Signature]
SIGNATURE OF REGISTERED OWNERS

SIGNATURE OF REGISTERED OWNERS

COMMENTS:
PL-G PL-F - 4 - DISPLAY TAB ON BACK LICENSE PLATE ONLY - FRONT PLATE IS STILLREQUIRED.

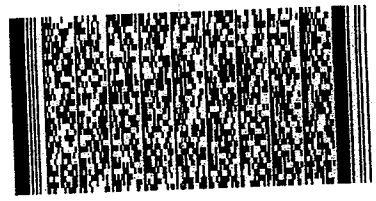
REMARKS:

BRANDS:

MON-FRI 10:00-5:00
208-361-5505

RPT ID: AREGPR-1

VALIDATION CODE 24171901080660306080017016768
THIS CERTIFICATE IS NOT PROOF OF OWNERSHIP



04/08/2008 VEHICLE REGISTRATION CERTIFICATE

Lic/Plt AA2	Iss-Dt 04/2008	Tab-No C164786	Reg-Exp 04/04/2009	Val-Cd/Year 97843/2008	Dep 2	Mo-Reg 12	Mo-Gwt 12	Pwr G	Use F/H	Mdyr 2008
Make GMC	Body YUKNLIMO	VIN or Serial No 1GKGC26K88R151092	Res-Co 17	Sclwt 10740	Seats 24	Model/BT CX2/4W	Gwt 16000	Gwt-St 04/05/2008	Gwt-Exp 04/04/2009	Flt
Equip B80032F	Prev-Plt B80032F	Filing \$3.00	Monorail	RTA Tax	Subagent	Gwt/Veh Wt	Other \$44.75	Total Fees \$47.75	Check \$47.75	Gwt Cr

USBANCORP EQUIP FIN INC LSR
JPH INTERNATIONAL INC DBA
A AND A AIRPORT LIMOUSINE LSE
12720 26TH AVE NE
SEATTLE WA 98125

US BANCORP EQUIPMENT FIN INC
1310 MADRID ST STE 103
MARSHALL MN 56258

SMancha
PRESIDENT
SIGNATURE OF REGISTERED OWNERS

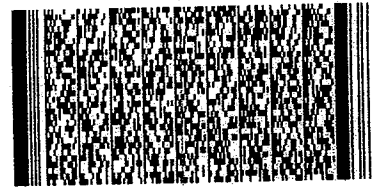
SIGNATURE OF REGISTERED OWNERS

COMMENTS:
PERSONALIZED - PL-G PL-F - 4 - 18 - COLOR-WHITE - DISPLAY TAB ON BACK LICENSEPLATE ONLY - FRONT PLATE IS STILL
REQUIRED.

REMARKS:

BRANDS:

RPT ID: AREGPR-1 VALIDATION CODE 49170103080990408080006037668
THIS CERTIFICATE IS NOT PROOF OF OWNERSHIP
FPD: AREG_AREGPR:2007/2/11.00003(1)



04/14/2008 VEHICLE REGISTRATION CERTIFICATE

Lic/Plt AA11	Iss-Dt 04/2008	Tab-No R945617	Reg-Exp 12/31/2008	Val-Cd/Year 43295/1998	Dep 2	Mo-Reg 12	Mo-Gwt	Pwr G	Use COM	Mdyr 1998
Make FORD	Body VAN	VIN or Serial No 1FDXE40S6WHB46045	Res-Co 17	Sclwt 8900	Seats 22	Model/BT RVC/MY	Gwt	Gwt-St / /	Gwt-Exp / /	Flt
Equip	Prev-Plt B80076F	Filing \$3.00	Monorail	RTA Tax	Subagent	Gwt/Veh Wt	Other \$44.75	Total Fees \$47.75	Check \$47.75	Gwt Cr

JPH INTERNATIONAL INC DBA
A AND A AIRPORT
LIMOUSINE SERVICES
PO BOX 25589
SEATTLE WA 98165

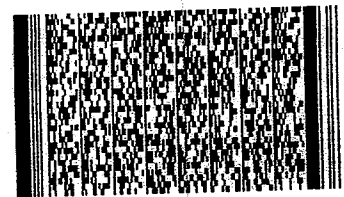
Signature
SIGNATURE OF REGISTERED OWNERS **PRESIDENT**

SIGNATURE OF REGISTERED OWNERS

COMMENTS:
PERSONALIZED - - DISPLAY TAB ON BACK LICENSE PLATE ONLY - FRONT PLATE IS STILLREQUIRED.

REMARKS:

BRANDS:



RPT ID: AREGPR-1 VALIDATION CODE 49170103081050414080024037799
THIS CERTIFICATE IS NOT PROOF OF OWNERSHIP
FPD: AREG_AREGPR:2007/2/11.00003(1)