

TE-080835-AT



1300 S. Evergreen Park Dr. SW  
 P.O. Box 47250  
 Olympia, WA 98504-7250  
 Phone: 360-664-1222  
 Fax: 360-588-1181  
 TTY: 360-588-8203  
 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
<b>Application fee</b> <b>TRANSFER</b> (Application for new certificate, to reinstate a previously canceled certificate, to transfer an existing certificate to a new owner or business structure)	\$200.00
<b>Name Change</b> <b>CH-62823</b> (Application to change a company's corporate name, change a trade name, add a new trade name, or change the surname of an individual owner or partner)	\$ 35.00
<b>Regulatory Fee (per vehicle)</b>	\$ 25.00
<b>TYPE OF PAYMENT</b>	
<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)	Exp Date Month/Year
VISA Amount \$ <u>225.00</u> # <u>612144</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> <u>M BELAVIT</u>	Date: <u>05-12-08</u>

(For Commission Use Only) 111 0268 232 01 <u>50.00</u>	Company ID: <u>5068</u>	Docket TE-
111 0268 232 02 <u>200.00</u>	Date Filed: <u>5-13-08</u>	Safety Inspection:
111 0268 232 03	Reg Fees: <u>00</u>	Insurance:
111 0268 032 05 <u>25.00</u>	DOI: <u>00</u>	SOS: <u>00</u>

**SECTION 1 - APPLICANT INFORMATION**

Name of Applicant: MARIA BELANTI Four Points LLC

Trade Name(s) (if applicable): FOUR POINTS LLC N/A

**Mailing Address:**

**Physical Address:**

Street 3719 S 253rd Pl

Street \_\_\_\_\_

City KENT

City \_\_\_\_\_

State/Zip WA 98032

State/Zip \_\_\_\_\_

Phone Number: 253-941-5888 Fax Number: \_\_\_\_\_

UBI #: 602-724-5400 E-Mail: mariabelanti@msn.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>
<u>MARIA BELANTI</u>	<u>OWNER- CEO</u>	<u>100%</u>

List other certificates or permits held with the commission:

(MY PREVIOUS CH-62823)

**SECTION 2 - EQUIPMENT**

*(Attach additional sheets if necessary)*

License Number	Year And Make Of Vehicle	Vehicle ID Number	Seating Capacity
<u>WA 1FDXE40S7WHK0725</u>	<u>FORD /1998</u>	<u>77</u>	<u>14 + Driver</u>
<u>WA 1GDXE40S5WHB19030</u>	<u>FORD /1998</u>	<u>88</u>	<u>14 + Driver</u>

**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: MARIA BELANTI Position: OWNER - CEO - 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: MARIA BELANTI Position: OWNER - 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: MARIA BELANTI Position: OWNER - 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 MARIA BELANTI

Signature of applicant 

Date 05-12-08 County, State KING, WA

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

CHARTER AND EXCURSION REGULATORY FEE CALCULATION SCHEDULE

Company Name FOUR POINTS, 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

1

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

1 x 25.00 = \$ 25

*There is a minimum fee of \$25.00.*

Agency Use Only	001-111-02-68-232-01
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*1- already paid for adding (1) additional*

Please add all the  
fees that apply  
and charge my credit  
card.

Let me know if you need  
something more

Maria Belanti


FOUR POINTS LLC

business: 253-941-5888

FOURPOI

<b>ACORD INSURANCE BINDER</b>		DATE 05/12/08
THIS BINDER IS A TEMPORARY INSURANCE CONTRACT, SUBJECT TO THE CONDITIONS SHOWN ON THE REVERSE SIDE OF THIS FORM.		
PRODUCER <b>Bell-Anderson Ins. - Kent C/L</b> P. O. Box 887 724 West Smith St. Kent, WA 98035-0887	PHONE (A/C, No, Ext): <b>253-852-1680</b> FAX (A/C, No): <b>253 859-2051</b>	COMPANY <b>National Indemnity Compa</b> BINDER # <b>70APS014608</b>
CODE: AGENCY CUSTOMER ID: <b>53390</b>	SUB CODE:	EXPIRATION DATE TIME <b>07/09/08</b> <b>X</b> 12:01 AM <b>NOON</b>
INSURED <b>Four Points, LLC</b> <b>3719 south 253rd Place</b> <b>Kent, WA 98032</b>	DESCRIPTION OF OPERATIONS/VEHICLES/PROPERTY (Including Location) <b>See Below</b>	

COVERAGES	LIMITS	DEDUCTIBLE	COINS %	AMOUNT
<b>PROPERTY</b> CAUSES OF LOSS BASIC <input type="checkbox"/> BROAD <input type="checkbox"/> SPEC <input type="checkbox"/>				
<b>GENERAL LIABILITY</b> COMMERCIAL GENERAL LIABILITY CLAIMS MADE <input type="checkbox"/> OCCUR <input type="checkbox"/>	EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$			
<b>AUTOMOBILE LIABILITY</b> ANY AUTO ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS	RETRO DATE FOR CLAIMS MADE:			COMBINED SINGLE LIMIT \$ <b>1,500,000</b> BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$ MEDICAL PAYMENTS \$ <b>5,000</b> PERSONAL INJURY PROT \$ UNINSURED MOTORIST \$ <b>300,000</b>
<b>AUTO PHYSICAL DAMAGE</b> <input checked="" type="checkbox"/> COLLISION <u>1000</u> <input checked="" type="checkbox"/> OTHER THAN COL <u>1000</u>	ALL VEHICLES <input checked="" type="checkbox"/> SCHEDULED VEHICLES			ACTUAL CASH VALUE \$ STATED AMOUNT \$ OTHER \$
<b>GARAGE LIABILITY</b> ANY AUTO				AUTO ONLY - CA ACCIDENT \$ OTHER THAN AUTO ONLY: EACH ACCIDENT \$ AGGREGATE \$
<b>EXCESS LIABILITY</b> UMBRELLA FORM OTHER THAN UMBRELLA FORM	RETRO DATE FOR CLAIMS MADE:			EACH OCCURRENCE \$ AGGREGATE \$ SELF-INSURED RETENTION \$
<b>WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY</b>				WC STATUTORY LIMITS E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$ FEES \$
SPECIAL CONDITIONS/OTHER COVERAGES <b>Veh#1: 1998 FORD 14 PASSENGER Van</b> <b>1FDXE40S7WHK07256 WA</b> (See attached Spec Conditions/Other Covs page.)				TAXES \$ ESTIMATED TOTAL PREMIUM \$

<b>NAME &amp; ADDRESS</b>  <b>WUTC</b> <b>PO BOX 47250</b> <b>Olympia, WA 98504</b>	<input checked="" type="checkbox"/> MORIGAGLL <input type="checkbox"/> LOSS PAYEE LOAN #  <input checked="" type="checkbox"/> ADDITIONAL INSURED  AUTHORIZED REPRESENTATIVE 
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