

TE-080977-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@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	<u>Fee Required</u>
Application fee (Application for new certificate, to reinstate a previously canceled certificate, to transfer an existing certificate to a new owner or business structure)	\$200.00
Name Change (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
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	
Exp Date	
Credit Card Information (if applicable) Month/Year	
Amount \$ <u>225.00</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: _____ Date: _____	

0011002

(For Commission Use Only)	Company ID: 5089	Docket TE-
111 0268 232 01 25.00	Date Filed:	Safety Inspection:
111 0268 232 02 200.00	Reg Fees:	Insurance:
111 0268 232 03	DOL:	SOS:
111 0268		

GLOBAL SERVICES, LLC

SECTION 1 - APPLICANT INFORMATION

Name of Applicant: YUQI ZHAO

Trade Name(s) (if applicable): GLOBAL SERVICES, LLC

<p>Mailing Address:</p> <p>Street <u>659 S Weller ST,</u></p> <p>City <u>SEATTLE</u></p> <p>State/Zip <u>WA 98104</u></p> <p>Phone Number: <u>206-381-9888</u></p> <p>UBI #: <u>602-698-517</u></p>	<p>Physical Address:</p> <p>Street _____</p> <p>City _____</p> <p>State/Zip _____</p> <p>Fax Number: _____</p> <p>E-Mail: _____</p>
--	--

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:

Name	Title	Stock Distributions or Percentage of Shares
<u>Sion Jun Deng</u>	<u>president</u>	<u>35%</u>
<u>CHO Fai Yan</u>	<u>director</u>	<u>20%</u>
<u>Yuqi Zhao</u>	<u>G. manager</u>	<u>30%</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	Vehicle ID Number	Seating Capacity
	<u>1999 Ford</u>	<u>IFDXE40S4XHA75882</u>	<u>19</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: YUQI ZHAO

Position: General 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: YUQI - ZHAO

Position: General 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: YUQI ZHAO

Position: General Manager

SECTION 4 – DECLARATION OF APPLICANT

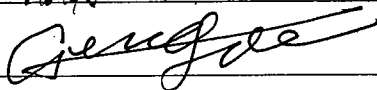
I understand that filing this application does not in itself constitute authority to operate as a passenger charter and excursion carrier.

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 YURI ZHAO

Signature of applicant 

Date 05/31/2008 County, State WA

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

CHARTER AND EXCURSION REGULATORY FEE CALCULATION SCHEDULE

Company Name Global Services, 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)

	x 25.00 =	\$ 25.00
--	-----------	----------

There is a minimum fee of \$25.00.

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

UNITED STATES OF AMERICA

The State of



Washington

Secretary of State

I, SAM REED, Secretary of State of the State of Washington and custodian of its seal,
hereby issue this

CERTIFICATE OF FORMATION

to

GLOBAL SERVICES, LLC

a/an WA Limited Liability Company. Charter documents are effective on the date
indicated below.

Date: 2/20/2007

UBI Number: 602-698-517

APPID: 783686



Given under my hand and the Seal of the State
of Washington at Olympia, the State Capital

A handwritten signature in cursive script that reads "Sam Reed".

Sam Reed, Secretary of State

NORTHWEST BUS SALES, INC.

NEED A BUS - SEE US

Bill of Sale/Purchase Agreement

Purchaser Info:

May 28, 2008

Customer Name:	Global Travel	Salesman:	George McQueen
Contact Name:	George Zhao		(253) 226-3139
Customer Physical Address:	659 Weller St.		george@nwbus.com
	<small>STREET ADDRESS</small>	Washington	98104
	<small>CITY</small>	<small>STATE</small>	<small>ZIP</small>
Billing/Mailing Address:	659 Weller St.	Washington	98104
	<small>STREET ADDRESS</small>	<small>STATE</small>	<small>ZIP</small>
	<small>CITY</small>	<small>STATE</small>	<small>ZIP</small>
Customer Phone #:	206-381-9888	Customer Cell #:	206-779-8557
Customer Fax #:		Customer email:	

Vehicle Information:

Year:	1999
Make:	Ford
Model:	Satrtrans
VIN:	1FDXE40S4XHA75882

<p>THANK YOU FOR YOUR BUSINESS!!</p>

Notes:

<p>Note: Bus paid by company check.</p> <p>Note: Thank you, Thank you, Thank you</p> <p>Note: We look forward to serving you in the future</p>
--

Pricing and Payment Information:

List Price of Unit:	\$ 20,000.00	Payment Information:	Signature Holds Unit Until: May 28, 2008
Balance Owed:	\$ 20,000.00		May 28, 2008
Lic., Reg., & Doc. (estimate):	\$ 200.00	Bus Must Be Paid in Full By:	May 28, 2008
	<small>(Monorail Tax May Be Applied to License and Registration)</small>	Payment Method:	Company Check
Sales Tax:	\$ 1,820.00	Check Number	
Cash Balance Due:	\$ 22,020.00	Unit Must Be Picked Up By:	May 30, 2008
Cash on Delivery:	\$ 22,020.00		

UNITS SOLD AS IS

Title remains in sellers possession until payment is received in full.

Buyer acknowledges receipt of a copy of this purchase agreement and further acknowledges having read and agreed to the terms and conditions printed on the agreement. Buyer understands that the down payment tendered is not refundable unless stated otherwise.

ACCEPTED: _____
SALESMAN
George McQueen

SIGNED: _____
BUYER
Global Travel

AUTHORIZED BY

BUYER

2724 Meridian E, Edgewood, WA 98371 * www.nwbus.com
1-800-231-7099 * (253) 841-9997 * fax (253) 8459384

globaltravel5108 Disconnected
Sign Out, My Account, Mail Classic

Yahoo! | My Yahoo! | News

Search the Web... Search

Check Mail **New**

Search Mail... Go

Netflix Only \$4.99/mo.

692 See your credit score - free

Online Degree Programs

Mortgage Rates near 30-Yr Lows

- Inbox
- Drafts
- Sent
- Spam (1) Empty
- Trash Empty
- Contacts Add
- Calendar
- Notepad
- All Feeds Add
- My Folders Add

Home **Inbox** 9 messages quote 42138 Re: 42138_5_29_2008 RE: 42138_5_29_2008 Mobile | Options | Help

Delete Reply Forward Spam Move Print More Actions

RE: 42138_5_29_2008-2-35-52 PM.pdf - Adobe Reader Standard Header
 "Skinner, Teresa" <TSkinner@geico.com> View Thursday, May 29, 2008 11:56:16 AM
 To: George Zhao <globaltravel5108@yahoo.com> Loading...

No the quote was for 1.5 million my quote will only show 1,000,000 . So the premium is 3672.00 for 1.5 million

TERESA SKINNER
 866-509-9444
 GEICO COMMERCIAL INSURANCE

"In order to protect your privacy, please do not include personal information such as your social security number, date of birth, or financial account details in a reply email. If you need to provide us with this information, you may phone us at 1-866-509-9444."

From: George Zhao [mailto:globaltravel5108@yahoo.com]
Sent: Thursday, May 29, 2008 2:52 PM
To: Skinner, Teresa
Subject: Re: 42138_5_29_2008-2-35-52 PM.pdf - Adobe Reader

Hello Teresa:
 I have reviewed your quote for us , but I found out that Liability and UIM-Bi 1,000,000.
 Would you please quote as 1,500,000.
 Thanks
 George

TODAY: 5/29 No events. Click the plus sign to add an event.

Account Summary For Global Services LLC



Quote #: 42138
 Status: Pending

Originally Quoted (ET): 05/21/2008 6:54:09PM
 Quote Printed (ET): 05/29/2008 2:35:36PM
 Quote Bound (ET):
 Policy Effective:

IB

<u>Coverage</u>	<u>Limit</u>	<u>Premium</u>
Liability	1,500,000 CSL	\$2,556
UM - BI Only	Included in UIM	Included
UIM - BI Only	1,000,000 CSL BI ONLY	315
MedPay	5,000	225
Physical Damage	See Specific Unit	576
Total		\$3,672.00

Quoted By: Nancy Knight
 Insurance Counselors, Inc.
 One GEICO Boulevard
 Fredericksburg VA 22412

Revision: 71WA2007R02

Vehicle Information

NICO-Rate Version: 8.0.24.3

<u>Unit</u>	<u>Liability</u>	<u>UM</u>	<u>UIM</u>	<u>Med Pay</u>	<u>Phys Dam</u>	<u>Cargo/ In-Tow</u>	<u>All/Lessor</u>	<u>Unit Total</u>
1 1999 FORD E450, OTHER - Comp/Coll: \$20,000 Radius: Up to 100 Miles	2,556	N/A	N/A	225	576	N/A	N/A	3,357
	Deductible:	250/250						





NICO-Rate for Washington
Columbia Insurance Company



Applicant: Global Services LLC

Vehicle # 1

Quote #: 42138
Description: 99 FORD E450, OTHER - SIGHTSEEING BUS (75882)
Class: Buses - Sightseeing (815)
Entity Type: LLC
New/Renew: New
Type: Passenger Van or Bus
Size: 19 Seats
Zipcode: 98104 (T - 1)
Radius: Up to 100 Miles
Filings: None

Originally Quoted (ET): 05/21/2008 6:54:09PM
 Quote Printed (ET): 05/29/2008 2:35:40PM
 QuoteBound (ET):
 Policy Effective:

Business Use: Commercial
AI/Lessor: No
Airbag: No
Antilock Brakes: No
Power Units: 1
Interstate: No
Mid-Term: No

Coverage	Limit	Premium
Liability	\$1,000,000 CSL	\$2,556
Medical Pay	\$5,000	225
Comp/Coll		576
AV Equipment	N/A	N/A
PIP		N/A
In-Tow		N/A
AI/Lessor		N/A
Cargo		N/A
Vehicle Sub Total**		\$3,357

Physical Damage	
Stated Amount:	\$20,000
Deductible:	250/250
In-Tow	
Limit:	N/A
Deductible:	N/A
Cargo	
Limit:	N/A

NICO-Rate Version: 8.0.24.3

Revision: 71WA2007R02.0

Liability	Base Rate	1,156
	Co Factor	0.9500
	ILF	2.2200
Medical Pay	Base Rate	1,156
	Co Factor	0.0627
	ILF	3.1000
Comp/Coll	Percentage	3.20%
	Co Factor	0.9993
Combined Coverage Credit		-5.00%
PIP	Base Rate	N/A
	Co Factor	N/A

Driver Factor 0.9000
Loss Free Credit 0.00%
Applied to Liab No
Applied to PD No
Experience Rating 0.00%
Schedule Rating 0.00%
Driver Surcharge 0.00%
Liability 16.50%
UM/UIM 0.00%
MedPay 0.00%
Physical Damage 0.00%
In-Tow 0.00%
Cargo 0.00%
All Coverages 0.00%

Primary Use Public
For Profit Yes
Disability Eq. No
Type Charter Bus
Urban Use Yes
Sightseeing Use Yes
4WD Tours No
Amphibious No

For Coding Purposes Only		
Liability (80,20)	2,045	511
Comp/Coll (25/75)	144	432

**Excludes UM/UIM Premium. See Account Summary for total premium.

Quoted By: Nancy Knight

Driver Information for Global Services LLC

NICO-Rate for Washington
Columbia Insurance Company

Policy Driver Rating Factor: 0.9000

Quote #: 42138

Revision:
71WA2007R02

<u>Driver</u>	<u>Date of Birth</u>	<u>License Class</u>	<u>Years Exp.</u>	<u>Total Points</u>	<u>Points Factor</u>	<u>Age Factor</u>	<u>Driver Factor</u>	<u>Mid-term</u>	<u>Unit</u>
1 Yuqi zchao	8/22/1958	CDL A	2+	0	1.0000	0.9000	0.9000		1