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or 1-800-416-5289

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APPLICATION FOR CHARTER AND EXCURSION CARRIER SERVICE CERTIFICATE

Application Fee and Initial Regulatory Fees due at time of application (1) \$200 PLUS \$25 PER VEHICLE

Descended Charter and Everysian Carrier Couries	Eas Daguired
Passenger Charter and Excursion Carrier Services	Fee Required
Application fee (Application for new certificate, to reinstate a previously canceled certificate, to transfer	\$200.00
an existing certificate to a new owner or business structure)	
Name Change	-\$-35.00 -
(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)	
	·
Regulatory Fee (per vehicle)	\$ 25.00
TYPE OF PAYMENT	•
□ Cash	d 🗆 Visa Exp Date
Credit Card Information (if applicable)	Month/Year
Amount \$ 225.00	
CERTIFICATION: I, the undersigned, under penalty for false statement, certifinformation is true and correct, that I am authorized to execute and file this do applicant, and that all information on file is current and valid.	•
Cardholder's signature: Date:	· · · · · · · · · · · · · · · · · · ·
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(For Commission Use Only) Company ID: 504 Docket TE	100 mm 10
114 0268 232 02 200 00 Date Filed: 0-3-08 Safety Insp	ection:
111 0268 232 03 Reg Fees:	
111 0268 DOL: SOS: 1 SO	

SECTION 1 – APPLICANT INFORMATION

Name of Applicant:_	JAMES S.	BEANT			· · · · · · · · · · · · · · · · · · ·		•
Trade Name(s) (if app	olicable):FQ16	ENDLY	ISLE	CHAR	TERS	· .	
Mailing Ad	dress:			Phys	sical Addr	ess:	
Street Po Bo	× 446	Street _	///	BRYN	MAWR	AVE	
City LOPEZ	-			PEZ 1S		· · ·	
State/Zip WA 9	82le1	State/Zip _	WA	982	41		
Phone Number: 360		Fax Number			٤.		
÷ UBI #:		E-Mail: FR	iendy	ISLECHA	HRIERS (D)	НОТИАН СО	n
Type of business st		□ Corpora	tion	□ Ot	her (LP, L	LP, LLC)	
List the name, title, and stockholders:	percentage of partne				Stock 1	Distributions	
<u>Name</u>		<u>Tit</u>	<u>le</u>		or Percenta	age of Shares	
JAMES S. BRAN	π	OWNE	R_			100/6	
List other certificates of	r permits held with th	e commissi	on:				
•	SECTION . (Attach additio						
License Number	Year And Make O Vehicle		ele ID N	lumber	Seatin	g Capacity	
B59887E	1498 FORD E450	1FDX	E 40F01	WHB 68805	16 + Dr	iver = 17	
		· · ·					

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.

of redetal Regulations 1 art 373). Tod muse				
Name: JAMES S. BRANT	Position: OWNER			
OPERATIONAL RESPONSIBILITIES				
List the person and position responsible for under of each category shown below.	erstanding and complying with the requirements			
ANNUAL REPORTS AND REGULATORY FEES. You must file an annual safety report and pay regulatory fees by December 31 of each year.				
Name: JAMES S. BRANT	Position: OWNER			
STATE OF WASHINGTON GENERAL LAWS, RULES AND REGULATIONS. You must comply with the regulations of local, state, and federal agencies such as, <u>but not limited to</u> : Department of Labor and Industries, Department of Licensing, Secretary of State, Department of Revenue and Internal Revenue Service and Employment Security.				
Name: JAMES & BRANT	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 _	JAMES S. BRANT	
Signature of applicant	XIS	
Date 5/31/08	SAN JUAN County, State WASHINGTON	

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

CHARTER AND EXCURSION REGULATORY FEE CALCULATION SCHEDULE

Company Name JAMES S. BRANT doa FRIENDLY ISLE 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	· .		. (
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 Use Only	001-111-02- 68-232-01