

TE-081468-CT



1300 S. Evergreen Park Dr. SW
P.O. Box 47250
Olympia, WA 98504-7250
Phone: 360-684-1222
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 (Application for new certificate, to reinstate a previously canceled certificate, to transfer an existing certificate to a new owner or business structure)	<div style="border: 1px solid black; border-radius: 50%; padding: 5px; display: inline-block;">\$200.00</div>
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 type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> AMEX <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa	
Credit Card Information (if applicable) _____ Exp Date _____ Month/Year _____	
Amount \$ <u>see reg fee sheet</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: _____

For Commission Use Only	Company ID:	Doc#	5179
026822201	Date:	Safety Inspection	
026822202	Reg:	Insurance	
026822203	DC	Sec	

SECTION 1 -- APPLICANT INFORMATION

Name of Applicant: MV Public TRANSPORTATION INC

Trade Name(s) (if applicable): _____

Mailing Address:		DN 105	Physical Address:	
Street	<u>360 Campus Ln #201</u>	Street	<u>1227 124th AVE N.E.</u>	
City	<u>FAIRFIELD</u>	City	<u>Bellevue</u>	
State/Zip	<u>CA 94534</u>	State/Zip	<u>WA 98005</u>	
Phone Number:	<u>707 863-8980</u>	Fax Number:	_____	
UBI #:	<u>602352876</u>	E-Mail:	_____	

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>MV TRANSPORTATION</u>	_____	<u>100</u>
<u>MVPT IS 100% OWNED</u>		
<u>It is a Subsidiary of MVT</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>see attached</u>	<u>lest</u>		<u>49</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: *MICHAEL BEDLION*

Position: *PROJECT 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: *Aaron Edwards*

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: *Aaron Edwards*

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 JEFF HEAVRIN

Signature of applicant By Jeff Heavrin

Date 7/31/2008 County, State Solano County CA

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

CHARTER AND EXCURSION REGULATORY FEE CALCULATION SCHEDULE

Company Name MV Public Transportation

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)

28	x 25.00 =	\$ 700 ⁰⁰	
			Plus Appl. Fee \$ 200 ⁰⁰
Agency Use Only		00-111-02	68-232-01

There is a minimum fee of \$25.00.

MV Public Transportation

<u>Veh Year</u>	<u>Make</u>	<u>Vehicle#</u>	<u>Seating Capacity</u>	<u>VIN #</u>	
2000	Van Hool	C2045	809	49	YE2CC13BXY2045038
2000	Van Hool	C2045	810	49	YE2CC13B2Y2045051
2000	Van Hool	C2045	811	49	YE2CC13B1Y2045056
2000	Van Hool	C2045	817	49	YE2CC13BXY2045007
2000	Van Hool	C2045	813	49	YE2CC13B912045070
2000	Van Hool	C2045	818	49	YE2CC13B512045275
2000	Van Hool	C2045	814	49	YE2CC13B712045164
2000	Van Hool	C2045	816	49	YE2CC13B012045247
2000	Van Hool	C2045	812	49	YE2CC13B522045388
2000	Van Hool	C2045L	815	49	YE2CC23B122045362
2001	Van Hool	C2045	1001	49	YE2CC13B912045165
2001	Van Hool	C2045	1002	49	YE2CC13BX12045224
2001	Van Hool	C2045	819	49	YE2CC13B512045292
2001	Van Hool	C2045	820	49	YE2CC13B712045231
2008	Starcraft Allstar	600430	901	21	1FD4E45S68DA23030
2008	Starcraft Allstar	600431	902	21	1FD4E45SX8DA23029
2008	Starcraft Allstar	600432	903	21	1FD4E45S18DA52855
2008	Starcraft Allstar	600433	904	21	1FD4E45S98DA52859
2008	Starcraft Allstar	600434	905	21	1FD4E45S98DA26536
2008	Starcraft Allstar	600435	906	21	1FD4E45S78DA26552
2008	Starcraft Allstar	600436	907	21	1FD4E45S08DA23038
2008	Starcraft Allstar	600437	908	21	1FD4E45S48DA52865
2008	Starcraft Allstar	600438	909	21	1FD4E45S78DA23036
2008	Starcraft Allstar	600439	910	21	1FDXE45S47DB43792
2008	Starcraft Allstar	600440	911	21	1FDXE45S77DB43818
2008	Starcraft Allstar	600441	912	21	1FD4E45S38DA23034
2008	Starcraft Allstar	600442	913	21	1FD4E45S78DA52861
2008	Starcraft Allstar	600443	914	21	1FD4E45S18DA23047

MAILING INSTRUCTIONS: MAIL FIRST THREE PARTS TO THE STATE COMMISSION. RETAIN FOURTH PART FOR YOUR FILE.

Form E
UNIFORM MOTOR CARRIER BODILY INJURY AND PROPERTY
DAMAGE LIABILITY CERTIFICATE OF INSURANCE
(Executed in Triplicate)

Fed with Washington Utilities and Transportation Commission (hereinafter called Commission)
(Name of Commission)

This is to certify, that the ACE American Insurance Company
(Name of Company)

(hereinafter called Company) of 436 Walnut Street, Philadelphia, PA 19106
(Home Office Address of Company)

has issued to MV Public Transportation, Inc. of 360 Campus Lane, Suite 201, Fairfield, CA 94534
(Name of Motor Carrier) (Address of Motor Carrier)

a policy or policies of insurance effective from 02/01/2008 to 12:01 A.M. standard time at the address of the insured stated in said policy or policies and continuing until cancelled as provided herein, which, by attachment of the Uniform Motor Carrier Bodily Injury and Property Damage Liability Insurance Endorsement, has or have been amended to provide automobile bodily injury and property damage liability insurance covering the obligations imposed upon such motor carrier by the provisions of the motor carrier law of the State in which the Commission has jurisdiction or regulations promulgated in accordance therewith.

Whenever requested, the Company agrees to furnish the Commission a duplicate original of said policy or policies and all endorsements thereon.

This certificate and the endorsement described herein may not be cancelled without cancellation of the policy to which it is attached. Such cancellation may be effected by the Company or the insured giving thirty (30) days' notice in writing to the State Commission, such thirty (30) days' notice to commence to run from the date notice is actually received in the office of the Commission.

Countersigned at 1 Beaver Valley Road, Wilmington, DE 19803
(Street Address) (City) (State) (Zip Code)

this 31st day of July 20 08

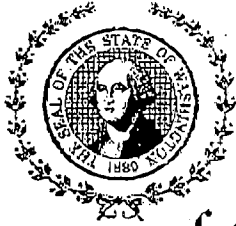
Insurance Company File No. ISA H08239976
(Policy Number) 
(Authorized Company Representative)

MC 1635a (Ed. 8-81) UNIFORM INFORMATION SERVICES (UMS)

1085 5/87/88

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 EXISTENCE/AUTHORIZATION

OF

MV PUBLIC TRANSPORTATION, INC.

I FURTHER CERTIFY that the records on file in this office show that the above named Profit Corporation was formed under the laws of the State of CA and was issued a Certificate Of Authority in Washington on 5/8/2007.

I FURTHER CERTIFY that as of the date of this certificate, MV PUBLIC TRANSPORTATION, INC. remains active and has complied with the filing requirements of this office.

Date: May 9, 2007

UBI: 602-352-876



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

WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION
PO BOX 47250 OLYMPIA, WA 98504-7250

CHARTER AND EXCURSION REGULATORY FEE

5179

Company Name MV Public Transportation, INC.

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

28

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

28 X 25.00 = \$ 700.00

There is a minimum fee of \$25.00

plus Appl. Fee \$ 200.00

\$ 900.00

TYPE OF CREDIT CARD

(check one)

VISA

MASTERCARD

DISCOVER

AMERICAN EXPRESS

EXPIRATION DATE

AMOUNT \$

900.00

CERTIFICATION

I, the undersigned, under penalty for false statement, certify that the information is true, valid, and correct and that I am authorized to execute and file this document on behalf of the applicant.

NAME (Printed): JEFF HEAVIN

SIGNATURE: [Signature]

DATE: 7/31/2008

WUTC USE ONLY

AUTHORIZATION NUMBER: # _____ STAFF: Cullen Smith

RECEPTION NUMBER: 012211 111 0268 232 02 700.00

111 0268 032 05

111 0208 232 01
200.00



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360 Campus Lane, Suite 201
Fairfield, California 94534
707 • 863 • 8980
(facsimile) 707 • 863 • 8944
www.mvtransit.com

Washington
UTC
Utilities and Transportation
Commission
133 S. Evergreen Park Dr. SW
Olympia, WA 98504

Dear Colleen,

Please find the information regarding the passenger charter and excursion carrier services we provide in the State of Washington. I have attached: application, safety responsibilities, declaration of applicant, charter and excursion regulatory fee calculation schedule, charter and excursion regulatory fee, section 1-application information, UBI#, certificate of insurance and all required information for 28 vehicles.

If you have any questions, please feel free to contact me.

Brenda Doty
Jr. Tax Accountant
MV Transportation, Inc.
Phone# 707 863-8980 ext. 3027
Fax# 707 430-0383