

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

TE-082183-AT

CHARTER AND EXCURSION REGULATORY FEE

Company Name Coastal Transport 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 4

2. Total Regulatory Fees owed (enter amount from line 1) 4 X 25.00 = \$ 100

There is a minimum fee of \$25.00

TYPE OF CREDIT CARD

(check one)

VISA MASTERCARD DISCOVER AMERICAN EXPRESS

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EXPIRATION DATE: ~~5/10~~ 05/10 AMOUNT \$ 300⁰⁰

CERTIFICATION

08 4935

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): Brent Meldrum

SIGNATURE: *Brent Meldrum* DATE: 12/3/08

WUTC USE ONLY

AUTHORIZATION NUMBER: _____ STAFF: _____
RECEPTION NUMBER: 0015721 111 0268 232 02
111 0268 032 05

5345

SECTION 1 - APPLICANT INFORMATION

Name of Applicant: Coastal Transport LLC

Trade Name(s) (if applicable): CTW

Mailing Address:

Physical Address:

Street P. O. Box 697

Street 7 Calder Rd.

City Elma

City Elma

State/Zip WA 98541

State/Zip WA 98541

Phone Number: (360) 482-4818

Fax Number: (360) 482 1318

UBI #: 602 494 070

E-Mail: CTW@CenturyTel.net

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>Stacy Andrews</u>	<u>Member</u>	<u>33</u>
<u>Sydnee Meldrum</u>	<u>Member</u>	<u>33</u>
<u>Brent Meldrum</u>	<u>Manager</u>	<u>34</u>

List other certificates or permits held with the commission:

SECTION 2 - EQUIPMENT

(Attach additional sheets if necessary)

<u>License Number</u>	<u>Year And Make Of Vehicle</u>	<u>Vehicle ID Number</u>	<u>Seating Capacity</u>
<u>on-order</u>	<u>08 Uplander</u>	<u>1GN0V231580184334</u>	<u>7</u>
<u>on-order</u>	<u>08 Ford Econoline</u>	<u>1FBNE31L98DA774458</u>	<u>12</u>
<u>697 UNJ</u> 720X0X	<u>01 B450-Ford Goshen</u>	<u>1FDXE45F01HA40661</u>	<u>10+2 wheel chair</u>
<u>720X0X</u>	<u>01 GMC ³⁵⁰⁰ Savannah</u>	<u>1GJH39R811184030</u>	<u>7+1 wheel chair</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: Brent Meldrum

Position: 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: Brent Meldrum

Position: 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: Brent Meldrum

Position: 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 Brent Meldrum

Signature of applicant Brent Meldrum

Date 12/2/08 County, State Grays Harbor, WA

ACORD CERTIFICATE OF LIABILITY INSURANCE

OF ID MH
COAST-5

DATE (MM/DD/YYYY)
10/27/08

PRODUCER
Ferguson & Associates, Inc.
PO Box 1835
Kingston WA 98346-1835
Phone: 360-297-4844 Fax: 360-297-4882

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
Coastal Transport LLC
dba Coastal Transport of WA
Mobility Transport, LLC
Stacy Andrews
PO Box 697
Elma WA 98541

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: Empire Fire & Marine	21326
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 ADDL LTR INSR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A X	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOG	CL314443	05/13/08	05/13/09	EACH OCCURRENCE \$ 1,000,000. DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000. MED EXP (Any one person) \$ 5,000. PERSONAL & ADV INJURY \$ 1,000,000. GENERAL AGGREGATE \$ 2,000,000. PRODUCTS - COMP/OP AGG \$ 2,000,000.
A X	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	CL314442	05/13/08	05/13/09	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000. 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 <input type="checkbox"/> DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				WC STATU-TORY 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

Proof of Insurance.

CERTIFICATE HOLDER

Optimal Translation & Transp.
Fax: 407-936-1532
Mary Smith
2950 Lake Emma Rd. Ste. 3020
Lake Mary FL 32746

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 DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

Douglas W. Ferguson