

TE-090371-CT



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MAR 09 2009

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

WASH. UT. & TP. COMM

### 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> (Application for new certificate, to reinstate a previously canceled certificate, to transfer an existing certificate to a new owner or business structure)	<b>\$200.00</b>																				
<b>Name Change</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)	<b>\$ 35.00</b>																				
<b>Regulatory Fee (per vehicle)</b>	<b>\$ 25.00</b>																				
<b>TYPE OF PAYMENT</b>																					
<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																					
Credit Card Information (if applicable) <span style="float: right;">Exp Date Month/Year</span>																					
<table border="1" style="width: 100%; height: 20px;"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																					
Amount \$ _____																					
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: _____																					

0017575 Name\* Benny Transpo Ue

(For Commission Use Only) 111 0268 232 01	50.00	Company ID: 5450	Docket TE-
111 0268 232 02	200.00	Date Filed: 3/9/09	Safety Inspection:
111 0268 232 03		Reg Fees: ok	Insurance:
111 0268		DOL: ok	SOS: ok

ck# 5002  
total \$ 250.00

## SECTION 1 – APPLICANT INFORMATION

Name of Applicant: BENNY TRANSPO LLC *BJ*

Trade Name(s) (if applicable): \_\_\_\_\_ (same as above)

**Mailing Address:**

**Physical Address:**

Street 1100 Eagle Ridge Dr S #A

Street 1100 Eagle Ridge Dr S #A

City Renton  
WA 98055

City Renton  
WA 98055

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

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

Phone Number: (425)306-1621

Fax Number: n/a

UBI #: 605-895-886 *602-895-886* Mail: benyu2004@yahoo.com

**Type of business structure:**

Individual       Partnership       Corporation       Other (LP, LLP, LLC) *BJ*

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>Alan Ko</u>	<u>CFO/GM</u>	<u>10%</u>
<u>Benjamin Yu</u>	<u>Owner</u>	<u>80%</u>
<u>Bin Liu</u>	<u>Sale Man</u>	<u>10%</u>

List other certificates or permits held with the commission:

n/a

## SECTION 2 – EQUIPMENT

*(Attach additional sheets if necessary)*

License Number	Year And Make Of Vehicle	Vehicle ID Number	Seating Capacity
<u>Recent purchase,</u>	<u>2006 Ford</u>	<u>1FBNE31L06DA82495</u>	<u>12 (driver incl)</u>
<u>Pending</u>			
<u>n/a</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: Benjamin Yu

Position: Owner

#### **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: Alan Ko

Position: CFO/GM

**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: Benjamin Yu

Position: Owner

**SECTION 4 – DECLARATION OF APPLICANT**

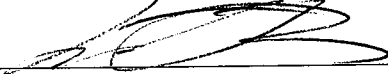
I understand that filing this application does not in itself constitute authority to operate as a passenger charter and excursion carrier.

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 BENNY TRANSPO LLC

Signature of applicant 

Date 03/05/2009 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** BENNY TRANSPO 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 =	\$50
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*There is a minimum fee of \$25.00.*

(For Commission Use Only) 001-111-02-68-232-01  Reception Number: <span style="font-size: 1.5em; margin-left: 100px;">17575</span>	Docket TE-	Permit No:
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# CERTIFICATE OF AUTOMOBILE INSURANCE

**THIS IS TO CERTIFY THAT** the named insured is at the date of this certificate insured by the company with respect to the automobiles hereinafter described for the types of insurance and respective coverages hereinafter designated by entry of the limits of liability or a statement that the coverage is in effect and in accordance with the provisions of the Automobile Policy in use by said company.  
This Certificate of Insurance neither affirmatively or negatively amends, extends or alters the coverage afforded by the policy.

Named Insured	BENJAMIN YU DBA BENNY TRANSPLO LLC,	FOR LIEN HOLDER INQUIRIES CALL OR WRITE 1-800-409-0733 P.O. BOX 2917 PHOENIX, AZ 85038
Address	1100 EAGLE RIDGE DR S A	

### DESCRIPTION OF THE INSURANCE FOR WHICH THIS CERTIFICATE IS ISSUED

Policy Number	AO2-268-191701-40	Effective Date	3/6/2009	Expiration Date	2/28/2010
Coverages:	PART A LIABILITY COVERAGE	PART B MEDICAL PAYMENTS COVERAGE	PART D - DAMAGE TO YOUR AUTO COVERAGE		
			COVERAGE FOR LOSS CAUSED BY COLLISION INCLUDED	DEDUCTIBLE AMOUNT APPLICABLE TO EACH LOSS IN DOLLARS:	
Limits of Liability	1500/1500/1500		YES	Loss Caused by Collision "ACV" Indicates Actual Cash Value ACV less 1000 Deductible	Loss Other Than Loss Caused by Collision "ACV" Indicates Actual Cash Value ACV less 1000 Deductible
*Includes Medical Expense	Accidental Death Benefit: \$	Protection Against Uninsured Motorists:	Each Named Insured	Each Per. \$	Each Acc.
POLICY INCLUDES: <input type="checkbox"/> BASIC NO-FAULT COVERAGE <input type="checkbox"/> OPTIONAL NO-FAULT COVERAGE					

### DESCRIPTION OF AUTOMOBILES

Year of Model	Trade Name	Body Type	Identification or Serial Number
2006	FORD	ECONOLINE	1FBNE31L06DA82495

### ADDITIONAL INTEREST

Such insurance as is afforded under the Liability Coverage of the policy shall also apply, with respect to covered autos, to each interest herinafter named, as an insured; but such inclusion of additional interest or interests shall not operate to increase the limit of the company's liability.

Name	N/A			
Street Address				
City	State	Zip		

### LOSS PAYEE

Such insurance as is afforded by the policy for loss of or damage to the automobile is payable, as interest may appear, to the named insured and the Loss Payee indicated below in accordance with terms of the Loss Payable Clause on the reverse side hereof:

Term of Loan: From:  To:

The insurance described herein is in effect on the date of this certificate and shall remain in force until canceled in accordance with the terms of the policy.

- Liberty Mutual Fire Insurance Company
- Liberty Mutual Insurance Company
- LM Insurance Corporation
- Liberty Insurance Corporation
- The First Liberty Insurance Corporation
- Liberty Mutual Mid Atlantic Insurance Co

*Dexter R. Foy* SECRETARY  
*Edward F. Kelly* PRESIDENT

Loss PAYEE and ADDRESS

DEPT OF LICENSING  
 MASTER LICENSE SERVICE  
 PO BOX 9034  
 OLYMPIA, WA 98507

Dated 3/6/2009 At

Countersigned *[Signature]*  
 Signature of Authorized Representative

**Form E**  
**UNIFORM MOTOR CARRIER BODILY INJURY AND PROPERTY**  
**DAMAGE LIABILITY CERTIFICATE OF INSURANCE**

Filed with **Washington Utilities and Transportation Commission** (hereinafter called Commission)

This is to certify, that the Liberty Mutual (hereinafter called Company)

of 100 Liberty way, Dover, NH 03822

has issued to Benjamin YU DBA BENNY TRANSPO LLC OF  
1100 EAGLE RIDGE DR S A, RENTON WA, 98055-3592

A policy or policies of insurance effective from 03/06/2009 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 14900 Interurban Ave #142, Tukwila, WA 98168

this 5th day of March, 2009

Insurance Company File No AO2-268-191701-40  
(Policy Number)

JEFF SUN  
(Authorized Company Representative)