



1300 S. Evergreen Park Dr. SW P.O. Box 47250 Olympia, WA 98504-7250

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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 transan existing certificate to a new owner or business structure)                                   | \$200.00<br>fer   |
| 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   |   |
| ☐ Cash ☐ Check ☐ Money Order ☐ AMEX ☐ Credit Card Information (if applicable)   | MasterCard No Visa Exp Date Month/Year                              |
| Circuit Card information (ir appreciate)  |   |
| Amount \$ 225.00  |   |
| CERTIFICATION: I, the undersigned, under penalty for false staten information is true and correct, that I am authorized to execute and fapplicant, and that all information on file is current and valid. | nent, certify that the following ile this document on behalf of the |
| Cardholder's signature: Bekk  | Date: 4/5/09  |
| Company BRC Developments L  |   |
| (For Commission Use Only) 200.00 Company ID: 700  | Docket TE-  |
| 111 0268 232 01 <b>0018190</b> 111 0268 232 02  Date Filed: 4-17-09   | Safety Inspection:  |
| Reg Fees: ( )   | Insurance:  |
| 111 0268 232 03<br>111 0268 DOL:  | SOS:  |

# SECTION 1 – APPLICANT INFORMATION

| Name of Applicant:                      | Beensed C                | t sex t      | sec Dev                  | elopm      | ents UC                               |
|---|--------------------------|--------------|--------------------------|------------|---------------------------------------|
| Trade Name(s) (if app                   | licable):                | <u> </u>     |                          |            |                                       |
| Mailing Ad                              | dress:                   |              |                          | Physical A | Address:                              |
| Street <u>28700</u> 3                   | 34th Ane S. H            | Street       | 28700                    | 34th       | Ave 5- H#1                            |
| City Auburn                             |                          | City         | Aubur                    | <u>'</u> N |                                       |
| State/Zip WA                            | 98001                    | State/Zip    | $-\omega$ A              | 98001      |                                       |
| Phone Number: 206                       | 137-8578                 | Fax Num      | ber: <u>253</u>          | 839-012    | 9                                     |
| UBI#:                                   |                          | E-Mail:_     | Me-Vec                   | he D'      | Jahoo. com                            |
| Type of business st  ☐ Individual ☐     | ructure: Partnership     | □ Corp       |                          |            | LP, LLP, LLC)                         |
| List the name, title, and stockholders: | percentage of partn      | er's share   | or stock distr           |            |                                       |
| <u>Name</u>                             |                          | : . <u>.</u> | <u>Γitle</u>             |            | tock Distributions reentage of Shares |
| Beening 2 12 (                          | lasey                    | avner        | 2                        |            | 100/0                                 |
|   |                          | •<br>•       |                          |            |                                       |
|   |                          |              |                          |            |                                       |
| List other certificates or              | permits held with t      | he commi     | ssion:                   |            |                                       |
| : :                                     |                          |              | UIPMENT<br>if necessary) |            |                                       |
| License Number                          | Year And Make<br>Vehicle |              | ehicle ID Nun            | nber S     | leating Capacity                      |
|   | 2004 Chew                | 4            | · ·                      |            | 14                                    |
|   |                          | •            | <u>.</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.

| of Federal Regulations Part 393). You must a         | maintain parts and accessories in safe condition. |
|--|---|
| Name: Beenved Casey                                  | Position: DWner                                   |
| 3.7  |   |
| OPERATIONAL R  | ESPONSIBILITIES                                   |
| List the person and position responsible for unde    | erstanding 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      | r.  |
| Name: Bennard CASU                                   | Position:   |
| STATE OF WASHINGTON GENERAL LAY                      | WS, RULES AND REGULATIONS. You must               |
| comply with the regulations of local, state, and for | ederal agencies such as, but not limited to:      |
|  | t of Licensing, Secretary of State, Department of |
| Revenue and Internal Revenue Service and Emp         |   |
| Name: Bernard Casen                                  | Position: Ource                                   |

# 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.

| Printe | d nar | ne of  | applica  | ent Bern | sed Cisus       |        |                                       | · · · · · · · · · · · · · · · · · · · |
|--------|-------|--------|----------|----------|-----------------|--------|---------------------------------------|---------------------------------------|
| Signat | ure c | of app | olicant_ | But C.   |                 |        | · · · · · · · · · · · · · · · · · · · |                                       |
| Date_  | 4     | 15     | 109      | •        | County, State _ | Auburn | WA                                    | · ·                                   |

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

# CHARTER AND EXCURSION REGULATORY FEE CALCULATION SCHEDULE

| 1 Total number of vehicles operated 2 Total Regulatory Fees owed (enter amount from line 1)  There is a minimum fee of \$25.00. | Excl | ccordance with RCW 81.70.<br>Ursion companies to file repo<br>the sum of \$25 for each veh | orts of the number of veh | icles operat | ted by the com |              |
|---|------|--|---------------------------|--------------|----------------|--------------|
| line 1)   | 1    | Total number of vehicles o   | perated                   |              |                |              |
| There is a minimum fee of \$25.00.  | 2    |  | d (enter amount from      |              | x 25.00 =      | \$ 25.00     |
|   |      | There is a minimum fee o   | f \$25.00.                |              |                |              |
|   |      |  |                           |              |                | e <u>.</u> . |
|   |      |  |                           |              |                |              |
|   |      |  |                           |              |                |              |
|   |      |  |                           |              | .·             |              |
|   |      |  |                           |              |                |              |
|   |      |  |                           |              |                |              |
|   | *    |  |                           |              |                |              |