

TE-090868-CT



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JUN 02 2009

WASH. UT. & TP. COMM

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P.O. Box 47250
Olympia, WA 98504-7250
Phone: 360-664-1222
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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 \$200.00
Name Change \$35.00
Regulatory Fee (per vehicle) \$25.00
TYPE OF PAYMENT
Amount \$ 225.00 Company Name: VIP PURPLE SHUTTLE LLC
VISA IN MY NAME JACK A. SALOMA
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: 30 MAY 2009

0018933

Table with 4 columns: (For Commission Use Only), Company ID, Docket TE-, Date Filed, Reg Fees, Safety Inspection, Insurance, DOL, SOS. Includes handwritten entries like 25.00, 5568, 6-2-09, and a checkmark.

Revised 2009

\$225.00 VIP Purple Shuttle LLC

SECTION 1 – APPLICANT INFORMATION

Name of Applicant: JACK A. SALOMA

Trade Name(s) (if applicable): VIP PURPLE SHUTTLE LLC

Mailing Address:

Physical Address:

Street P.O. BOX 4

Street 32 HEIKKINEN RD

City MONTE SANO

City MONTE SANO

State/Zip WA 98563

State/Zip WA- 98563

Phone Number: NA

Fax Number: NA

UBI #: 602-925-663

E-Mail: JACKSALOMA@COMCAST.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>JACK A. SALOMA</u>	<u>MANAGER</u>	<u>50%</u>
<u>RITA M. SALOMA</u>	<u>MANAGER</u>	<u>50%</u>

List other certificates or permits held with the commission:

NONE

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>688YYP</u>	<u>2000 FORD VAN</u>	<u>002</u>	<u>12</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	
<ul style="list-style-type: none"> ▪ 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: <i>Paul A. Salom</i>	Position: <i>MANAGER</i>
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: <i>Paul A. Salom</i>	Position: <i>MANAGER</i>
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: <i>Paul A. Salom</i>	Position: <i>MANAGER</i>

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 JACK A. SALOMA

Signature of applicant Jack A. Saloma

Date 30 MAY 2009 County, State Grays Harbor County, WA

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

CHARTER AND EXCURSION REGULATORY FEE CALCULATION SCHEDULE

Company Name VIP PURPLE SHUTTLE 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 = \$ 25.00

There is a minimum fee of \$25.00.

<p><i>(For Commission Use Only)</i> 001-111-02-68-232-01 Reception Number: <u>25.00</u> <u>18933</u></p>	Docket TE-	Permit No:
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