

TE-091538-AN



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Olympia, WA 98504-7250
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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
Application fee (Application for new certificate, to reinstate a previously canceled certificate, to transfer an existing certificate to a new owner or business structure)	\$200.00
Name Change (Application to change a company's corporate name, change a trade name, <u>add a new trade name</u> , 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 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) Exp Date Month/Year	
Amount \$ <u>35.00</u> Company Name: <u>CUSA, CSS, LLC</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: <u>Samuel M. [Signature]</u> Date: <u>9.16.09</u>	

(For Commission Use Only) 111 0268 232 01 0019415	Company ID: 143704	Docket TE-
111 0268 232 02 35.00	Date Filed: 9/24/09	Safety Inspection:
111 0268 232 03	Reg Fees: N/A	Insurance: ON FILE
111 0268	DOL: OK	SOS: OK

SECTION 1 – APPLICANT INFORMATION

Name of Applicant: CUSA CSS, LLC

Trade Name(s) (if applicable): COACH AMERICA CREW TRANSPORT

Mailing Address:		Physical Address:	
Street	<u>P.O. Box 460</u>	Street	<u>220 East Lewis</u>
City	<u>Pocatello</u>	City	<u>Pocatello</u>
State/Zip	<u>Idaho 83204</u>	State/Zip	<u>ID 83204</u>

Phone Number: 208 232-6877 Fax Number: 208 234-8954

UBI #: 602-497-868 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>Ferway Partners</u>		<u>100%</u>
_____	_____	_____
_____	_____	_____

List other certificates or permits held with the commission: _____

List your USDOT # 1364895 (If you don't have one you can go online at www.fmcsa.dot.gov/online-registration or contact the Washington State Patrol at 360-596-3816 or 360-596-3803 for assistance.)

SECTION 2 – EQUIPMENT
(Attach additional sheets if necessary)

License Number	Year And Make Of Vehicle	Vehicle ID Number	Seating Capacity
	<u>SAME</u>		

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 DAVID A. SANDQUIST ~~B~~
Signature of applicant *David A. Sandquist*
Date 9.16.09 County, State BANNOCK, Idaho