

TE-091851-AN



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

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, add a new trade name, or change the surname of an individual owner or partner)	\$ 35.00 #161309
Regulatory Fee (per vehicle)	\$ 25.00
TYPE OF PAYMENT	
<input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> AMEX <input type="checkbox"/> MasterCard	
Credit Card Information (if applicable) Exp Date Month/Year 	
Amount \$ <u>35.00</u> Company Name: <u>TRIANGLE CHARTER SERVICE 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: _____	Date: <u>11.25.09</u>

(For Commission Use) 111 0268 232 01	Company ID: <u>5797</u>	Docket TE-
111 0268 232 02	Date Filed: <u>11/30/09</u>	Safety Inspection:
111 0268 232 03	Reg Fees:	Insurance:
111 0268	DOL:	SOS: <u>ok</u>

SECTION 1 - APPLICANT INFORMATION

Name of Applicant: TRIANGLE CHARTER SERVICE LLC

Trade Name(s) (if applicable): _____

Mailing Address:

Physical Address:

Street P.O. BOX 1870

Street 12557 CHRISTIANSON RD

City MOUNT VERNON

City ANACOSTES

State/Zip WA. 98273

State/Zip WA. 98221

Phone Number: 360 293-4496

Fax Number: 360-299 0319

UBI #: 602 868 219

E-Mail: TRIANGLE CHARTERS @ GMAIL.COM

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:

Name	Title	Stock Distributions or Percentage of Shares
<u>DAN D WILDER</u>	<u>MEMBER</u>	<u>52%</u>
<u>BARBARA DEMEYER</u>	<u>MEMBER</u>	<u>48%</u>

List other certificates or permits held with the commission: TRIANGLE RGI CHARTER SRV CH 470 HELD BY DAN WILDER VANS ONLY

List your USDOT # 1767297 (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>329 YUR</u> ^{WA}	<u>1990 PREVOST</u>	<u>2P9L33403L1001562</u>	<u>47</u>
<u>340 WWF</u>	<u>1992 M.C.I.</u>	<u>1MBRCMTABNPD4H885</u>	<u>48</u>
<u>538 UPT</u>	<u>1996 ELDOADO</u>	<u>1N9EHAC80SC084151</u>	<u>37</u>
<u>877 XNH</u>	<u>1998 M.C.I.</u>	<u>1MBTRMRA8WP060017</u>	<u>57</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 DAN D. WILDER

Signature of applicant Dan D Wilder

Date 11-25-09 County, State SNOHOMISH WA.

P.O. Box 1870 - Mount Vernon, WA 98273
Phone (360) 293-4496 Fax (360) 299-0319



Fax

To: Colleen	From: Dan Wilder
Fax: (360) 586-1181	Pages: 4 w/cover
Phone: (360) 664-1222	Date: 11-25-09
Re: CH 362 Name Change	Time: 15:35 PST

- Urgent
 For Review
 Please Comment
 Please Reply
 Please Recycle

Colleen,

Thank you for your assistance, Could you please call our toll free number above when you have recieved and reviewed the paperwork.

Thank You,