

TE-100066-CT



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
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 <input checked="" type="checkbox"/> Visa	Exp Date Month/Year 7 2011
Credit Card Information (if applicable)	
Amount \$ <u>225.00</u> Company Name: <u>SWIFTY SWIFT LLC DBA Party Transport</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>12-30-9</u>

(For Commission Use Only) 111 0268 232 01	Company ID: <u>5818</u>	Docket TE-
111 0268 232 02	Date Filed: <u>1-8-10</u>	Safety Inspection:
111 0268 232 03	Reg Fees: <u>OK</u>	Insurance:
111 0268	DOL:	SOS:

Per UBI#: Swiftschmidt, LLC

SECTION 1 - APPLICANT INFORMATION

Name of Applicant: Traavis SWIFT (SWIFT SWIFT LLC)
DBA

Trade Name(s) (if applicable): Party Transport

Mailing Address:

Physical Address:

Street 1579 E Central

Street Same

City Sookhom

City Washington

State/Zip _____

State/Zip 99208

Phone Number: 509-701-3392

Fax Number: _____

UBI #: 1002-919-852

E-Mail: partytransportss@hotmail.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	Percentage	Title	Stock Distributions or Percentage of Shares
<u>Traavis SWIFT</u>	<u>100%</u>	<u>Owner/Operator</u>	<u>100%</u>

List other certificates or permits held with the commission: _____

List your USDOT # 1980487 (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>1002 B91553N</u>	<u>1997 Collins</u>	<u>4LMKB3310VLD002102</u>	<u>15 w/ Driver</u>