

Tr-100389



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
<b>Application fee</b> (Application for new certificate, to reinstate a previously canceled certificate, or to transfer an existing certificate to a new owner or business structure)	\$200.00
<b>Name Change</b> (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
<b>Regulatory Fee (per vehicle)</b>	\$ 25.00
<b>TYPE OF PAYMENT</b>	
<input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> AMEX <input checked="" type="checkbox"/> MasterCard <input type="checkbox"/> Visa	
Credit Card Information (if applicable)	Exp Date Month/Year
Amount \$ <u>225.00</u> Company Name: <u>William Walstat</u> <div style="text-align: right; font-size: 2em; font-weight: bold;">#M646578</div>	
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>William Walstat</u>	Date: <u>03/23/2010</u>

(For Commission Use Only) 111 0268 232 01 <u>25.00</u>	Company ID: <u>5890</u>	Docket TE-
111 0268 232 02 <u>200.00</u>	Date Filed:	Safety Inspection:
111 0268 232 03	Reg Fees:	Insurance:
111 0268	DOL:	SOS:

0013301

**SECTION 1 - APPLICANT INFORMATION**

Name of Applicant: Associated 1010, LLC *Per UBI #*

Trade Name(s) (if applicable): \_\_\_\_\_

<b>Mailing Address:</b>	<b>Physical Address:</b>
Street <u>515 116th ave SE</u>	Street <u>515 116th ave SE</u>
City <u>Belleve WA</u>	City <u>Belleve</u>
State/Zip <u>WA 98004</u>	State/Zip <u>WA 98004</u>
Phone Number: <u>206 914 5324</u>	Fax Number: <u>425 235 3204</u>
UBI #: <u>602 972 589</u>	E-Mail: <u>Bill Wolster@MSN.COM</u>

**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>William Wolster</u>	<u>Owner</u>	<u>100%</u>
_____	_____	_____
_____	_____	_____

List other certificates or permits held with the commission: \_\_\_\_\_

List your USDOT # 2001338 (If you don't have one you can go online at [www.fmcsa.dot.gov/online-registration](http://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>998X PK</u>	<u>1996 chev</u>	<u>1G-BLP37N383</u> <u>320463</u>	<u>28</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.

Name: *William Webster*

Position: *owner*

### 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: *William Webster*

Position: *owner*

**STATE OF WASHINGTON GENERAL LAWS, RULES AND REGULATIONS.** You must comply with the regulations of local, state, and federal agencies such as, but not limited to: Department of Labor and Industries, Department of Licensing, Secretary of State, Department of Revenue and Internal Revenue Service and Employment Security.

Name: *William Webster*

Position: *owner*

**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 William Webster

Signature of applicant William Webster

Date 03/02/2010 County, State King, ~~State~~ WA

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

CHARTER AND EXCURSION REGULATORY FEE CALCULATION SCHEDULE

Company Name Associated 1010

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
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*There is a minimum fee of \$25.00.*

(For Commission Use Only) 001-111-02-68-232-01 Reception Number:	Docket TE-	Permit No:
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To Follow

Application for Charter excursion  
Carrier services

From Bill Wolsted 206 914 3560  
billwolsted@msn.com

6 pages to follow this cover

**Form E**  
**UNIFORM MOTOR CARRIER BODILY INJURY AND PROPERTY**  
**DAMAGE LIABILITY CERTIFICATE OF INSURANCE**

*(Executed in Triplicate)*

Filed with Washington Utilities & Trans. Commission (hereinafter called Commission)  
 (Name of Commission)

This is to certify, that the LANCER INSURANCE COMPANY  
 (Name Of Company)

(hereinafter called Company) of 370 WEST PARK AVENUE, LONG BEACH, NY 11561  
 (Home Office Address of Company)

has issued to Associated 1010, LLC of 407 S. 23<sup>rd</sup> Street, Renton, WA 98056  
 (Name of Motor Carrier) (Address of Motor Carrier)

a policy or policies of insurance effective from 03/02/10 12:01 A.M., standard time at the address of the Insured stated in said policy or policies and continuing until canceled as provided herein, which, by attachment of the Uniform Motor Carrier Bodily Injury and Property Damaged Liability Insurance Endorsement, has or have been amended to provide automobile bodily injury and property damaged liability insurance covering the obligations imposed upon such motor carrier by the provisions of the motor carrier law of the State in which the Commission has jurisdiction or regulations promulgated in accordance therewith.

Whenever requested, the Company agrees to furnish the Commission a duplicate original of said policy or policies and all endorsements thereon.

This certificate and the endorsement described herein may not be canceled without cancellation of the policy to which it is attached. Such cancellation may be affected by the Company or the Insured giving thirty (30) days' notice in writing to the State Commission, such thirty (30) days' notice to commence to run from the date notice is actually received in the office of the Commission.

Countersigned at 370 WEST PARK AVENUE LONG BEACH NY 11561  
 (Street Address) (City) (State) (Zip Code)

this 2nd day of March 2010

Insurance Company File No. BA162903  
 (Policy Number)

  
 (Authorized Company Representative)