

TE 100432



1300 S. Evergreen Park Dr. SW
P.O. Box 4/250
Olympia, WA 98504-7250
Phone: 360-964-1222
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, or 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 type="checkbox"/> Visa	
Credit Card Information (if applicable)	Exp Date Month/Year

Amount \$ 35.00 Company Name _____

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: ES 180

(For Commission Use Only) 111 0268 232 01	Company ID: <u>M37033</u>	Docket TE-
111 0268 232 02 <u>35.00</u>	Date Filed: <u>3-11-10</u>	Safety Inspection:
111 0268 232 03	Reg Fees:	Insurance:
111 0268	DOL: <u>OR</u>	SOS: <u>N/A</u>
0019922		

SECTION 1 - APPLICANT INFORMATION

Name of Applicant: EDWIN S AGUIBALDO

Trade Name(s) (if applicable): EDONG EXPRESS

Mailing Address:

Physical Address:

Street 7224 STANFORD CT. NW Street 7224 STANFORD CT. NW

City BREMERTON City BREMERTON

State/Zip WA 98311 State/Zip WA 98311

Phone Number: (360) 307-8450 Fax Number: (360) 307-8450

UBI #: 601-579-819 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>

List other certificates or permits held with the commission: _____

List your USDOT # 1956333 (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)

<u>License Number</u>	<u>Year And Make Of Vehicle</u>	<u>Vehicle ID Number</u>	<u>Seating Capacity</u>
<u>219-YTD</u>	<u>1993 - FORD</u>	<u>1FDKE30GPHB11929</u>	<u>21</u>
		<u>1FDKE30G5PHB11929</u>	