



TE-111012-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 <i>X 4</i>
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"/> <i>See</i> Visa Exp Date Month/Year	
Credit Card Information (if applicable)	
Amount \$ _____ 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: <i>Steve Schubert</i>	Date: <i>5-26-11</i>

(For Commission Use Only) 111 0268 232 01 <i>100.00</i>	Company ID: <i>5554</i>	Docket TE-
111 0268 232 02 <i>200.00</i>	Date Filed: <i>6/4/11</i>	Safety Inspection:
111 0268 232 03	Reg Fees: <i>OK X 4</i>	Insurance:
111 0268	DOL: <i>OK</i>	SOS: <i>OK</i>

Total Paid \$300.00
Revised 07/09

032929

SECTION 1 - APPLICANT INFORMATION

Name of Applicant: AIRLINE Shuttle INC

Trade Name(s) (if applicable): _____

Mailing Address: _____ Physical Address: _____
 Street _____ Street 14644 9th Ave SW
 City _____ City SEATTLE
 State/Zip _____ State/Zip Wash 98166

Phone Number: _____ Fax Number: 206 242-2010

OK UBI #: 602 355 272 E-Mail: AirlineShuttle@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	Title	Stock Distributions or Percentage of Shares
<u>Steve J. Helli</u>	<u>Manager</u>	<u>100%</u>
_____	_____	_____
_____	_____	_____

List other certificates or permits held with the commission: _____

List your USDOT # 2158025 (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>A93383T</u>	<u>Ford</u>	<u>1FDXE40S2XHB36629</u>	<u>15</u>
<u>A10815X</u>	<u>Ford</u>	<u>1FDXE40S1HA31725</u>	<u>15</u>
<u>B18988T</u>	<u>04 Ford Excursion</u>	<u>1FMSU43PX4ED58952</u>	<u>15</u>
<u>A81065R</u>	<u>03 GMC Sierra</u>	<u>1GKEE19X73B501869</u>	<u>8</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: Sunny Lin

Position: OPERATIONS

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: Sunny Lin

Position: OPERATION

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: Sunny Lin

Position: OPERATIONS

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

Steve Valentini / Airline Shuttle

Signature of applicant

[Handwritten Signature]

Date

5-24-11

County, State

King, Washington



UTILITIES AND TRANSPORTATION COMMISSION

USDOT
2158025

1300 South Evergreen Park Drive SW
PO Box 47250
Olympia, WA 98504-7250
Phone (360) 664-1222
Fax (360) 588-1181
Web Site: www.wutc.wa.gov

CHARTER AND EXCURSION REGULATORY FEE

Company Name AIRLINE Shuttle INC
Company Address 14644 9TH AVE SW
Company City Seattle State WA Zip 98166
Company Permit Number _____

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 4
- 2. Total Regulatory Fees owed (enter amount from line 1) 4 X 25.00 = \$ 100-

There is a minimum fee of \$25.00

<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									
Credit Card Information (if applicable)								Exp Date Month/Year	
Amount \$ <u>100⁰⁰</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.

NAME (Printed): Steve Valentini

SIGNATURE: STEVE Valentini DATE: 5-24-11

For Commission Use Only	
Reception Number: _____	Ref. No.: _____
001-111-02-68-232-01:	001-111-02-68-032-05:

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

CHARTER AND EXCURSION REGULATORY FEE CALCULATION SCHEDULE

Company Name Airline Shuttle Inc

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

4

2 Total Regulatory Fees owed (enter amount from line 1)

4	x 25.00 =	\$ 100 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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Commercial Certificate of Insurance



FARMERS

Agency Name: Janna Melnik Ins Agency Inc
 Name: 601 SW 152nd ST Suite B
 & Burien, WA 98166
 Address: 206-243-0955(P)206-243-0914(F)

Issue Date (MM/DD/YY) **04/19/2011**

This certificate is issued as a matter of information only and confers no rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policies shown below.

St. _____ Dist. _____ Agent _____

Insured Name: Airline Shuttle Inc
 Name: 14644 9th AVE SW
 & Burien, WA 98166
 Address:

Companies Providing Coverage:

- Company A Truck Insurance Exchange
Letter
- Company B Farmers Insurance Exchange
Letter
- Company C Mid-Century Insurance Company
Letter
- Company D Canal Insurance Company
Letter

Coverages

This is to certify that the policies of insurance listed below have been issued to the insured named above for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions and conditions of such policies. Limits shown may have been reduced by paid claims.

Co. Ltr.	Type of Insurance	Policy Number	Policy Effective Date (MM/DD/YY)	Policy Expiration Date (MM/DD/YY)	Policy Limits
	General Liability Commercial General Liability - Occurrence Version Contractual - Incidental Only Owners & Contractors Prot.				General Aggregate Products-Comp/OPS Aggregate \$ Personal & Advertising Injury Each Occurrence \$ Fire Damage (Any one fire) \$ Medical Expense (Any one person) \$
D X	Automobile Liability All Owned Commercial Autos Scheduled Autos Hired Autos Non-Owned Autos Garage Liability	PLA06489301	01/26/2011	01/26/2012	Combined Single Limit \$1,050,000.00 Bodily Injury (Per person) \$ Bodily Injury (Per accident) \$ Property Damage Garage Aggregate \$
	Umbrella Liability				Limit \$
	Workers' Compensation and Employers' Liability				Statutory Each Accident \$ Disease - Each Employee \$ Disease - Policy Limit \$

Description of Operations/Vehicles/Restrictions/Special items:

2003 GMC Safari VIN# 1GKEL19X73B501869

Certificate Holder

Name: Evidence of Insurance
 &
 Address:

Cancellation

Should any of the above described policies be cancelled before the expiration date thereof, the issuing company will endeavor to mail 30 days written notice to the certificate holder named to the left, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives.

Janna Melnik
 Authorized Representative

Authorized Representative