

TE-111025-CT

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WASH. UT. & TP. COMM

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 checked="" 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 \$ <u>225.00</u> Company Name: <u>Crocker Entertainment 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: <u>David Cook</u>	Date: <u>5.24.2011</u>

(For Commission Use Only) 111 0268 232 01 <u>25.00</u>	Company ID: <u>6492</u>	Docket TE-
111 0268 232 02 <u>200.00</u>	Date Filed: <u>6/7/11</u>	Safety Inspection:
111 0268 232 03	Reg Fees: <u>OK X 1</u>	Insurance:
111 0268	DOL:	SOS:

Check #1661 Receipt # **032957**

SECTION 1 – APPLICANT INFORMATION

Name of Applicant: Crocker Entertainment LLC

Trade Name(s) (if applicable): VIP Party Bus

Mailing Address:

Physical Address:

Street 1315 Robinswood Ct. Street 1315 Robinswood Ct.

City Wenatchee City Wenatchee

State/Zip WA 98801 State/Zip WA 98801

Phone Number: 509-888-7789 Fax Number: 509-888-0186

UBI #: 603-086-054 E-Mail: davecrocker33@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:

<u>Name</u>	<u>Title</u>	<u>Stock Distributions or Percentage of Shares</u>
<u>David F. Crocker</u>	<u>member</u>	<u>50%</u>
<u>Tara M. Crocker</u>	<u>member</u>	<u>50%</u>

List other certificates or permits held with the commission: -

List your USDOT # 2124786 (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>408XYM</u>	<u>1992 Ford</u>	<u>(1FDKE30G6NHA02218)</u>	<u>14</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: <i>David Crocker</i>	Position: <i>Member</i>
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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: <i>David Crocker</i>	Position: <i>Member</i>
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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: <i>David Crocker</i>	Position: <i>Member</i>
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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 David Crocker

Signature of applicant David Crocker

Date 5.24.2011 County, State Chelan, WA

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

CHARTER AND EXCURSION REGULATORY FEE CALCULATION SCHEDULE

Company Name Crocker Entertainment LLC

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.

<i>(For Commission Use Only)</i> 001-111-02-68-232-01 Reception Number:	Docket TE-	Permit No:
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**UNIFORM MOTOR CARRIER BODILY INJURY AND PROPERTY
DAMAGE LIABILITY CERTIFICATE OF INSURANCE**
(Executed in Triplicate)

Filed with WUTC
(Name of Commission) _____ (hereinafter called Commission)

This is to certify, that the ZURICH AMERICAN INSURANCE COMPANY
(Name of Company)

(hereinafter called Company) SCHAUMBURG, IL
(Name Office Address of Company)
has issued to DAVID CROCKER
(Name of Motor Carrier) 02/11/2011
to 1315 ROBINSWOOD CT WENATCHEE, WA 98801
(Address of Motor Carrier)

A policy or policies of insurance effective from 02/11/2011 12:01 A.M. standard time at the address of the insured stated in said policy or policies and continuing until cancelled as provided herein, which by attachment of the Uniform Motor Carrier Bodily Injury and Property Damage Liability Insurance Endorsement, has or have been amended to provide automobile bodily injury and property damage 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 herewith.

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 cancelled without cancellation of the policy to which it is attached. Such cancellation may be effected 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.

Insured signed at 1333 S RUSTLE RD SPOKANE WA 99224
(Street Address) (City) (State) (Zip Code)
his 11TH day of FEBRUARY 2011

NS. CO. ID# _____
Insurance Company File No. BAP-9337403 (Policy Number)
Thomas S. Cochran, (AA)
(Authorized Company Representative)
PO BOX 19150 SPOKANE, WA 99219
(Address of Authorized Company Representative)

Print Forms & Services
Order No. 14-0156

Wrong name