



**RECEIVED**

JUN 23 2011

WASH. UT. & TP. COMM

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 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	<u>Fee Required</u>
<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)	<b>\$200.00</b>
<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)	<b>\$ 35.00</b>
<b>Regulatory Fee (per vehicle)</b>	<b>\$ 25.00</b>
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 <u>05/14</u> Month/Year
Credit Card Information (if applicable)	
Amount \$ <u>225<sup>00</sup></u> Company Name: <u>SEATTLE TOURS &amp; ACTIVITIES</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>[Signature]</u>	Date: <u>Jun 21, 2011</u>

Approval # <u>213285</u> (For Commission Use Only) 111 0268 232 01 <u>25.-</u>	Company ID: <u>6513</u>	Docket TE-
111 0268 232 02 <u>200.-</u>	Date Filed: <u>6/24/11</u>	Safety Inspection:
111 0268 232 03	Reg Fees: <u>OK X 1</u>	Insurance:
111 0268	DOL:	SOS:

Receipt # 033081

### 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: *Charles Mickelson*

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: *Charles Mickelson*

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: *Charles Mickelson*

Position: *owner*

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

**CHARTER AND EXCURSION REGULATORY FEE CALCULATION SCHEDULE**

Company Name SEATTLE TOURS & ACTIVITIES

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

1	x 25.00 =	\$ 25 <sup>00</sup>
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*There is a minimum fee of \$25.00.*

<p><i>(For Commission Use Only)</i> 001-111-02-68-232-01  Reception Number:</p>	<p>Docket TE-</p>	<p>Permit No:</p>
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**CHARTER AND EXCURSION REGULATORY FEE**

Company Name SEATTLE TOURS & ACTIVITIES  
 Company Address 3832 EASTERN AVE N #3  
 Company City SEATTLE State WA Zip 98103  
 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

1

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

1 X 25.00 = \$ 25.00


***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 type="checkbox"/> Visa											
Credit Card Information (if applicable)										Exp Date Month/Year	
Amount \$ _____											

**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): Charles M. Mickelson

SIGNATURE:  DATE: June 22, 2011

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