

TE-111207-AN

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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 \$200.00
Name Change \$35.00
Regulatory Fee (per vehicle) \$25.00
TYPE OF PAYMENT
[] Cash [X] Check [] Money Order [] AMEX [] MasterCard [] Visa
Exp Date
Month/Year
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: Date:

Table with 3 columns: (For Commission Use Only), Company ID, Docket TE-, Date Filed, Safety Inspection, Reg Fees, Insurance, DOL, SOS. Includes handwritten entries like '5498', '7/5/11', 'on file', '35.-'.

Receipt # 033123

Revised 07/09

SECTION 1 – APPLICANT INFORMATION

Name of Applicant: BRC Developments LLC

Add Trade Name(s) (if applicable): Reveches Rides

Mailing Address:

Physical Address:

Street 19701 14th AVE E Street same

City Spanaway City same

State/Zip WA 98387 State/Zip WA 98387

Phone Number: 253 414 8282 Fax Number: 253 473-3067 * change

UBI #: 602 537 2580 E-Mail: mr.veche@yahoo.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>Bernard R. Casey</u>	<u>owner</u>	<u>100%</u>

List other certificates or permits held with the commission:

CH 63585

List your USDOT # ~~CH 63585~~ 2118775 (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

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 Bernard R. Casey

Signature of applicant Bernard R. Casey

Date 6-29-11 County, State Pierce, WA