

Attention to: TINA

TE-111259-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, 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 checked="" type="checkbox"/> Visa	
Credit Card Information (if applicable) _____ Exp Date _____ Month/Year _____	
Amount \$ <u>225.00</u> Company Name: <u>Emerald City TOWNCAR Service</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: _____ Date: <u>07/11/11</u>	

VISA (For Commission Use Only) 111 0268 232 01 \$25.-	Company ID: <u>6534</u>	Docket TE- <u>111259</u>
111 0268 232 02 \$200.-	Date Filed: <u>7/12/11</u>	Safety Inspection: <u>[Signature]</u>
111 0268 232 03	Reg Fees: <u>OK X 1</u>	Insurance: <u>[Signature]</u>
111 0268	DOL: <u>[Signature]</u>	SOS: <u>N/A</u>

Receipt # 033160
Revised 07/09

Posted
Rms
2

SECTION 1 - APPLICANT INFORMATION

Name of Applicant: MARIUS PERKINS - Emerald City

Trade Name(s) (if applicable): Emerald City TOWNCAR SERVICE

Mailing Address:

Physical Address:

Street 17431 Ambaum Blvd

Street 17431 Ambaum Blvd C-12

City Burien

City Burien

State/Zip WA 98148

State/Zip WA 98148

Phone Number: 206-571-5363

Fax Number: _____

DOT #: 602-947-220

E-Mail: reservations@emeraldcitytaxi.com

800428540

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>MARIUS PERKINS</u>	<u>OWNER</u>	<u>100%</u>

List other certificates or permits held with the commission: _____

List your USDOT # 2170047 08/30/11 (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>786 ZVD</u>	<u>1996 Ford</u>	<u>1FDKE3067</u> <u>THB25362</u>	<u>14 Passenger</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>Marcus Perkins</i>	Position: <i>OWNER</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>Marcus Perkins</i>	Position: <i>OWNER</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>MARCUS PERKINS</i>	Position: <i>OWNER</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 MARCUS PERKINS

Signature of applicant Marcus Perkins

Date 2/1/11 County, State KING, WASHINGTON

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

CHARTER AND EXCURSION REGULATORY FEE CALCULATION SCHEDULE

Company Name Emerald City Town Car Service

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)

	x 25.00 =	\$ 225.00 25
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There is a minimum fee of \$25.00.

<p>(For Commission Use Only) 001-111-02-68-232-01</p> <p>Reception Number:</p>	<p>Docket TE- 111259</p>	<p>Permit No:</p>
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PUBLIC AUTO COVERAGE UPDATE

Please review the following information, answer all questions, sign below and return to your agent.

Policyholder: MARCUS A PERKINS DBA EMERALD CITY	Existing Policy #:	TP252908	Date Printed:	6/20/2011
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Based on the information shown below, your premium for the term for the term 06/25/2011 to 06/25/2012 is:

Our Best Payment Plan:

Deposit	\$612.00
12 Monthly Installments	\$429.00 *

* Final installment may vary slightly

Premium	State Taxes & Fees	Total
\$5,106.00	\$0.00	\$5,106.00

1. COVERAGES / LIMITS

Coverage	Limit / Deductibles	Coverage	Limit / Deductibles
Liability	100/1000/50		
Uninsured Motorist	25/50/10		
Underinsured Motorist	25/50/10		
Comprehensive Deductible	\$500		
Collision Deductible	\$500		

Model Year & Manufacturer	Model	Vehicle Identification #	Original seating capacity	Stated Value	Radius of operations	Length of stretch	Additional Interest
1996 FORD	E350	1FDKE30G7THB25362	14	\$6,000	0 - 75		
2005 LINCOLN	TOWNCAR	7482	5		0 - 75		

Are all commercially owned and operated units listed?	Y <input type="checkbox"/> N <input type="checkbox"/>	If "No", please provide revisions to the above schedule.
Have the operations or vehicle use changed since prior year?	Y <input type="checkbox"/> N <input type="checkbox"/>	If "Yes", please explain.

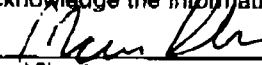
3. DRIVERS

(Currently dated Motor Vehicle Records (MVR's) required for all drivers.)

Driver Name	Violations / Accidents (Past 3 years)		Date of Birth	State	License Number	Status	Years Experience	Date of Hire
	# Violations	# Accidents						
MARCUS PERKINS	0	0	2/6/1973	WA	PERKIMA273CF	Active	11	1
john doe	0	0		WA		Active	10	0

Is this a complete and current list of all drivers?	Y <input type="checkbox"/> N <input type="checkbox"/>	If "No", please provide revisions to the above driver list.
Does insured agree to promptly report all new drivers?	Y <input type="checkbox"/> N <input type="checkbox"/>	

I acknowledge the information presented herein is true, accurate and complete.


OWNER
06/22/11
 Insured Signature Title Date