

TE-111331-AN



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WASH. UT. & TP. COMM

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P.O. Box 47250
Olympia, WA 98504-7250
Phone: 360-664-1222
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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 ONLY CH-188/ES173 \$35.00
Regulatory Fee (per vehicle) \$25.00
TYPE OF PAYMENT
[X] Check
Amount \$35.00 Company Name: CUSTOMIZED TOURS & Charter Service LLC
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-; 111 0268 232 01, M40996; 111 0268 232 02 \$35.-, Date Filed: 7/25/11, Safety Inspection:; 111 0268 232 03, Reg Fees: on file, Insurance:; 111 0268, DOL:, SOS:

Receipt # 033288

Revised 07/09

Check # 11623

SECTION 1 - APPLICANT INFORMATION

Name of Applicant: CUSTOMIZED TOURS & Charter Service, LLC

Trade Name(s) (if applicable): (SEE ATTACHED LIST)

Mailing Address:

Physical Address:

Street P.O. Box 98677

Street 22001 PACIFIC Hwy S, STE 112

City DES MOINES

City DES MOINES

State/Zip WA 98198

State/Zip WA 98198

Phone Number: 206-878-3965

Fax Number: 206-878-1161

~~Phone~~ #: 602-428-225

E-Mail: info@toursofseattle

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>

List other certificates or permits held with the commission: _____

List your ~~USDOT#~~ _____ (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>N/A - No Change from LAST ANNUAL RENEWAL</u>		

ADDITIONAL TRADE NAMES
for
Customized Tours and Charter Service, LLC

Customized Tours and Charter Service

Customized Tours

Tours of Seattle

Customized Charters

Seattle Charters

TourSeattle.com

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 an 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: _____

Position: _____

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: _____

Position: _____

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: _____

Position: _____

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 Joel Mensorides

Signature of applicant 

Date 7/18/2011 County, State KING COUNTY, WA