

TC-120230-AN

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)	adding to C-63162 \$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 checked="" type="checkbox"/> AMEX <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa	
Credit Card Information (if applicable) _____ Exp Date _____ Month/Year _____	
Amount \$ <u>35</u> Company Name: <u>CLWA, INC</u> <u>A129505</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>Richard Johnson</u> Date: <u>2/13/12</u>	

(For Commission Use Only) 111 0268 232 01	Company ID: <u>MHQ603</u>	Docket TE-
111 0268 232 02 <u>35.00</u>	Date Filed: <u>2/17/12</u>	Safety Inspection:
111 0268 232 03	Reg Fees: <u>on file</u>	Insurance: <u>on file</u>
111 0268	DOL: <u>OK</u>	SOS: <u>OK</u>

SECTION 1 - APPLICANT INFORMATION

Name of Applicant: CWA, Inc

Trade Name(s) (if applicable): see attached for ALL DBAs

Mailing Address:

Physical Address:

Street 1416 Whitehorn St Street same

City Ferndale City _____

State/Zip WA 98248 State/Zip _____

Phone Number: 3603808800 Fax Number: 3603801538

UBI #: 6022404450 E-Mail: richard@airporter.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>Richard Johnson</u>	<u>President</u>	<u>100%</u>

List other certificates or permits held with the commission: C 62162 C-1073

List your USDOT # 16991320 (If you don't have one you can go online at _____ or contact the Washington State Patrol at 360-596-3810 for assistance.)

SECTION 2 - EQUIPMENT

(Attach additional sheets if necessary)

License Number	Year And Make Of Vehicle	Vehicle ID Number	Seating Capacity
	<u>on file</u>		



STATE OF
WASHINGTON

BUSINESS LICENSE

Domestic Profit Corporation

Unified Business ID #: 602 240 445

Business ID #: 1

Location: 1

CWA INC.
AIRPORTER SHUTTLE
1416 WHITEHORN ST
FERNDAL WA 98248 8923

TAX REGISTRATION
INDUSTRIAL INSURANCE
UNEMPLOYMENT INSURANCE

LICENSING RESTRICTIONS:

Not licensed to hire persons under age 18 at this location.

REGISTERED TRADE NAMES:

AIRPORTER SHUTTLE
BELLAIR CHARTERS
CENTRAL WASHINGTON AIRPORTER
HESSELGRAVE SOUTH
TRAVEL WASHINGTON GOLD LINE
TRAVEL WASHINGTON GRAPE LINE

This document lists the registrations, endorsements, and licenses authorized for the business named above. By accepting this document, the licensee certifies the information on the application was complete, true, and accurate to the best of his or her knowledge, and that business will be conducted in compliance with all applicable Washington state, county, and city regulations.


Director, Department of Revenue