



RECEIVED

TE-120383-CT

MAR 20 2012

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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

WASH. UT. & TP. COMM

**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          |
|--|-----------------------|
| <b>Application fee</b><br>(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><br>(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>       |
| <b>TYPE OF PAYMENT</b>   |                       |
| <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<br>Credit Card Information (if applicable) <span style="float: right;">Exp Date<br/>Month/Year</span> |                       |
| Amount \$ <u>225.00</u> Company Name: <u>JJ Limousin SVS Inc</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>03/16/12</u> |

|  |                            |                    |
|--|----------------------------|--------------------|
| (For Commission Use Only)<br>111 0268 232 01 | Company ID: <u>M44608</u>  | Docket TE-         |
| 111 0268 232 02                              | Date Filed: <u>3/22/12</u> | Safety Inspection: |
| 111 0268 232 03                              | Reg Fees: <u>X 1 ok</u>    | Insurance:         |
| 111 0268                                     | DOL: <u>ok</u>             | SOS: <u>ok</u>     |

reception # 037974      payment 796514  
 Revised 07/09      ID# [Signature]      Page 2 of 6

**SECTION 1 - APPLICANT INFORMATION**

Name of Applicant: ~~JEET S. STOHM~~ JJ Limousine Services, Inc

Trade Name(s) (if applicable): ~~JJ LIMOUSINE SERVICES INC~~ N/A REUBEN

**Mailing Address:**

**Physical Address:**

Street 2423 124<sup>th</sup> AL NE

Street \_\_\_\_\_

City BELLEVUE

City \_\_\_\_\_

State/Zip 98005

State/Zip \_\_\_\_\_

Phone Number: 425-454-5053

Fax Number: \_\_\_\_\_

UBI #: 602-087-6770

E-Mail: \_\_\_\_\_

**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> |
|----------------------|------------------|--|
| <u>JEET S. STOHM</u> | <u>PRESIDENT</u> | <u>100% H</u>                                      |
|                      |                  |  |

List other certificates or permits held with the commission: \_\_\_\_\_

List your USDOT # 2060747 (If you don't have one you can go online at [www.fmcsa.dot.gov/online-registration](http://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>JJLIMO 2</u> | <u>2006 FORD F550</u>    | <u>1F0AT56P86EC86708</u> | <u>26</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: **JEET S. SIOHU**

Position: **PRESIDENT**

**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: **JEET S. SIOHU**

Position: **PRESIDENT**

**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 JEET S. SIDHU

Signature of applicant 

Date 03/16/2012 County, State KING WAS 4-UGTON

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

CHARTER AND EXCURSION REGULATORY FEE CALCULATION SCHEDULE

Company Name W Limousine Services, Inc

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)

|       |           |                           |
|-------|-----------|---------------------------|
| \$200 | x 25.00 = | <del>\$225.00</del><br>25 |
|-------|-----------|---------------------------|

*There is a minimum fee of \$25.00.*

|  |            |            |
|--|------------|------------|
| (For Commission Use Only)<br>001-111-02-68-232-01<br>Reception Number: | Docket TE- | Permit No: |
|--|------------|------------|

N/A 3/16



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
03/16/2012

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

|  |   |
|--|---|
| PRODUCER<br><b>Vern Fonk Insurance Services Inc</b><br>23830 Pacific Hwy S Ste 104<br>Kent, Wa 98032 | CONTACT NAME: <b>STELLA BISSETTE</b>                                      |
|  | PHONE (AC No. Ext): <b>206-859-4894</b> FAX (AC No.): <b>206-858-4889</b> |
|  | E-MAIL ADDRESS: <b>DAN@VERNFONK.COM</b>                                   |
|  | INSURER(S) AFFORDING COVERAGE   |
|  | INSURER A: <b>NORTHLAND INSURANCE COMPANY</b>                             |
| INSURED<br><b>JJ LIMOUSINE SERVICES INC</b><br>2423 124TH PLACE NE<br>BELLEVUE, WA 98005             | INSURER B:  |
|  | INSURER C:  |
|  | INSURER D:  |
|  | INSURER E:  |
|  | INSURER F:  |

COVERAGES CERTIFICATE NUMBER: 00120985-188612 REVISION NUMBER: 2

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR YR | TYPE OF INSURANCE  | ADDL SUBR | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS  |
|---------|--|-----------|---------------|-------------------------|-------------------------|---|
|         | <b>GENERAL LIABILITY</b><br><input type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR<br><br>GENL AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input type="checkbox"/> PRG <input type="checkbox"/> LOC |           |               |                         |                         | EACH OCCURRENCE \$<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$<br>MED EXP (Any one person) \$<br>PERSONAL & ADV INJURY \$<br>GENERAL AGGREGATE \$<br>PRODUCTS - COMP/OP AGG \$  |
| A       | <b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> ALL OWNED AUTOS<br><input type="checkbox"/> HIRED AUTOS<br><input checked="" type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> NON-OWNED AUTOS  | N N       | TP254257      | 08/16/2011              | 08/15/2012              | COMBINED SINGLE LIMIT (Ea accident) \$<br>BODILY INJURY (Per person) \$ <b>100,000</b><br>BODILY INJURY (Per accident) \$ <b>1,000,000</b><br>PROPERTY DAMAGE (Per accident) \$ <b>50,000</b><br>EACH OCCURRENCE \$<br>AGGREGATE \$ |
|         | <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR<br><b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE<br>DED RETENTION \$   |           |               |                         |                         | WC STATUTORY LIMITS OTHER<br>E.L. EACH ACCIDENT \$<br>E.L. DISEASE - EA EMPLOYEE \$<br>E.L. DISEASE - POLICY LIMIT \$   |
|         | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in WA)<br>If yes, describe under DESCRIPTION OF OPERATIONS below  |           | N/A           |                         |                         |   |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
2006 FORD F650 1FDAF56P86EC86708

CERTIFICATE HOLDER

CANCELLATION

|  |  |
|--|--|
| <b>WASHINGTON UTILITIES AND TRANSPORTATION COMM</b><br>PO BOX 47260<br>OLYMPIA, WA 98504 | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. |
|  | AUTHORIZED REPRESENTATIVE<br><br>(STE)   |

inactive as of 6/14/11 M44608