

TE-121748-Ct

1300 S. Evergreen Park Dr. SW P.O. Box 47250 Olympia, WA 98504-7250 Phone: 360-664-1222 Fax: 360-586-1181 TTY: 360-588-6203

> or 1-800-416-5289

e-mail: Transportation@ulc.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

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Passenger Charter and Excu	rsion Carrier Services	Fee Required		
Application fee (Application for new certificate, to reins an existing certificate to a new owner or	state a previously canceled certificate. - business structure)	\$200.00, to transfer		
Name Change (Application to change a company's cor or change the surname of an individual	porate name, change a trade name, a owner or partner)	\$ 35.00 dd a new trade name,		
Regulatory Fee (per vehicle)		\$ 25.00		
atog minory and offered to the second	TYPE OF PAYMENT	1 092310		
Credit Card Information (if applicable		MasterCard Visa Exp Date Month/Year		
Amount \$ 960.00	Company Name: RAZ Tran	sportation, Inc.		
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: 10-30-20/2				
(For Commission Use Only)	Company ID:	Docket TB-		
111 0268 232 01	Date Piled: 1 / 2 / 12	Safety Inspection:		
111 0268 232 02 041085	17212			
111 0268 232 03	Reg Fees X 29	Insurance		
111 0268	DOL: 61	SOS:		

<u>SECTION 1 – APPLICANT INFORMATION</u>

Name of Applicant:	RAZ Transport	ation, Inc.	
Trade Name(s) (if app	licable):		
Mailing Ad	ldress:	Phy	sical Address:
Street 1165550	N Pacific Hwy St	eet <u>Same</u>	
City Purtland	<u>Cir</u>	ту	
State/Zip OR 9	7223 Ste	te/Zip	
Phone Number: 503 (084-3322 Fax	Number: <u>503</u> 90	,8-3223
UBI#: 603 212	960 W E-M	Mail: ruth clempse	y 6 coachusa .con
Type of business sta ☐ Individual □		Corporation O	ther (LP, LLP, LLC)
List the name, title, and stockholders: Name William Pudd Ross Kinno	s VF	share or stock distribution Title Treusives Apordant	n for major Stock Distributions or Percentage of Shares
List your USDOT #	ot.gov/online-registration 803 for assistance.)		t have one you can go ton State Patrol at 360-
		sheets if necessary)	
License Number SEE AttACHED	Year And Make Of Vehicle	Vehicle ID Number	Seating Capacity
	l	<u> </u>	

Raz Transp	ortation, In	ic.		
License				
Plate Number	Year	Make	VIN	Seat Count
A6153	1994	MCI	1M8SDMPA5RP046366	48
A6156	1994		1M8SDMPA9RP046368	48
A5525	1995		2P9H33492S1001281	56
A5526	1995		2P9H33494S1001282	56
A5532	1995	PCI	2P9H33493S1001211	56
A5533	1995	PCI	2P9H33495S1001212	56
A5688	2005	ABC	4UZAABW13CK70411	29
A11302	1997	PCI	2PCH33417V1011880	50
A5853	1997	PCI	2PCH33410V1011882	50
A5854	1997	PCI	2PCH33414V1011884	50
A5855	1997	PCI	2PCH33415V1011909	50
A5856	1997	PCI	2PCH33410V1011915	50
A5866	1999	PCI	2PCH33494X1012798	58
A5867	1999	PCI	2PCH33492X1012802	58
A6071	2008	MCI	2M93JMEA58W064702	56
A6222	2005	ABC	4UZAAZDD75CV17719	29
A6223	2006	ABC	4UZAAZDD66CW19014	29
A6227	1997	MCI	1M8PDMPA2VP049801	55
A6229	1999	MCI	1M8PDMPA3XP052380	55
A62330 ⁻	2000	MCI	1M8PDMPA2ZP052408	55
A6231	2000	MCI	1M8PDMPAXYP052426	55
A6239	2005	MCI	2M93JMPA25W062821	56
A6240	2003	MCI	2M93JMPA93W062179	56
A6241	2003	MCI	2M93JMPA23W062203	56
A6242	2007	MCI	2M93JMPA57W063867	56
A6243	2007	MCI	2M93JMPA77W063868	56
A6244	2007	MCI	2M93JMPA97W063869	56
A62454	2007	MCI	2M93JMPA57W063870	56
A5376	2006	VanHool	YE2CC25B762046051	56

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.

Position: 2

OPERATIONAL RESPONSIBILITIES						
List the person and position responsible for under of each category shown below.	erstanding and complying with the requirements					
ANNUAL REPORTS AND REGULATORY pay regulatory fees by December 31 of each year	FEES. You must file an annual safety report and r.					
Name: GARY Habo	Position: Safety Manager WS, RULES AND REGULATIONS. You must					
comply with the regulations of local, state, and f	ederal agencies such as, but not limited to: t of Licensing, Secretary of State, Department of					
Name: Rith Domosou	Position: Sporos Staff Accountant					

Name:

GARY Hahn

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 PAC	L DOWNES	_
Signatu	re of applicant	mlg/ml	
Date	10-30-2012	County, State WASHINGTON, OREGON	<u>/</u>

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

CHARTER AND EXCURSION REGULATORY FEE CALCULATION SCHEDULE

Company Name <u>Kaz Transportation</u>, Iwc.

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

29

2 Total Regulatory Fees owed (enter amount from line 1)

29	x 25.00	=	\$ 725.00
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There is a minimum fee of \$25.00.

(For Commission Use Only)
001-111-02-68-232-01

Docket TE-

Permit No:

Reception Number:

Form E UNIFORM MOTOR CARRIER BODILY INJURY AND PROPERTY DAMAGE LIABILITY CERTIFICATION OF INSURANCE

Filed with Washington Utilities & Transportation C	ommission				(herein afte	r called	Agency)
(Name of Agency)	-						
This is to certify that the The Travelers Indemnity Com	pany of CT						
(Name of Company)	T 06400						
(herein after called Company) of One Tower Square, Hartford, C							
(10.11.13.13.13.13.13.13.13.13.13.13.13.13.							
	11655 S.W. PA	CIFIC HIG	HWAY,	PORTL	O, DNA	R	
has issued to LNC. (Name of Motor Carrier) of	97223	dress of Motor	Carrier)				
,	(Aut	11665 OF WIDEO	Carriery				
A policy or policies of insurance effective from 07/21/2012	12:01 A.M. s						
policy or policies and continuing until cancelled as provided herein, w Damage Liability Insurance Endorsement, has or have been amende	nich by attachment d to provide automol	of the Uniforn bile bodily inic	i Motor Ci	arrier Boi	dily injury made liah	and P	roperty
covering the obligations imposed upon such motor carrier by the provi	islons of the motor c	arrier law of ti	ne State in	which the	ne Agency	has j	urisdiction or
regulations promulgated in accordance therewith.							
Whenever requested, the Company agrees to furnish the Agend							
This certificate and the endorsement described herein may not cancellation may be effective by the Company or the insured giving the							
commence to run from the date notice is actually received in the office		a in whing to	ING SIBIO	ngericy,	Suci i unity	(30)	Jays Holica to
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5 Batterson Park Road	CT 00000	Thin.	1 416		C	00	12
Countersigned at <u>Farmington</u> (Address)	CT 06032	Inis	14th (Day)	day of _	(Month)	_	Year)
(Undiggs)			(Day)		(MOHUI)		(Teal)
- HC2ECAD476M5220TCT12		Detelaia	Church				
Insurance Company File No. HC2ECAP476M5320TCT12 (Policy No.)		<u>Patricia</u> (Aut	Conurce horized C		Represen	tative)	
(1 dildy 140)		y		puily	, .up. 00011		

Underlying Limit:0.00 Liability Limit:5,000,000.00