

TE-130535-C



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
<b>Application fee</b> (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> (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>

**TYPE OF PAYMENT**

Cash     
  Check     
  Money Order     
  AMEX     
  MasterCard     
  Visa

Credit Card Information (if applicable) \_\_\_\_\_ Exp Date \_\_\_\_\_  
 Month/Year \_\_\_\_\_

Amount \$ 250.00      Company Name: Airport Transporter Association, 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: Aedao Dube      Date: 04/10/13

(For Commission Use Only) 111 0268 232 01	Company ID: <u>7261</u>	Docket TE-
111 0268 232 02	Date Filed: <u>4/15/13</u>	Safety Inspection:
111 0268 232 03	Reg Fees: <u>ok x2</u>	Insurance:
111 0268	DOL: <u>ok</u>	SOS: <u>ok</u>

MVN # 723791 044552  
 Revised 08-11

**SECTION 1 – APPLICANT INFORMATION**

**Name of Applicant:** AIRPORT TRANSPORTER ASSOCIATION, LLC

**Trade Name(s) (if applicable):** SEATTLE EVERGREEN TRANSPORTATION *OK*

<b><u>Mailing Address:</u></b>		<b><u>Physical Address:</u></b>	
Street	241 S. LANDER STREET, #205	Street	241 S. LANDER STREET #205
City	SEATTLE	City	SEATTLE
State/Zip	WA 98134-1901	State/Zip	WA 98134-1901

Phone Number: 206 293-0815 OR 206 730-0200/ Fax Number: //206 682-4455 / /

UBI #: 602 895 275 *OK* E-Mail: *OK* dubekalacna@yahoo.com

**Type of business structure:**

Individual       Partnership       Corporation       Other (LP, LLP, LLC) *OK*

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>
Aedao Dube	President	33.3%
Handa A Felema	Treasurer	33.3%
Dawit A Felema	Secretary	33.3%

List other certificates or permits held with the commission: N/A

List your USDOT # 2328060 *OK* (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 360-596-3812 for assistance.)

**SECTION 2 – EQUIPMENT**

*(Attach additional sheets if necessary)*

License Number	Year And Make Of Vehicle	Vehicle ID Number	Seating Capacity
877629V	2000 FORD E-450	1FDXE45F2YHA27259	15
B19925B	2002 CHEV SUBSW	1GNFK16ZX23115337	9

## 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:** Aedao Dube

**Position:** President/(CEO)

### 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:** Aedao Dube

**Position:** President/Manager

**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, Internal Revenue Service and Employment Security.

**Name:** Aedao Dube

**Position:** President/Manager

**SECTION 4 – DECLARATION OF APPLICANT**

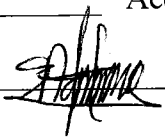
I understand that filing this application does not in itself constitute authority to operate as a passenger charter and excursion carrier.

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 \_\_\_\_\_ Aedao Dube \_\_\_\_\_

Signature of applicant \_\_\_\_\_  \_\_\_\_\_

Date 4/10/13 \_\_\_\_\_ County, State WA \_\_\_\_\_

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

**CHARTER AND EXCURSION REGULATORY FEE CALCULATION SCHEDULE**

**Company Name** \_\_\_\_\_ AIRPORT TRANSPORTER ASSOCIATION, LLC

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 2

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

2	x 25.00 =	\$50.00
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*There is a minimum fee of \$25.00.*

(For Commission Use Only) 001-111-02-68-232-01  Reception Number:	Docket TE-	Certificate No:
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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
4/10/2013

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 <b>TOP NOTCH INSURANCE SOLUTIONS</b> 1100 Virginia St #211 Seattle, WA 98101 176374	CONTACT NAME: PHONE (A/C No. Ext): <b>(206)264-6267</b>	FAX (A/C No.):
	E-MAIL ADDRESS: <b>robert@topnotchinsurance.com</b>	
INSURER(S) AFFORDING COVERAGE <b>INSURER A: KnightBrook Insurance Company</b>		NAIC# <b>13722</b>
INSURED <b>Airport Transporter Association LLC</b> 241 S LANDER ST, STE 205 SEATTLE, WA 98134 206 769-1139 206 730-0200	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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.

NSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$
<b>A</b>	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			<b>LWA-000348</b>	<b>1/2/2013</b>	<b>1/2/2014</b>	COMBINED SINGLE LIMIT (Ea accident) \$ <b>1,050,000</b> BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A WC STATUTORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
<b>A</b>	<b>UIM SPLIT</b>			<b>LWA-000348</b>	<b>01/02/2013</b>	<b>01/02/2014</b>	<b>\$100/\$300/\$50</b>

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

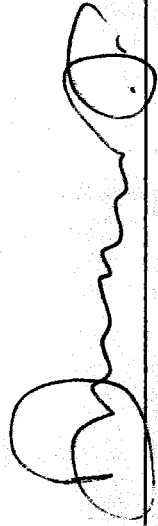
**EVIDENCE OF INSURANCE 2008 CADI STS4D VIN# 1G6DW67V680102096**  
**2002 CHEVY SUB VIN#1GNFK16ZX2J115337**  
**2003 LINC TOW VIN#1LNHM84W33Y643979**  
**2005 LINC TOW VIN#1LNHM84W75Y650792**  
**2008 FORD CV VIN#2FAHP71VX8X149164**  
**2000 FORD E450 VIN#1FDXE45F2YHA27259**

CERTIFICATE HOLDER <b>Port of Seattle</b> <b>Ground Transportation Unit</b> <b>PO Box 68727</b> <b>Seattle, WA 98168</b> <b>206-787-4641</b>	CANCELLATION 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: 
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02/11/2013 VEHICLE REGISTRATION CERTIFICATE

Lic/Plt	Iss-Dt	Tab-No	Reg-Exp	Val-Cd/Year	Dep	Mo-Reg	Pwr	Use	Mdyr
B20273X	02/2013	B502677	01/04/2014	37914/2002	1	12	G	F/H	2002
Make	Body	VIN or Serial No	Res-Co	ScLwt	Seats	Model/BT	Gwt	Gwt-Exp	Flt
CHEV	SUBSW	1GNFK16Z2J115937	17	5123	06	K1 /UT			
Equip	Prev-Plt Filing	TBD 1726	RTA Tax	Subagent	Gwt/Veh Wt	Other	Total Fees	Cash	Gwt Cr
B19925B	\$3.00	\$20.00	\$16.00	\$5.00	\$20.00	\$94.75	\$158.75	\$158.75	

AIRPORT TRANSPORTER  
ASSOCIATION LLC  
241 S LANDER ST  
STE 205  
SEATTLE WA 98134



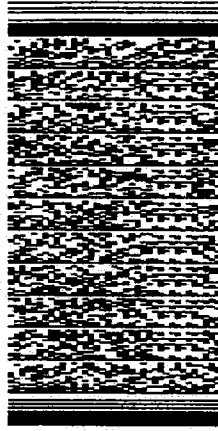
SIGNATURE OF REGISTERED OWNERS

SIGNATURE OF REGISTERED OWNERS

COMMENTS: COLOR-GREEN - PAID CONGESTION REDUCTION CHARGE - DISPLAY TAB ON BACK LICENSE PLATE ONLY - FRONT PLATE IS STILL REQUIRED.

REMARKS:

BRANDS:



RPT ID: AREGPR-1 VALIDATION CODE 2317420213042021130009023455

THIS CERTIFICATE IS NOT PROOF OF OWNERSHIP

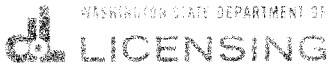
FPD: AREG\_AREGPR:2009/30/6.00001(1)

RECEIVED

APR 12 2013

WASH. UT. & TP. COMM

NO MONIES ENCLOSED



B77629V

04/10/2013 VEHICLE REGISTRATION CERTIFICATE

Lic/Plt B77629V	Iss-Dt 06/2012	Tab-No S108536	Reg-Exp 06/25/2013	Val-Cd/Year 24749/2007	Dep 2	Mo-Reg 12	Mo-Gwt 12	Pwr G	Use F/H	Mdyr 2000
Make FORD	Body E450	VIN or Serial No 1FDXE45F2YHA27259	Res-Co 17	ScLwt 9660	Seats 15	Model/BT 4DC/YY	Gwt 16000	Gwt-St 06/26/2012	Gwt-Exp 06/25/2013	Flt
Equip 436WJS	Prev-Plt Filing	TBD 1726	RTA Tax	Subagent \$5.00	Gwt/Veh Wt	Other \$2.00	Total Fees \$10.00	Cash \$10.00	Gwt Cr	

AIRPORT TRANSPORTER  
ASSOCIATION LLC  
241 S LANDER ST  
# 205  
SEATTLE WA 98134

OWNER(S) CERTIFY, BY SIGNATURE, THAT THIS VEHICLE WILL NOT TOW A TRAILER WITH A GVWR OF 10,000 OR MORE.

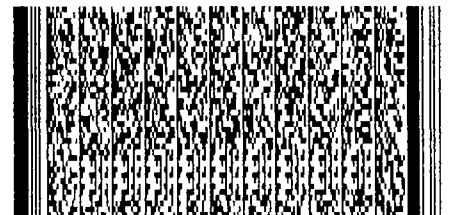
\_\_\_\_\_  
SIGNATURE OF REGISTERED OWNERS

\_\_\_\_\_  
SIGNATURE OF REGISTERED OWNERS

COMMENTS:  
VN-C - 18 - COLOR-BLACK - DISPLAY TAB ON BACK LICENSE PLATE ONLY - FRONT PLATE IS STILL REQUIRED.

REMARKS:

BRANDS:



RPT ID: AREGPR-1      VALIDATION CODE    23174202131000410130032025290

THIS CERTIFICATE IS NOT PROOF OF OWNERSHIP

FPD: AREG\_AREGPR:2009/30/6.00001(1)