

TE-130944

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)	\$ 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 type="checkbox"/> AMEX <input type="checkbox"/> MasterCard <input checked="" type="checkbox"/> Visa	
Credit Card Information (if applicable) Exp Date /Month/Year	
Amount \$ <u>225.00</u> Company Name: <u>Metro Limousine Services LLC</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>E. J. Silvery</u> Date: <u>5/21/2013</u>	

(For Commission Use Only) 111 0268 232 01	<u>75.00</u>	Company ID: <u>7317</u>	Docket TE-
111 0268 232 02	<u>200.00</u>	Date Filed: <u>5/21/13</u>	Safety Inspection:
111 0268 232 03		Reg Fees: <u>EX 1</u>	Insurance:
111 0268		DOL: <u>OK</u>	SOS: <u>OK</u>

045383
Revised 08-11

Charter Appl VI
5/24/13 Request refund \$50 -

SECTION 1 - APPLICANT INFORMATION

Name of Applicant: N/A EDWARD L. SILVERY

Trade Name(s) (if applicable): Metro Limousine Services LLC of

Mailing Address: trade name - Metro Limousine Services Physical Address:

Street 4742 LCC AVE. Street Same

City LONGVIEW City Same

State/Zip Washington 98632 State/Zip Same

Phone Number: 360-430-1287 Fax Number: _____

UBI #: 603-117-191-0001 E-Mail: metrolimousineservices@gmail.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>EDWARD L. SILVERY</u>	<u>OWNER</u>	<u>100%</u>

List other certificates or permits held with the commission: _____

List your USDOT # 23499700 (If you don't have one you can go online at also has MC 804419 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
<u>B516825</u>	<u>1998 Lincoln Town Car</u>	<u>1LNEM81Y6WY693517</u>	<u>12</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: <i>Edward L. Silvers</i>	Position: <i>owner</i>
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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: <i>Edward L. Silvers</i>	Position: <i>owner</i>
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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: <i>Edward L. Silvers</i>	Position: <i>owner</i>
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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 EDWARD L. SILVERY

Signature of applicant E. L. Silvery

Date 5/21/2013 County, State COWLITZ WASHINGTON

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

CHARTER AND EXCURSION REGULATORY FEE CALCULATION SCHEDULE

Company Name Metro Limousine Services 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

1

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

1	x 25.00 =	\$ 25.00
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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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Washington State Patrol

Special Project

UNIFORM DRIVER/VEHICLE INSPECTION REPORT

1010500

PERSONNEL NO. DIST / DET

LEVEL: 1 2 3 4 5

GENERAL HAZARDOUS MATERIALS
DATE TIME (MILITARY) HAZARD CLASS / DIVISION NO.
BEGUN FINISHED REPORTABLE QTY? Y N HAZARDOUS WASTE? Y N
LOCATION: SR/MP SCALEHOUSE NO. CNTY CODE PLACARD REQUIRED? Y N CARGO TANKS? Y N

CARRIER
CARRIER NAME (Include DBA when applicable)
ADDRESS
CITY STATE ZIP CODE INTERSTATE DOT NO. ICC NO.
YES NO

DRIVER
DRIVER NAME LICENSE NO. STATE EXP. YEAR
DATE OF BIRTH MED. CERT. Y N SHIPPER NAME SHIPPING NO.
WAIVER Y N

VEHICLE
REGISTERED OWNER NAME/ADDRESS G.V.W. P&T RATE

Table with columns: UNIT, TYPE, YEAR/MAKE, CO. UNIT NO., LICENSE NO. / VIN NO., STATE. Rows 1, 2, 3, 4.

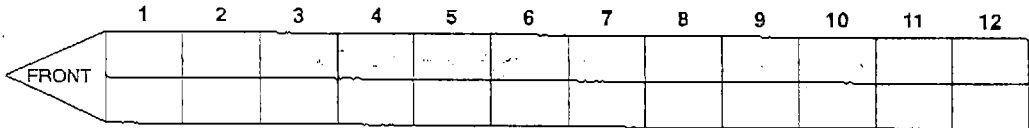


Table for violations with columns: CFR, VIOLATIONS, D, 1, 2, 3, 4, Unit #s D/E, Complied.

JECALS UNIT 1 UNIT 2 UNIT 3 UNIT 4 NOIC NO.

Vehicle may not be operated until O/S defects noted above are repaired.
Driver may not drive until in compliance.
DRIVER SIGNATURE
OFFICER SIGNATURE



3325 Washington Way. Longview, WA 98632

FAX

Date: MAY 21

Number of pages including cover sheet:

8

To:

UTC

Tina

Phone:

Fax phone: 360-586-1181

CC:

From:

SHANNON

Phone: 360-425-5444

Fax phone: 360-501-6662

REMARKS: Urgent For your review Reply ASAP Please comment

Re - Edward Silvery
for
Metro Limo Service