

TE-131031



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 RECEIVED
CERTIFICATE**

Application Fee and Initial Regulatory Fees due at time of application:

\$200 PLUS \$25 PER VEHICLE

MAY 29 2013

WASH. UT. & TP. COMM

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 checked="" type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> AMEX <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa	
Credit Card Information (if applicable)	Exp Date Month/Year
Amount \$ _____ Company Name: <u>Yellow Arrow Lines</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: _____	Date: _____

(For Commission Use Only) 111 0268 232 01 25-	Company ID: <u>17324</u>	Docket TE-
111 0268 232 02 200-	Date Filed: <u>5/29/13</u>	Safety Inspection:
111 0268 232 03	Reg Fees: <u>OK X 1</u>	Insurance:
111 0268	DOL: <u>OK</u>	SOS: <u>OK</u>

OK# 1189 045201

SECTION 1 – APPLICANT INFORMATION

Name of Applicant: YELLOW ARROW LINES LLC

Trade Name(s) (if applicable): _____

Mailing Address:

Physical Address:

Street 381 E. MAIN ST Street 381 E. MAIN ST

City OTHELLO City OTHELLO

State/Zip WA - 99344 State/Zip WA - 99344

Phone Number: (509) 469-9821 Fax Number: (509) 488-2711

UBI #: 603 251 968 E-Mail: lgreina0106@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:

<u>Name</u>	<u>Title</u>	<u>Stock Distributions or Percentage of Shares</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

List other certificates or permits held with the commission: NONE

List your USDOT # 2365 511 (If you don't have one you can go online at 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
<u>ALR0246</u>	<u>2010 FORD ECONOLINE</u>	<u>1FB5S3BLZADA81335</u>	<u>14</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: **REYNA MARTINEZ & FRANCO CAMARILLO** Position: **OWNER & BOOKKEEPER**

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: **FRANCO CAMARILLO** Position: **BOOK KEEPER**

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: **REYNA MARTINEZ & FRANCO CAMARILLO** Position: **OWNER & BOOK KEEPER**

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 REYNA MARTINEZ OCAMPO

Signature of applicant REYNA MARTINEZ O

Date 5/23/13 County, State ADAMS / WASHINGTON

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

CHARTER AND EXCURSION REGULATORY FEE CALCULATION SCHEDULE

Company Name YELLOW ARROW LINES 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.

<i>(For Commission Use Only)</i> 001-111-02-68-232-01 Reception Number:	Docket TE-	Certificate No:
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RECEIVED

MAY 29 2013

Form E

UNIFORM MOTOR CARRIER BODILY INJURY AND PROPERTY
DAMAGE LIABILITY CERTIFICATE OF INSURANCE

WASH. UT. & TP. COMM

Washington Utilities and Transportation Commission (hereinafter called Commission)

This is to certify, that the NATIONAL INDEMNITY COMPANY (hereinafter called Company)
of 3024 HARNEY STREET, OMAHA, NEBRASKA 68131

has issued to YELLOW ARROW LINES LLC of 381 E MAIN ST., OTHELLO, WASHINGTON 99344

a policy or policies of insurance effective from 3-7-2013 12:01 A.M. standard time at the address of the insured stated in said policy or policies and continuing until cancelled as provided herein, which, by attachment of the Uniform Motor Carrier Bodily Injury and Property Damage Liability Insurance Endorsement, has or have been amended to provide automobile bodily injury and property damage liability insurance covering the obligations imposed upon such motor carrier by the provisions of the motor carrier law of the State in which the Commission has jurisdiction or regulations promulgated in accordance therewith.

Whenever requested, the Company agrees to furnish the Commission a duplicate original of said policy or policies and all endorsements thereon.

This certificate and the endorsement described herein may not be cancelled without cancellation of the policy to which it is attached. Such cancellation may be effected by the Company or the insured giving thirty (30) days' notice in writing to the State Commission, such thirty (30) days' notice to commence to run from the date notice is actually received in the office of the Commission.

Countersigned at 3024 HARNEY STREET, OMAHA, NE 68131

this 7 day of MARCH, 2013

Insurance Company File No. 70APS040204
(Policy Number)

LES BALLER
(Authorized Company Representative)

**MOTOR VEHICLE LIABILITY INSURANCE
IDENTIFICATION CARD**

COMPANY NUMBER 70 COMPANY
National Indemnity Company

POLICY NUMBER 70 APS 040204 EFFECTIVE DATE 03/06/2013 8:29 PM EXPIRATION DATE 03/06/2014 12:01 AM

YEAR 2004 MAKE/MODEL FORD ECONOLINE VEHICLE IDENTIFICATION NUMBER 1FTNE24L14HA29960

AGENCY/COMPANY ISSUING CARD
Superior Underwriters
2027 152nd Avenue NE
Redmond, WA 98052

INSURED
YELLOW ARROW LINES LLC
381 E MAIN ST
OTHELLO, WA 99344

SEE IMPORTANT NOTICE ON REVERSE SIDE

M-4566a (11/1999)

CUT ALONG THIS LINE

**THIS CARD MUST BE CARRIED
IN THE INSURED VEHICLE FOR
PRODUCTION UPON DEMAND**

Report All Accidents To:

1-800-356-5750

24 Hour Toll Free

Claims may also be reported at:
claims@nationalindemnity.com

CUT ALONG THIS LINE

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