



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)	\$200.00
<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)	\$ 35.00
<b>Regulatory Fee (per vehicle) X8</b>	\$ 25.00 <b>\$200</b>
<b>TYPE OF PAYMENT</b>	
<input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> AMEX <input checked="" type="checkbox"/> MasterCard <input type="checkbox"/> Visa	
Credit Card Information (if applicable) <span style="float: right;">Exp Date Month/Year</span>	
Amount \$ <u>200.00</u> Company Name: <u>DB Compliance Services</u> <u>\$125-</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>Dana Brady</u> Date: <u>6/25/13</u>	

(For Commission Use Only) 111 0268 232 01 <u>\$125.00</u>	Company ID: <u>7325</u>	Docket TE-
111 0268 232 02	Date Filed: <u>6/28/13</u>	Safety Inspection:
111 0268 232 03	Reg Fees: <u>X8 OK</u>	Insurance:
111 0268	DOL: <u>OK</u>	SOS: <u>OK</u>

PART A

TE # 131033  
TV# 131033

WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION

1300 S Evergreen Park Dr SW, PO Box 47250, Olympia, WA 98504-7250

Telephone (360) 664-1222 - Fax (360) 586-1181

Intrastate Common Carrier Operating Authority

APPLICATION FOR PERMIT

(excluding Household Goods and Common Carrier Brokers)

*paid for car but hauls passengers*

FOR COMMISSION USE ONLY

Reception Number: <b>045195</b>	Safety: /	Carrier ID#: /
111 0268 200 02 <i>275.00</i>	Insurance: /	Employee: /

New Common Carrier Permit Authority, or Transfer of Existing Permit Number	Extension of Common Carrier Permit Authority
<input checked="" type="checkbox"/> \$275 GENERAL COMMODITIES ONLY	<input type="checkbox"/> \$100 GENERAL COMMODITIES, including ARMORED CAR SERVICE
<input type="checkbox"/> \$275 GENERAL COMMODITIES, including ARMORED CAR SERVICE	<input type="checkbox"/> \$100 GENERAL COMMODITIES, including HAZARDOUS MATERIALS
<input type="checkbox"/> \$275 GENERAL COMMODITIES, including HAZARDOUS MATERIALS	<input type="checkbox"/> \$100 GENERAL COMMODITIES, including HAZARDOUS MATERIALS and ARMORED CAR SERVICE
<input type="checkbox"/> \$275 GENERAL COMMODITIES, INCLUDING HAZARDOUS MATERIALS and ARMORED CAR SERVICE	

\$100 REINSTATEMENT OF CANCELLED COMMON CARRIER PERMIT (Must be filed within 10 months of cancellation)

For Commission Use Only  
Auth #: *045195*

TYPE OF PAYMENT

Check  Money Order  Amex  Discover  Mastercard  Visa

Expiration Date

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.

Name (printed): *Dana Brady* Date: *5/7/13*

Signature: *Dana Brady* Title: *agent*

CC#: <i>04957</i>	US DOT#: <i>2403819</i>	WA UNIFIED BUSINESS IDENTIFIER (UBI) #: <i>1007700101</i>
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APPLICANT NAME: *Fun Way to go LLC* PHONE#: *206 914-3560*

d/b/a: *FWTG* FAX #:

BUSINESS (MAILING) ADDRESS: *841 Central Ave N #217 Kent, wa 98022*

PHYSICAL ADDRESS: (street address, if different) *11328 SE Kent Kingley Rd # J302, Kent, wa 98030*

**SECTION 1 - APPLICANT INFORMATION**

Name of Applicant: Fun Way to Go LLC

Trade Name(s) (if applicable): FWTG

**Mailing Address:**

**Physical Address:**

Street 841 Central Blvd #217 Street

11328 SE Kent Kingsley Rd  
J302

City Kent

City Kent

State/Zip WA 98032

State/Zip WA 98030

Phone Number: 206-914-3560

Fax Number: 253-373-1574

UBI #: 603-300-101

E-Mail: dana@dbcompserv.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>
<u>Jerrilund (Wayne) Sampson</u>	<u>mba/mgr</u>	<u>100</u>

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

List your USDOT # 2403819 (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)*

<u>License Number</u>	<u>Year And Make Of Vehicle</u>	<u>Vehicle ID Number</u>	<u>Seating Capacity</u>
	<u>Please see attached</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: Jerrilund Sampson

Position: mbe/mgr

#### 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: Jerrilund Sampson

Position: mbe-mgr

**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: Jerrilund Sampson

Position: mbe/mgr

**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 Jenslund Sampson By Dana Brady P019  
Signature of applicant Jenslund Sampson By Dana Brady P019  
Date 6/25/13 County, State King, WA

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

CHARTER AND EXCURSION REGULATORY FEE CALCULATION SCHEDULE

Company Name Fun Way to go 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

8

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

8	x 25.00 =	\$ 200 <sup>00</sup>
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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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