

TE-131489



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AUG 12 2013

WASH. UT. & TP COMM

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>
<b>TYPE OF PAYMENT</b>	
<input type="checkbox"/> Cash <input type="checkbox"/> Check <input checked="" type="checkbox"/> Money Order <input type="checkbox"/> AMEX <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa	
Credit Card Information (if applicable) <span style="float: right;">Exp Date Month/Year</span>	
Amount \$ _____ Company Name: _____	
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	250.00	Company ID: 17431	Docket TE-
111 0268 232 02	200.00	Date Filed: 8/13/13	Safety Inspection:
111 0268 232 03		Reg Fees: ok x 10	Insurance: binder attached
111 0268		DOL: ok	SOS: ok

mo/Check # 20830220188 \$450.00 Total

085507

**SECTION 1 - APPLICANT INFORMATION**

Name of Applicant: SANTA BARBARA TRANSPORTATION Corporation <sup>REV UBL</sup>  
Trade Name(s) (if applicable): D/B/A CASCADE STUDENT TRANSPORTATION

**Mailing Address:**

**Physical Address:**

Street PO Box 667 Street 1304 SE EATON BLVD  
City BATTLE GROUND City BATTLE GROUND  
State/Zip WA 98604 State/Zip WA 98604  
Phone Number: 360 687-1479 Fax Number: 360 687-1042  
UBI #: 603 205 834 E-Mail: mgately@ridecst.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: \_\_\_\_\_

List your USDOT # 677713 (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
<u>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: KAREN BISSON

Position: SAFETY 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: MICHAEL GATELY

Position: VP OF OPERATIONS

**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: MICHAEL GATELY

Position: VP OF OPERATIONS

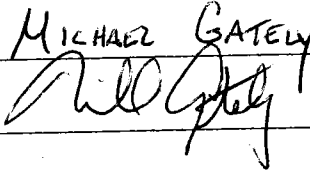
SECTION 4 - DECLARATION OF APPLICANT

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 MICHAEL GATELY  
Signature of applicant   
Date 8/8/13 County, State CLARK, WA

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

CHARTER AND EXCURSION REGULATORY FEE CALCULATION SCHEDULE

Company Name CASCADE STUDENT TRANSPORTATION

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

10

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

10	x 25.00 =	\$ 250
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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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## UTC Fleet - Cascade Student Transportation

License No.	Year And Make of Vehicle	Vehicle ID No.	School Bus Capacity
B33955T	2007 - Collins	229337	20
97083C	2012 - Thomas	205512	77
A1590C	2013 - International	227513	72
97084C	2012 - Thomas	205612	77
A1599C	2013 - International	228113	72
A1597C	2013 - International	227213	72
97064C	2011 - Thomas	205812	77
97062C	2011 - Thomas	206012	77
97056C	2012 - Thomas	202912	71
A2100C	2013 - International	228013	72

Note: Exempt plates will be replaced with commercial plates upon approval of UTC application.



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
08/08/2013

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>FRANKLIN CASE AGENCY LLC</b> 5 WALTER FORAN BLVD SUITE 2010 FLEMINGTON, NJ 08822	CONTACT NAME	PHONE (A/C No, Ext): 908-806-2531		FAX (A/C, No):
	E-MAIL ADDRESS:			
INSURED <b>SANTA BARBARA TRANSPORTATION INC</b> DBA CASCADE STUDENT TRANSPORTATION OF AMERICA INC. 1304 SE EATON BLVD PO BOX 667 BATTLE GROUND, WA 98604	INSURER(S) AFFORDING COVERAGE			NAIC #
	INSURER A: NATIONAL INTERSTATE INS CO			
	INSURER B:			
	INSURER C:			
	INSURER D:			
	INSURER E:			

COVERAGES CERTIFICATE NUMBER: 111237 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 SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC			STA 0000001-08	7/1/13	7/1/14	EACH OCCURRENCE	\$ 5,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
							MED EXP (Any one person)	\$ EXCLUDED
							PERSONAL & ADV INJURY	\$ 5,000,000
							GENERAL AGGREGATE	\$ 5,000,000
							PRODUCTS - COMP/OP AGG	\$ 5,000,000
								\$
A	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS <input checked="" type="checkbox"/> COMP DED			STA 0000001-08	7/1/13	7/1/14	COMBINED SINGLE LIMIT (Ea accident)	\$ 5,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
A	<b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			STX 0000001-08	7/1/13	7/1/14	EACH OCCURRENCE	\$ 5,000,000
							AGGREGATE	\$ 5,000,000
								\$
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	SWC 0341497-10	7/1/13	7/1/14	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER	
							E.L. EACH ACCIDENT	\$ 1,000,000
							E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	\$ 1,000,000

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

CERTIFICATE HOLDER IS NAMED AS AN ADDITIONAL INSURED WITH RESPECT TO THE ACTIVITIES OF THE NAMED INSURED.

### CERTIFICATE HOLDER

### CANCELLATION

WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION (UTC) PO BOX 47250 1300 S. EVERGREEN PK DR SW OLYMPIA, WA 98504	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  ANTHONY FRANKLIN
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