



**RECEIVED**

2013 8 13

WASH. UT. & TP. COMM

TE-131492

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 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) <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	Company ID: <b>1430</b>	Docket TE-
<b>25.00</b>	Date Filed: <b>8/13/13</b>	Safety Inspection:
111 0268 232 02	Reg Fees: <b>X 1 PD</b>	Insurance:
<b>200.00</b>	DOL: <b>OK</b>	SOS: <b>OK</b>
111 0268 232 03		
111 0268		

Check # 1009 045507 \$225.00 Total

**SECTION 1 - APPLICANT INFORMATION**

Name of Applicant: Execuvan Rental LLC

Trade Name(s) (if applicable): Execuvan Rental LLC

**Mailing Address:**

**Physical Address:**

Street 10538 NE 24th St, Street 10538 NE 24th St,

City Bellevue City Bellevue.

State/Zip WA 98004 State/Zip 98004

Phone Number: 206-779-9998 Fax Number: 206-455-8728

UBI #: 603 310 2590 E-Mail: John\_chi-57@yahoo.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>Jan Qi</u>	<u>owner</u>	<u>50%</u>
<u>Hongshang zhay</u>	<u>owner</u>	<u>50%</u>

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

List your USDOT # 2415584 (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>B40738W</u>	<u>2006 Ford</u>	<u>1FDAF56PX6EB35840</u>	<u>29</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: *Jan Qi*

Position: *owner*

#### **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: *Jan Qi*

Position: *owner*

**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: *Jan Qi*

Position: *owner*

**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 Excursion Rental LLC Johnchi

Signature of applicant Johnchi

Date 8/1 County, State King County, WA

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

CHARTER AND EXCURSION REGULATORY FEE CALCULATION SCHEDULE

Company Name Execuvan Rental 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
---	-----------	-------

*There is a minimum fee of \$25.00.*

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



# CERTIFICATE OF LIABILITY INSURANCE

EXCUVA1

OP ID: LU

DATE (MM/DD/YYYY)

06/28/13

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 HUB Transportation (OR) 19824 SW 72nd Ave. Suite 201 Tualatin, OR 97062 Mike Dorman	Phone: 503-612-1440	CONTACT NAME:	
	Fax: 503-612-1441	PHONE (A/C, No, Ext):	FAX (A/C, No):
		E-MAIL ADDRESS:	
		INSURER(S) AFFORDING COVERAGE	NAIC #
		INSURER A: Berkshire Hathaway Homestate	
		INSURER B:	
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	

INSURED  
Excuvan Rental, LLC.  
10538 NE 24th St.  
Bellevue, WA 98004

**COVERAGES****CERTIFICATE NUMBER:****REVISION NUMBER:**

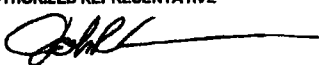
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE 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.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>GENERAL LIABILITY</b> <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 \$ \$
A	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS		02APM002659-01	06/28/13	06/28/14	COMBINED SINGLE LIMIT (Ea accident) \$ <b>5,000,000</b> BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A				WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Physical Damage*		02APM002659-01	06/28/13	06/28/14	Comp/Coll \$500 Ded.

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

2006 Ford W350 Vin: 1FDAF56PX6EB35840 Value \$40,000.

**CERTIFICATE HOLDER****CANCELLATION**

<b>Insured's Copy For Proof of Insurance</b>	<b>TO WHOM</b>	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 

© 1988-2010 ACORD CORPORATION. All rights reserved.