



TE-131947

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)</b>	\$ 25.00
<b>TYPE OF PAYMENT</b>	
<input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> AMEX <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa	
Credit Card Information (if applicable) _____ Exp Date _____ Month/Year	
Amount \$ <u>225.00</u> Company Name: <u>MIRACLE TOWN CAR SERVICE</u> # <u>380232</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>David Downey</u> Date: 10/09/2013	

046488

(For Commission Use Only) 111 0268 232 01	25.00	Company ID: 7541	Docket TE-
111 0268 232 02	200.00	Date Filed: 10/15/13	Safety Inspection:
111 0268 232 03		Reg Fees: ON X 1	Insurance:
111 0268		DOL: ON	SOS: ON

**SECTION 1 - APPLICANT INFORMATION**

**Name of Applicant:** MIRACLE SEATTLE TOWNCARS AND LIMOUSINE DISPATCH LLC \_\_\_\_\_

**Trade Name(s) (if applicable):** MIRACLE TOWNCAR SERVICE ON

**Mailing Address:**

**Physical Address:**

Street 9421 244<sup>th</sup> SW G208

Street 9421 244<sup>th</sup> SW G208

City EDMONDS

City \_\_\_\_\_

98020

98020

State/Zip \_\_\_\_\_

State/Zip \_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

UBI #: 603288042 ON E-Mail: daniel@miracletowncar.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>
Daniel Mery _____	Owner	100%

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

List your USDOT # 2444775 ON (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-

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(For Commission Use Only) 111 0268 232 01	Company ID:	Docket TE-
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111 0268	DOL:	SOS:

**SECTION 1 – APPLICANT INFORMATION**

Name of Applicant: \_\_\_\_\_

Trade Name(s) (if applicable): \_\_\_\_\_

**Mailing Address:**

**Physical Address:**

Street 9421 244<sup>th</sup> SW G208  
 City EDMONDS  
98020  
 State/Zip \_\_\_\_\_

Street 9421 244<sup>th</sup> SW G208  
EDMONDS  
 City \_\_\_\_\_  
98020  
 State/Zip \_\_\_\_\_

Phone Number: 206-293-2920 Fax Number: \_\_\_\_\_

UBI #:603288042 E-Mail: daniel@miracletowncar.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>Daniel Mery</u>	<u>Owner</u>	<u>100%</u>

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

List your USDOT # 2444775 (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
B98248Y	2002 FORD E450	1FDXE45S82HA45186	15 (INCLUDING DRIVER)

**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: David Smey 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: David Smey 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: David Smey 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 Daniel Mery

Signature of applicant Daniel Mery

Date 10/9/2013 County, State Snohomish, WA

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

**CHARTER AND EXCURSION REGULATORY FEE CALCULATION SCHEDULE  
MIRACLE TOWNCAR SERVICE**

**Company Name** \_\_\_\_\_

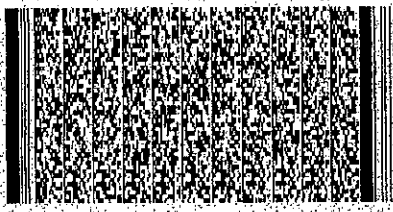
In accordance with RCW 81.70.350 "Regulatory Fees", the Commission requires Charter and Excursion companies to file reports of the number of vehicles operated by the company and pay the sum of \$25 for each vehicle operated. There is a minimum fee of \$25.

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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STATE OF WASHINGTON  
DEPARTMENT OF LICENSING  
PO Box 9038 • Olympia, Washington 98507-9038

**Vehicle Title Application/Registration Certificate**

10/04/2013      1327717270243794      B98248Y

License plate B98248Y	Issue date 10/2013	Tab no C798305	Reg expiration 03/16/2014	Value code 52365	Year 2002	Mo reg 12	Mo gwt 12	Power G	Use F/H
Model year 2002	Make FORD	Series/Body BUS	Model 4DC	BT YY	Vehicle identification (VIN)/Serial no 1FDXE45S82HA45186	Res co 31	Prev plate ALK4037	Scale wt 11500	
Seats 15	Gross weight 14000	Gwt start 03/17/2013	Gwt exp 03/16/2014	Fleet	Equipment number	Prev Title 1309554810	Prev st WA		
Brands: WA 04/03/2013 FMR EXEMPT									
Comment: 17 - 18 - USE TAX WAIVED (C) - COLOR-BLACK - DISPLAY TAB ON BACK LICENSE PLATE ONLY - FRONT PLATE IS STILL REQUIRED.									

Mileage      E

Registered owner      Legal owner

MIRACLE SEATTLE TOWNCARS AND LIMOUSINE DISPATCH LLC DBA MIRACLE TOWNCAR SERVICE  
9421 244TH ST SW  
APT G208  
EDMONDS WA 98020

THIS IS YOUR CURRENT REGISTRATION. Sign it & keep it with your vehicle.

WENDEL'S LICENSE  
Seattle, WA  
362-8161

OWNER(S) CERTIFY, BY SIGNATURE, THAT THIS VEHICLE WILL NOT TOW A TRAILER WITH A GVW OF 10,000 OR MORE.

I certify that the information contained hereon is accurate and complete.

*[Signature]*      *[Signature]*  
Signature of registered owner(s)      Signature of registered owner(s)

Subscribed and sworn to before  
*[Signature]*      this 04<sup>th</sup> day of October 2013

FILING	\$7.00	TBD FEE 3104	CHECK	\$153.50
SUBAGENT	\$12.00	RTA EXCISE	CASH	
LOCAL FEE		USE TAX	TOTAL FEES	\$153.50
LICENSE SRVC		OTHER		\$46.50
GWT/VWT FEE	\$88.00	DONOR AWARENESS		
QUICK TITLE		STATE PARKS		

Validation code 06172702132771004130003024379      TRANSFER

RPT ID: ATITPR-4      This document is not proof of ownership.  
VehicleTitlePage2 (R/6/12)E



