WASHINGTON
THITTES AND TRANSPORTATION

COMMISSION

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

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 Carrie	r Services Fee Required
Application fee (Application for new certificate, to reinstate a previously c an existing certificate to a new owner or business structure	\$200.00 sanceled certificate, or to transfer
Name Change (Application to change a company's corporate name, chan or change the surname of an individual owner or partner)	\$ 35.00 ge a trade name, add a new trade name,
Regulatory Fee (per vehicle)	\$ 25.00
TYPE OF	PAYMENT
□ Cash □ Check □ Money Order x Credit Card Information (if applicable)	AMEX MasterCard Visa Exp Date Month/Year
Amount \$_225.00 Company Name :MIRACL E TO	WNCAR SERVICE \$380233
CERTIFICATION: I, the undersigned, under penalty information is true and correct, that I am authorized applicant, and that all information on file is current a Cardholder's signature:	to execute and file this document on behalf of the
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r Commission Use Only) 0268 232 01	Company ID:	1	Docket TE-
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0268 232 03	Reg rees: OLX		msurance;
0268	DOL:	:	SOS:
SECTIO	ON 1 – APPLICAN	IT INFOR	MATION
Name of Applicant: MIRACI LLC Frade Name(s) (if applicable			
Mailing Address	:		Physical Address:
Street 9421 244 th SW G20	Street	9421 244 EDMON	4 th SW G208
City EDMONDS	City	LDIVIOI	
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State/Zip Phone Number:	•	*	
State/Zip Phone Number:	Fax Nur	mber:	
State/Zip Phone Number: UBI #:603288042	Fax Nur uniel@miracletowncar.co	mber:	
State/Zip Phone Number: UBI #:603288042	Fax Nur niel@miracletowncar.co	mber:	X Other (LP, LLP, LLC)
State/Zip Phone Number: UBI #:603288042	Fax Numiniel@miracletowncar.co	mber:om	X Other (LP, LLP, LLC) stribution for major
State/Zip Phone Number: UBI #:603288042	Fax Numiniel@miracletowncar.co	mber:omporation	X Other (LP, LLP, LLC)
Phone Number: UBI #:603288042	Fax Numiniel@miracletowncar.co	mber: om poration e or stock dis	X Other (LP, LLP, LLC) stribution for major Stock Distributions
Phone Number: UBI #:603288042 DE-Mail: da Type of business structu Individual I Parti List the name, title, and percer stockholders:	Fax Numiniel@miracletowncar.com re: nership	mber: om poration e or stock dis	X Other (LP, LLP, LLC) stribution for major Stock Distributions or Percentage of Shares

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or Commission Use Only) 1 0268 232 01	Company ID) :		Docket IE-
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<u>SEC</u>	TION 1 – APF	<u> LICANI</u>	INFOR	<u>MATION</u>
Name of Applicant:	· -			
name or repricant.				
Trade Name(s) (if applica	ble):			· · · · · · · · · · · · · · · · · · ·
Mailing Addr	266*			Physical Address:
Mannig Audi	<u></u> .			i nysicai Audi ess.
Street 9421 244 th SW 0	3208	Street		4 th SW G208
C:t EDMONIDS		City	EDMON	IDS .
City EDMONDS 98020		City	98020	**************************************
State/Zip		State/Zip		
Phone Number: 206-26	12-2020			
Phone Number: 200 -	13-2120	rax Numo	er:	
UBI #:603288042				
UBI #:603288042	: daniel@miraclet			
UBI#:603288042 E-Mail Type of business structures	: daniel@miraclet	owncar.com		
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UBI#:603288042 E-Mail Type of business struct Individual P List the name, title, and per	: daniel@miraclet eture: artnership	owncar.com	ration	X Other (LP, LLP, LLC)
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Revised 08-11

<u>SECTION 2 – EQUIPMENT</u> (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.

Position: Name: 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. Position: OWNEN Name: (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. Position: DWYL Name:

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	ME	24		
Signature of applicant	are In	\sim	<u> </u>		
Date 10 9 20	13 c	ounty, State	Snob	emish.	Aw

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

CHARTER AND EXCURSION REGULATORY FEE CALCULATION SCHEDULE MIRACLE TOWNCAR SERVICE

Con	Company Name					
Excu	ccordance with RCW 81.70.39 ursion companies to file repor the sum of \$25 for each vehic	rts of the number of ve	hicles operate	ed by the com		
1	Total number of vehicles op	erated			1	
2	Total Regulatory Fees owed line 1)	i (enter amount from	1	x 25.00 =	\$25.00	
	There is a minimum fee of	\$25.00.				
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00	Or Commission Use Only) 01-111-02-68-232-01 eception Number:	Docket TE-		Certificate N	lo:	
	option i validor.				•	

Revised 08-11



STATE OF WASHINGTON DEPARTMENT OF LICENSING

PO Box 9038 · Olympia, Washington 98507-9038.

Vehicle Title Application/Registration Certificate

B98248Y 10/04/2013 1327717270243794 License plate issue date Tab no Reg expiration: Value code Mo reg Mo gwt Power B98248Y 10/2013 C798305 03/16/2014 52365 2002 F/H 3**8**17 Vehicle identification (VIN)/ Senal no Resico Scale wt Model year. Series/Body Model BUS 4DC 1FDXE45S82HA45186 ALK4037 11500 2002 FORD Equipment cumber Prev Title Previst Gross weight Gwt start Gwt exp 14000 03/17/2013 03/16/2014 1309554810 WA 15 Brands: WA 04/03/2013 FMR EXEMPT 17-18-USE TAX WAIVED (C) - COLOR-BLACK - DISPLAY TABION BACK LICENSE PLATE ONLY - FRONT PLATE IS STILL REQUIRED. Mileage Registered owner Legal owner MIRACLE SEATTLE TOWNCARS AND LIMOUSINE DISPATCH LLC. DBA MIRACLE TOWNCAR SERVICE 9421 244TH ST SW APT G208 EDMONDS WA 98020 OWNER(S) CERTIFY, BY SIGNATURE, THAT THIS VEHICLE WILL NOT TOW A TRAILER WITH OR MORE. Legitify that the information contained hereon is accurate and complete Signature of registered owner(s) Subscribed and sworn to before this O4th day of October 11727-06 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 06172702132771.004130003024379

TRANSFER

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



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/09/2013

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). FAX (A/C, No): (206) 324-7406 PHONE (A/C. No. Exti: (206) 324-7400

E-MAIL DOUGLASTINGTRANCE The Douglas Group, Inc E-MAIL ADDRESS: DOUGLASINSURANCE@COMCAST.NET 5508 RAINIER AVE S INSURER(S) AFFORDING COVERAGE NAIC # INSURER A :KNIGHTBROOK INSURANCE COMPANY SEATTLE WA 98118-13722

INSURED			INSURER B:		•			
Miracle Seattle Towncars and Limousine			INSURER C:					
Dispatch LLC DBA Miracle Towncar Service			INSURER D:					
9421 244TH ST #G208				INSURER E :				
EDN	MA 98	020-		INSURER F :				
COV	/ERAGES CER	TIFICAT	E NUMBER:			REVISION NUMBER:		
IN CE EX	IIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY REC ERTIFICATE MAY BE ISSUED OR MAY P ICLUSIONS AND CONDITIONS OF SUCH P	QUIREME PERTAIN, POLICIES	ENT, TERM OR CONDITION (THE INSURANCE AFFORDE LLIMITS SHOWN MAY HAVE (OF ANY CONTRACT D BY THE POLICIES	OR OTHER D S DESCRIBED PAID CLAIMS.	OCUMENT WITH RESPEC	T TO W	HICH THIS
NSR LTR	TYPE OF INSURANCE	ADDL SUB INSR WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	<u>s</u>	
	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE OCCUR CLAIMS-MADE OCCUR GEN'L AGGREGATE LIMIT APPLIES PER:			/ / / / / / / / / /	111111111111111111111111111111111111111	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ee occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMPIOP AGG	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	
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	UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION \$			/ / / / / /	/ / / /	EACH OCCURRENCE AGGREGATE	\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		/ / / / / /	/ / ·/ / / /	WC STATU- OTH- TORY LIMITS ER. E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT		
				/ /	·/ / / /			
DESC	RIPTION OF OPERATIONS / LOCATIONS / VEHICL	ĖS (Attacl	h ACORD 101, Additional Remarks	Schedule, if more space i	s required)			,
200	3 LINCOLN TOWNCAR, VIN: 1L	NHM82W	773¥696607		-			

2007 LINCOLN TOWNCAR, VIN: 1LNHM84W07Y638129

2002 FORD E450, VIN: 1FDXE45S82HA45186

CERTIFICATE HOLDER	CANCELLATION			
STATE OF WASHINGTON	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.			
DEPT. OF LICENSING	AUTHORIZED REPRESENTATIVE			
PO BOX 47475 OLYMPIA WA 98504-	Vinessa Kilip			

ACORD 25 (2010/05) INS025 (201005).01

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