

TE-132288-CT 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 Ex	cursion Carrier Services	Fee Required
Application fee (Application for new certificate, to re an existing certificate to a new owner	einstate a previously canceled certifica r or business structure)	\$200.00 ate, or to transfer
A Name Change (Application to change a company's of or change the surname of an individu	corporate name, change a trade name 1al owner or partner)	\$ 35.00 , add a new trade name,
Regulatory Fee (per vehicle)		\$ 25.00 ,
· · · · · · · · · · · · · · · · · · ·	TYPE OF PAYMENT	1 # (53031
□ Cash □ Check □ Credit Card Information (if applicab		□ MasterCard 233 Exp Date   Month/Ygar
Amount \$35 CERTIFICATION: I, the undersi information is true and correct, th applicant, and that all information	igned, under penalty for false state tat I am authorized to execute and	C changing to MTR Western, LLC ement, certify that the following I file this document on behalf of the
Cardholder's signature:		Date: 12/13/13
(For Commission Use Only) 111 0268 232 01 35・の	Company ID: 7619	Docket TE-
111 0268 232 02	Date Filed: 12/16/13	Safety Inspection:
111 0268 232 03 111 0268	DOL:	Insurance: SOS:

048441

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<u>SECTION 1 – Al</u>	PPLICANT IN	FORMATION
Name of Applicant: MTR Wes-		
Trade Name(s) (if applicable):R	Westerr	
Mailing Address:		Physical Address:
Street 720 S Forest ST	Street	SAME
City Sea He	City	SAME
State/Zip WA 98134	State/Zip	
Phone Number: 206-838-8143	Fax Number:	206 - 621 - 9750
UBI#: 603-039-748	E-Mail: Jeve	myb@mtrwestern.com
Type of business structure:IndividualPartnershipList the name, title, and percentage of partstockholders:	-	V Other (LP, LLP, LLC)
<u>Name</u> H.S. Wright III	<u>Title</u> Owner	Stock Distributions or Percentage of Shares
	$\frac{102959}{\text{tration}} \text{ or contact th}$ $\frac{N2 - EQUIPM}{\text{itional sheets if necess}}$	Tf you don't have one you can go he Washington State Patrol at 360- ENT

( <i>Index duational steels if necessary</i> )				
License Number	Year And Make Of Vehicle	Vehicle ID Number	Seating Capacity	
<u></u>	<u></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.

**Position:** 

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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.

Name:

Position: (00)

STATE OF WASHINGTON GENERAL LAV	WS, 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:	Position:		

## 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 _	Jeven Butzlaff	
Signature of applicant		
Date 12/13/13	County, State King, WA	

## ATTACHMENT A

## JOINT APPLICATION FOR TRANSFER OF CHARTER/EXCURSION AUTHORITY

Current Name on Certificate (Seller): GTO, LL C
Current Trade Name on Certificate (Seller): MTR Western
Address (Seller): 720 5 Fovest ST Seattle, WA 98134
Certificate Number: <u>CH-64158</u> Phone Number (Seller) <u>206-838-8143</u>
Have all fines or penalties owed to the Commission been paid? $\Box$ No $\Box$ Yes
Has the closing safety report been filed with the Commission? $\Box$ No $\Box$ Yes
Does the buyer agree to begin service as soon as the Commission authorizes the transfer?

#### **RELEASE OF AUTHORITY**

I, the seller have sold or otherwise released interest in my Charter/Excursion Certificate authority CH-64158 to the following:

Name of Buyer: $N$	MR	Weste	ern, LLC	
Trade Name of Buye	r:	tr h	lestern	

We, as applicants, hereby jointly declare and affirm that all information is true to the best of our knowledge.

Seller's signature Buyer's Signature

and Location 13/13 Sectle

Date and Location

# MTRWESTERN DRIVEN BY PASSION

Dear WUTC,

GTO, LLC dba MTR Western operates under certificate CH-64158. We have changed our business name from GTO, LLC to MTR Western, LLC. Ownership has remained the same and the purpose of the name change was purely aesthetic.

Regards,

Jeremy Butzlaff, COO