



**SECTION 1 – APPLICANT INFORMATION**

Name of Applicant: Employee Transportation Services LLC

Trade Name(s) (if applicable): ETS

**Mailing Address:**

**Physical Address:**

Street 2615 W Casino Rd, STE 6A Street 2615 W Casino Rd, STE 6A

City Everett City Everett

State/Zip WA 98204 State/Zip WA 98204

Phone Number: 206-838-8143 Fax Number: 206-621-9750

UBI #: 603-357-374 E-Mail: Jeremyb@mtrwestern.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>H.S. Wright III</u>	<u>CEO</u>	<u>100</u>
<u>Jeremy Butzlaff</u>	<u>COO</u>	

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

List your USDOT # 2461020 (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> </u>			
<u> </u>			
<u> </u>			

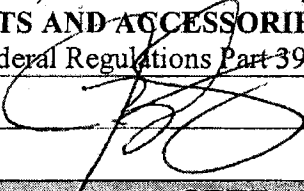
*Attached*

### 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: 	Position: <i>COO</i>
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#### **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: <i>COO</i>
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**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: 	Position: <i>COO</i>
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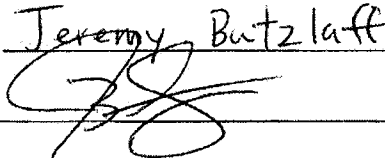
**SECTION 4 – DECLARATION OF APPLICANT**

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 Jeremy Butzlaff  
Signature of applicant   
Date 12/16/13 County, State King, WA

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

**CHARTER AND EXCURSION REGULATORY FEE CALCULATION SCHEDULE**

Company Name Employee Transportation Services, 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 18

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

18	x 25.00 =	\$ 450. <sup>00</sup>
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*There is a minimum fee of \$25.00.*

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

	Unit #	Year	Make	Model	Vin	Plate	Seats
1	710	2010	GMC	TurtleTop	1GBE5V1919F401086	B46571N	25
2	711	2010	GMC	TurtleTop	1GBE5V1909F401175	B46566N	25
3	712	2010	GMC	TurtleTop	1GBE5V19 59F401267	B46567N	25
4	713	2010	GMC	TurtleTop	1GBE5V1979F400914	B46573N	25
5	714	2010	GMC	TurtleTop	1GBE5V1919F408202	B46570N	25
6	715	2010	GMC	TurtleTop	1GBE5V19X9F401054	B46569N	25
7	716	2010	GMC	TurtleTop	1GBE5V1989F408343	B46572N	25
8	717	2010	GMC	TurtleTop	1GBE5V1909F404853	B46564N	25
9	718	2010	GMC	TurtleTop	1GBE5V1939F400845	B46568N	25
10	719	2010	GMC	TurtleTop	1GBE5V1939F400814	B46575N	25
11	68200	2003	FRT	GLAVAL/APOLLO	4UZAACBW63CL71666	AKU1464	33
12	68201	2003	FRT	GLAVAL/APOLLO	4UZAACBW43CL71665	AKU1463	33
13	68202	2003	FRT	GLAVAL/APOLLO	4UZAACBW83CL71667	AKU1465	33
14	77082	2011	EDN	AEROTECH	1GB6G5BL6B1177082	ALW1790	21
15	2779	2009	GMC	C5500	1GDE5V1959F402779	B48642W	19
16	3022	2009	GMC	C5500	1GDE5V1989F403022	CG38476	19
17	24253	2007	CMD	C4500	1GBE4V19X7F424253	B48641W	21
18	24262	2007	CMD	C4500	1GBE4V1907F424262	B48640W	21



ETSLLC0-01

NCVDMS

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/6/2014

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 American Highways Ins. Agency 3250 Interstate Drive Richfield, OH 44286	CONTACT NAME:	
	PHONE (A/C, No, Ext): (800) 935-2442 1105	FAX (A/C, No): (330) 659-8912
E-MAIL ADDRESS:		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A: National Interstate Insurance Company		32620
INSURED  Employee Transportation Services LLC 720 S. Forest Street Seattle, WA 98134-2323	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

**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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <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"/> PRO-JECT <input type="checkbox"/> LOC			YPP 1385671-00	1/6/2014	5/1/2014	EACH OCCURRENCE \$ 5,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 5,000,000 GENERAL AGGREGATE \$ 5,000,000 PRODUCTS - COMP/OP AGG \$ 5,000,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	X		YPP 1385671-00	1/6/2014	5/1/2014	COMBINED SINGLE LIMIT (Ea accident) \$ 5,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ UMBRELLA LIAB OCCUR \$ EXCESS LIAB CLAIMS-MADE \$ DED RETENTION \$
	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-TORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Business Auto			YPP 1385671-00	1/6/2014	5/1/2014	See Below

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
 \$10,000 deductible Specified Perils/Collision

**CERTIFICATE HOLDER****CANCELLATION**

Washington Utilities and Transportation Commission  
 1300 S. Evergreen Park Dr. SW  
 PO Box 47250  
 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

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Form E  
UNIFORM MOTOR CARRIER BODILY INJURY AND PROPERTY  
DAMAGE LIABILITY CERTIFICATION OF INSURANCE

Filed with Washington Utilities & Transportation Commission (herein after called Agency)  
(Name of Agency)

This is to certify that the National Interstate Insurance Company  
(Name of Company)  
(herein after called Company) of 3250 Interstate Drive, Richfield, OH, 44286  
(Home Address of Company)

Employee Transportation  
has issued to Services (Name of Motor Carrier) of 720 S. Forest Street, Seattle, WA, 98134  
(Address of Motor Carrier)

A policy or policies of insurance effective from 01/06/2014 12:01 A.M. standard time at the address of the insured stated in said policy or policies and continuing until cancelled as provided herein, which by attachment of the Uniform Motor Carrier Bodily Injury and Property Damage Liability Insurance Endorsement, has or have been amended to provide automobile bodily injury and property damage liability insurance covering the obligations imposed upon such motor carrier by the provisions of the motor carrier law of the State in which the Agency has jurisdiction or regulations promulgated in accordance therewith.

Whenever requested, the Company agrees to furnish the Agency a duplicate original of said policy or policies and all endorsements thereon.

This certificate and the endorsement described herein may not be cancelled without cancellation of the policy to which it is attached. Such cancellation may be effective by the Company or the insured giving thirty (30) days' notice in writing to the State Agency, such thirty (30) days' notice to commence to run from the date notice is actually received in the office of the Agency.

Countersigned at 3250 Interstate Drive OH 44286 This 06th day of Jan 20 14  
(Address) (Day) (Month) (Year)

Insurance Company File No. YPP 1385671-00  
(Policy No)

Cassie Checkelsky  
(Authorized Company Representative)

Underlying Limit :0.00

Liability Limit :5,000,000.00