

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 Excur	rsion Carrier Service	es <u>I</u>	ee Required
Application fee (Application for new certificate, to reinstant an existing certificate to a new owner or be		tificate, or to transfer	ch-64573
Name Change (Application to change a company's corpor change the surname of an individual or		name, add a new trad	\$ 35.00 e name,
Regulatory Fee (per vehicle)		XX	\$ 25.00
	TYPE OF PAYMI	ENT	
Credit Card Information (if applicable) Amount \$ 215 Co	ompany Name:	·	Exp Date Month/Year
CERTIFICATION: I, the undersigned information is true and correct, that I applicant, and that all information or	ed, under penalty for false am authorized to execute	e statement, certify e and file this docu	that the following
Cardholder's signature:	4	Date:	m 24/2014
(For Commission Use Only) 111 0268 232 01 50, \(\omega \)	Company ID: 7693	Docket TE-	
111 0268 232 02 /6500	Date Filed: 2 4 14	Safety Inspec	tion:
111 0268 232 03	Reg Fees OL X 3	Insurance:	
	DOL: QU	sos: Q	
Revised 08-11 049063	735-	半0151	7 Page 2 of 7

Leipski, Tina (UTC)

From: Sent: To:	johnchi57 <johnchi57@163.com> Thursday, January 30, 2014 6:59 AM Leipski, Tina (UTC)</johnchi57@163.com>
Subject:	Re:FW: Re:RE: Scan_Pic0357 and reply from John Chi
Hi Tina: Please take the rest from the sa with me asap.	me Visa I gave to make . if you have any more questions please feel free to contact
 Tks + Best Regards!	
John Chi 10538 NE 24th St Bellevue WA Tel: +1-206-779-9998, 206-779 Fax: +1-206-455-8728 Email: johnchi57@163.com	
QQ: 1405118285	
At 2014-01-30 06:39:55,"Leipsk	i, Tina (UTC)" < <u>tleipski@utc.wa.gov</u> > wrote:
Mr. Chi,	
I received your application with t fee. There is a new owner and no	he email below. This is a TRANSFER not just a name change. It requires the \$200 ew namethat's a new business.
Please remit the additional fees o	of \$165.00 so we can continue processing this application.
Sincerely,	
Tina Leipski	
Utilities & Transportation	Commission
Licensing Services	



1300 S. Evergreen Park Dr. SW P. O. Box 47250 Olympia, WA 98504-7250 Phone: 360-586-1181 TTY: 360-586-1181

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Name Change (Application to change a company's or change the surname of an individ	corporate name, change a trade name, add a new trade lual owner or partner)	\$ 35.00 name,
Regulatory Fee (per vehicle		\$ 25.00
	TYPE OF PAYMENT	
Credit Card Information (if application)		Month/Year
Amount \$ CERTIFICATION: I, the under information is true and correct,	Signed, under penalty for false statement, certify that I am authorized to execute and file this document on on file is current and valid.	
Amount \$ CERTIFICATION: I, the under information is true and correct, applicant, and that all information	signed, under penalty for false statement, certify that I am authorized to execute and file this document on on file is current and valid.	
Amount \$ CERTIFICATION: I, the under information is true and correct, applicant, and that all informatical cardholder's signature: (For Commission Use Only)	signed, under penalty for false statement, certify that I am authorized to execute and file this document on on file is current and valid.	nent on behalf of the
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This is a transfer not a Name Change-

SECTION 1 - APPLICANT INFORMATION

Name of Applicant:	PENG B	O INTER	ENATION A	FL LLC	
Trade Name(s) (if appl	licable):			·	·
Mailing Ad	ldress:		Physi	ical Address:	
Street / 0538 NE	24 th ST	Street 10	538 N	E 247h	, L
City BELLEV	UE	City B	ELLEVUE	<u> </u>	
State/Zip WAS	800K	State/Zip WA	98004	<u> </u>	
Phone Number: 206-	779-9948	Fax Number:	206-45	F-8728	
UBI#: 603-313	-538 DD	E-Mail: 701	unchis/@	163.60	M
Type of business str ☐ Individual ☐	ructure: Partnership	□ Corporatio	on 🗆 Otl	her (LP, LLP,	LLC)
List the name, title, and stockholders:	percentage of partn	er's share or sto	ock distribution	for major Stock Dis	t-hutions
Name DANFENG	ZHAND	Title OWNSK	<u> </u>	or Percentage	
	<u></u>				
List other certificates or	permits held with	the commission	¥	्रहरू	
List your USDOT #online at www.fmcsa.dc 596-3812 for assistance	ot.gov/online-registr				
		•	1 VIV. 1		
		V 2 — EQUIP! itional sheets if nec			a a
License Number		itional sheets if nec		Seating C	apacity
License Number	(Attach addi Year And Make	Of Vehicle	essary)		Capacity
- A	(Attach addi Year And Make Vehicle	Of Vehicle	essary) e ID Number	26949	: F12:13 is

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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: DANFENGZHANG 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: DANFENG 2HAND Position: OWNER

STATE OF WASHINGTON GENERAL LAWS, RULES AND REGULATIONS. You must comply with the regulations of local, state, and federal agencies such as, <u>but not limited to</u>: Department of Labor and Industries, Department of Licensing, Secretary of State, Department of Revenue, Internal Revenue Service and Employment Security.

Name: DANFENG 2117AUG Position: OWNER

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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	DANFENG	≥HA/	VB.	
Signature of applicant	45	· · · · ·	<u>.</u>	
Date JAN 24/1	County, Sta	te KING	WA	

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

CHARTER AND EXCURSIO	N REGULATORY FEE	CALCULATION	SCHEDULE / /	\mathcal{C} .
ompany Name	gabo Ir	Hernat	imal U	
n accordance with RCW 81.70.35 xcursion companies to file report ay the sum of \$25 for each vehic	ts of the number of vehi	icles operated by	the company and	
1 Total number of vehicles ope	erated		3	
Total Regulatory Fees owed line 1)	(enter amount from	3 X 2	5.00 = \$ %	50
There is a minimum fee of S	\$25.00.			W
)) my	N Stop
	•		Juca Ju	
			Man St.	
(For Commission Use Only) 001-111-02-68-232-01	Docket TE-	Cer	tificate No:	
Reception Number:		ļ		

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ATTACHMENT A

JOINT APPLICATION FOR TRANSFER OF CHARTER/EXCURSION AUTHORITY

TOLLO CON LATERALOTICA ALON
Current Name on Certificate (Seller): TOHN CHI INTERNATIONAL
Current Trade Name on Certificate (Seller):
Address (Seller): 7934 NE182 PL KENMORE WA 98028
Certificate Number (Seller) >06-779-9998
Have all fines or penalties owed to the Commission been paid? ☐ No ☒ Yes
Has the closing safety report been filed with the Commission? ☐ No ☐ Yes
Does the buyer agree to begin service as soon as the Commission authorizes the transfer?
Yes DD No, If not, then when?
RELEASE OF AUTHORITY
I, the seller have sold or otherwise released interest in my Charter/Excursion Certificate authority
CH to the following:
Name of Buyer: PENG BD INTERNATIONAL LLC
Trade Name of Buyer:
이 많은 생활이 됐다면서 그렇게 된 것이 하는 것이 되는 말이 되는 것이 되는 것이 그렇게 된 것이 하셨다. 생생
We, as applicants, hereby jointly declare and affirm that all information is true to the best of our knowledge.
3/2 Jan 24/2014 Sente
Seller's signature Date and Location
Jm 24/2014 Seathe
Buyer's Signature Date and Location