



1300 S. Evergreen Park Dr. SW
P.O. Box 47250
Olympia, WA 98504-7250
Phone: 360-684-1222
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
Application fee (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
Name Change (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
Regulatory Fee (per vehicle)	\$ 25.00
TYPE OF PAYMENT	
<input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> AMEX <input checked="" type="checkbox"/> MasterCard <input type="checkbox"/> Visa	
Credit Card Information (if applicable) _____ Exp Date _____ Month/Year _____	
Amount \$ <u>300</u> Company Name: <u>EXPLORES 3 LLC dba "Evergreen Escapes"</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: _____	Date: <u>1/7/2014</u>

(For Commission Use Only)	Company ID:	Docket TE-
111 0268 232 01 <u>100.00</u>	<u>7697</u>	
111 0268 232 02 <u>200.00</u>	Date Filed: <u>2/10/14</u>	Safety Inspection:
111 0268 232 03	Reg Fees: <u>OK X 4</u>	Insurance:
111 0268	DOL: <u>OK</u>	SOS: <u>OK</u>

SECTION 1 - APPLICANT INFORMATION

Name of Applicant: EXPLORERS 3, LLC

Trade Name(s) (if applicable): EVERGREEN ESCAPES

Mailing Address:

Physical Address:

Street 4114 13th Ave S

Street 4114 13th Ave S

City Seattle

City Seattle

State/Zip WA 98108

State/Zip WA 98108

Phone Number: 206.650.5795

Fax Number: 480.393.5904

UBI #: 602-690-518-1-1

E-Mail: ACCOUNTING@EVERGREENESCAPES.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>JACOB TAUBERT</u>	<u>FOUNDER / CEO</u>	<u>80%</u>
<u>DANIEL MOORE</u>	<u>PARTNER</u>	<u>20%</u>

List other certificates or permits held with the commission: N/A

List your USDOT # 2428250 (If you don't have one you can go online at 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>B58995Y (WA)</u>	<u>2013 MERCEDES</u>	<u>WD2PE7CC3D5730332</u>	<u>12</u>
<u>WC 02524 (OR)</u>	<u>2011 MERCEDES</u>	<u>WD2PE7CC7B5567326</u>	<u>12</u>
<u>SL 75342 (OR)</u>	<u>2011 MERCEDES</u>	<u>WD2PE7CC6B5549956</u>	<u>12</u>
<u>EW 02835 (WA)</u>	<u>2007 MERCEDES/DODGE</u>	<u>WD2PE745775157567</u>	<u>10</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 - subject to 49 CFR § 390.3(f)(10)

- 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.

exception as provided in WAC 480-30-221

Name: **JAKE HARPERT** Position: **OWNER : CEO**

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: **JAKE HARPERT** Position: **OWNER : CEO**

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: **JAKE HARPERT** Position: **OWNER : CEO**

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.

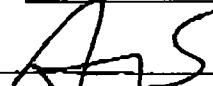
As the applicant for a passenger charter and excursion certificate, I understand the responsibilities of a charter and excursion carrier, and I am in compliance with all local, state, and federal regulations governing business in the State of Washington.

(subject to 49 CFR 390.3(f)(6) as provided in WAC 480-30-221)

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 JACOB HAUPERT

Signature of applicant 

Date JANUARY 7th, 2014 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 Explorers 3, LLC dba. "EVERGREEN ESCAPES"

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

4

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

4	x 25.00 =	\$ 100 -
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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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PACHNER & ASSOC LLC
 PO BOX 926
 BEDFORD, NY 10506
 1-914-234-2228

PROGRESSIVE®

Policy number: 06105522-6
 Underwritten by:
 United Financial Casualty Company
 January 8, 2014
 Page 1 of 1

Certificate of Insurance

Certificate Holder	Insured	Agent
Additional Insured WASHINGTON STATE UTILITIES AND TRANSPORTATION COMMISSION 1300 S EVERGREEN PARK DR SW OLYMPIA, WA 98504	EXPLORERS 3, LLC DBA: EVERGREEN ESCAPES 801 S FIDALGO ST SEATTLE, WA 98108	PACHNER & ASSOC LLC PO BOX 926 BEDFORD, NY 10506

This document certifies that insurance policies identified below have been issued by the designated insurer to the insured named above for the period(s) indicated. This Certificate is issued for information purposes only. It confers no rights upon the certificate holder and does not change, alter, modify, or extend the coverages afforded by the policies listed below. The coverages afforded by the policies listed below are subject to all the terms, exclusions, limitations, endorsements, and conditions of these policies.

Policy Effective Date: Dec 12, 2013

Policy Expiration Date: Dec 12, 2014

Insurance coverage(s)

Limits

Bodily Injury/Property Damage

\$1,500,000 Combined Single Limit

Description of Location/Vehicles/Special Items

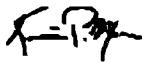
Scheduled autos only

We will endeavor to provide 30 days notice of cancellation to the certificate holder, but failure to do so shall impose no obligation or liability of any kind upon the insurer, its agents or representatives.

Certificate number

00814A09522

Please be advised that additional insureds and loss payees will be notified in the event of a mid-term cancellation.



Form 5241 (10/02)

Transaction # 04

Certificate of Insurance

Travel Agents and Tour Operators

Professional Liability Insurance



UNDERWRITTEN BY
Steadfast Insurance Company

This is to certify that the insurance policies specified below have been issued by Steadfast Insurance Company to the insured named herein and that, subject to their provisions, exclusions and conditions, such policies afford the coverages indicated insofar as such coverages apply to the occupation or business of the Named Insured as stated.

Named Insured: EverGreen Escapes

Address: 801 South Fidalgo Street
Suite 110
Seattle, WA 98108

Location of Operations: Worldwide

Type of Work Covered: Travel Agency and Tour Operations

Policy Number: EOL9449685-05	
Policy Period: From: 10/28/2013 To: 10/28/2014	
12:01 A.M.; standard time at the address of the named insured as stated herein.	
Coverages:	Limits of Liability
A. Bodily Injury and Property Damage (except automobile)	Each Occurrence \$2,000,000
B. Bodily Injury and Property Damage Automobile (except owned automobile)	Each Occurrence \$2,000,000
C. Professional Liability	Each Negligent Act or Negligent Omission \$2,000,000
D. Personal Injury	Each Offense \$2,000,000
General Aggregate Limit	\$2,000,000
Fire Legal Liability (if applicable)	Any One Fire \$50,000

Effective Date: January 8, 2014

This Certificate Issued To:

Washington Utilities and Transportation Commission
1300 S. Evergreen Park Dr. SW
Olympia, WA 98504

Steadfast Insurance Company

CounterSignature:
(if required by law)

Authorized Representative

Print Date: January 9, 2014

As of the effective date noted above, certificate holder is included as an additional insured but only with respect to the operations of the Named Insured in connection with the travel and/or tour services provided.