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FEB 14 2014

WASH, UT. & TP. COMM

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 Exc	ursion 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)						
Name Change (Application to change a company's co or change the surname of an individua		\$ 35.00 , add a new trade name,				
Regulatory Fee (per vehicle) \$ 25.00						
	TYPE OF PAYMENT	[84284				
☐ Cash ☐ Check ☐ I		□ MasterCard ✓ Visa Exp Date <u>Month/Year</u>				
Amount \$ 225 Company Name: Northwest Umasine 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: 2 1 14						
(For Commission Use Only) 111 0268 232 01	Company ID:	Docket TE-				
111 0268 232 02 QOO W	Date Filed:	Safety Inspection:				
111 0268 232 03	Reg Fees:	Insurance:				
111 0268	DOL:	SOS:				

SECTION 1 - APPLICANT INFORMATION Name of Applicant: Northwest Comossine Callb N Bowl Trade Name(s) (if applicable): Physical Address: Mailing Address: Street Street City City State/Zip LNA State/Zip Phone Number: 360 - 220 - 020 | Fax Number: -E-Mail: UmoBEWINGHAM amail. COM UBI #:____ Type of business structure: **8** Other (LP, LLP, LLC) Manual 1 **o** Corporation **8** Partnership List the name, title, and percentage of partner's share or stock distribution for major stockholders: **Stock Distributions** or Percentage of Shares Title Name List other certificates or permits held with the commission: ____ (If you don't have one you can go List your USDOT # 247 0866 1 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) Year And Make Of Seating Capacity Vehicle Vehicle ID Number License Number 1FDXE15591HB 2001 FORD 71765

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.

□ 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:		SAFETY RESPONSIBILITIES						
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STATE OF WASHINGTON GENERAL LAWS, RULES AND REGULATIONS. You		Name: Cutch Bouse Position: owner						
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must comply with the regulations of local, state, and federal agencies such as, but not limited to:	mu	ist 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	De							
Revenue, Internal Revenue Service and Employment Security.	Re							
Name: Caleh Bryce Position: Owner	Na	me: Colab Com as Position: O med						

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 n	ame of	applican	CALEB	County, State WHATCOM, WA		
Signature	e of app	olicant				
Date_\	28	14		_County, State _	WHATCOM,	WA

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

CHARTER AND EXCURSION REGULATORY FEE CALCULATION SCHEDULE

—————————————————————————————————————				
Company Name Northwe	ST LIMOUSIN	JE SE	TRUICE	
In accordance with RCW 81.70.3 Excursion companies to file repo pay the sum of \$25 for each vehi	rts of the number of vehice	des operate	ed by the com	harter and pany and
1 Total number of vehicles op	perated			1
Total Regulatory Fees ower line 1)	d (enter amount from		x 25.00 =	\$ 25
There is a minimum fee of	f \$25.00.			,
,				
(For Commission Use Only)			G CF AN	
001-111-02-68-232-01 Reception Number:	Docket TE-		Certificate No): -
LECEPHOLIMINOCI.	1		1	

Insured Name:

CALEB BOWE (quote)

Continental Divide Insurance Company

Policy Number:

Quote Number:

2281484

M-5503 (07/2010)

WASHINGTON SELECTION OF UNDERINSURED MOTORIST COVERAGE

This selection form provides a brief explanation of your options as to Underinsured Motorist Coverage in Washington. Underinsured Motorist Coverage is subject to certain terms, exclusions, limitations and conditions which are not fully described herein. This form is for informational purposes only and does not become a part or condition of the policy. If you have any questions regarding these coverages or wish to change your policy, please contact your agent. Your agent must notify us of any changes in order for such changes to be effective.

UNDERINSURED MOTORIST COVERAGE (UIM) provides protection for persons insured under the policy, who are legally entitled to recover damages from the owner or operator of a vehicle which was uninsured or was insured but whose policy provides limits of liability less than the applicable damages that the insured person is legally entitled to collect. Coverage is also provided for damages that result from an automobile accident with a hit-and-run vehicle whose owner or operator cannot be identified.

Underinsured Motorist Property Damage Coverage (UIM PD) is subject to a \$300 per occurrence deductible, when the damage is caused by a hit-and-run or phantom vehicle and is subject to a \$100 per occurrence deductible in all other instances.

Washington Statutes require that Underinsured Motorist Coverage be included on every auto policy with limits equal to the policy liability limits (which are \$1,500,000) unless you select lower limits or reject UIM coverage entirely. You may reject Underinsured Motorist Property Damage Coverage but retain Underinsured Motorist Bodily Injury Coverage.

You have indicated that you want Underinsured Motorist Coverage at limits less than your liability limits or that you wish to reject Underinsured Motorist Coverage entirely. The option you chose is shown below. This option determined your policy premium. You may change this option by contacting your agent, althoughchanging this option may result in changes to your premium. Please confirm your selection below, or contact your agent if you wish to make changes.

If you do not return this signed form, your policy will be modified to provide Underinsured Motorist Coverage with limits equal to the policy's liability limits; this may result in an increase in premium owed.

REJECTION OF UNDERINSURED MOTORIST COVERAGE

undersigned rej		nsured Motorist Property D	Ū	erage. ed Single Limit (Bo	dily Injury only): Bodily Injury per accident
undersigned rej	ects Underi	nsured Motorist Property D	Damage Cove	erag e .	
WAIVE UIM PR	OPERTY D	SURED MOTORIST COVE AMAGE: The undersigned sured Motorist Bodily Injury	(representing y Coverage a	g all insureds ur it the limits listed	nder the policy)
The undersigne Underinsured N	d (represen lotorist Cov	TY DAMAGE UNDERINSU ting all insureds under the erage, but elects to purcha the Bodily Injury Liability L	policy) herek ise Bodily Inji	oy rejects Prope ury Underinsure	rty Damage

The undersigned (representing all insureds under the policy) hereby rejects Bodily Injury and Property

Insured	Name:

CALEB BOWE (quote)

Continental Divide Insurance Company

Policy Number:

Quote Number:

2281484

M-5503 (07/2010)

X	SELECTION OF UNDERINSURED MOTORIST COVERAGE LESS THAN LIABILITY
	RETAIN UIM PROPERTY DAMAGE: The undersigned (representing all insureds under the policy)
	elects to purchase Underinsured Motorist Coverage for Bodily Injury and Property Damage at the
	limits listed below.

Split Limits (Bodily Injury & Property Damage):			Combined Single Limit (Bodily injury & Property Damage):			
\$	N/A	Bodily Injury per person	\$	60.000	per accident	
\$	N/A	Bodily Injury per accident	`	00,000	na canalizare	
\$	N/A	Property Damage per accident				

I UNDERSTAND AND AGREE THAT UNTIL I ADVISE THE COMPANY OTHERWISE IN WRITING, MY SELECTION WILL CONTINUE REGARDLESS OF ANY ADDITION OR CHANGE IN AUTO COVERAGE ON MY POLICY OR ADDITION OF ANY SCHEDULED AUTOS AND WILL BE CARRIED FORWARD ON ALL FUTURE RENEWAL POLICIES WITHOUT ADDITIONAL NOTICE.

Signature of Named Insured or Representative

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