

SECTION 1 – APPLICANT INFORMATION

Name of Applicant: Northwest Limosine Caleb N Bowe

Trade Name(s) (if applicable): _____

Mailing Address:

Physical Address:

Street 589 D St

Street 5330 Laboury Dr.

City Blaine

City Ferndale

State/Zip WA 98230

State/Zip WA 98248

Phone Number: 360-220-0207

Fax Number: -

UBI #: _____

E-Mail: limobellingham@gmail.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>

List other certificates or permits held with the commission: _____

List your USDOT # 2470866 (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)

License Number	Year And Make Of Vehicle	Vehicle ID Number	Seating Capacity
<u>PRTYBUS</u>	<u>2001 FORD</u>	<u>1FDXE15591HB</u>	<u>15</u>
		<u>71765</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.

Name:	Position:
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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: <i>Caleb Base</i>	Position: <i>owner</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: <i>Caleb Base</i>	Position: <i>owner</i>
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SECTION 4 – DECLARATION OF APPLICANT

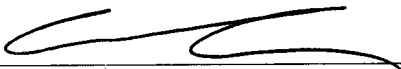
I understand that filing this application does not in itself constitute authority to operate as a passenger charter and excursion carrier.

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 CALEB BOWE

Signature of applicant 

Date 1/28/14 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 NORTHWEST LIMOUSINE SERVICE

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

1

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

1	x 25.00 =	\$ 25
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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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Insured Name: CALEB BOWE (quote)
Policy Number:
Quote Number: 2281484

Continental Divide Insurance Company

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, although changing 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**
The undersigned (representing all insureds under the policy) hereby rejects Bodily Injury and Property Damage Underinsured Motorist Coverage and waives any protection afforded by the Washington Statutes in that respect.

- REJECTION OF PROPERTY DAMAGE UNDERINSURED MOTORIST COVERAGE**
The undersigned (representing all insureds under the policy) hereby rejects Property Damage Underinsured Motorist Coverage, but elects to purchase Bodily Injury Underinsured Motorist Coverage at limits equal to the Bodily Injury Liability Limits of the policy.

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

Split Limits (Bodily Injury only):

\$ N/A Bodily Injury per person
\$ N/A Bodily Injury per accident

Combined Single Limit (Bodily Injury only):

\$ N/A Bodily Injury per accident

Insured Name: CALEB BOWE (quote)
Policy Number:
Quote Number: 2281484

Continental Divide Insurance Company

M-5503 (07/2010)

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):

\$ N/A Bodily Injury per person
\$ N/A Bodily Injury per accident
\$ N/A Property Damage per accident

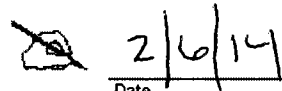
Combined Single Limit (Bodily Injury & Property Damage):

\$ 60,000 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



Date