

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

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	\$200.00
(Application for new certificate, to reinstate a previously canceled certificate, or an existing certificate to a new owner or business structure)	to transfer
AT CIL	0.25.00
Name Change (Application to change a company's corporate name, change a trade name, add	\$ 35.00 a new trade name,
or change the surname of an individual owner or partner)	·
Regulatory Fee (per vehicle)	\$ 25,00
TYPE OF PAYMENT	099416
□ Cash . □ Check □ Money Order □ AMEX to Ma	asterCard □ Visa Exp Date
Credit Card Information (if applicable)	Month/Year
-	. /) -
Amount \$ 32500 Company Name: Athletic T	ausportation Services, 1
CERTIFICATION: I, the undersigned, under penalty for false statement	•
information is true and correct, that I am authorized to execute and file	
applicant, and that all information on file is current and valid.	
	alalui
Cardholder's signature: Da	te: 2/18/14
(For Commission Use Only) 111 0268 232 01 25.60	ocket TE-
Deta Filado () ()	ifety Inspection:
111 0268 232 02 200 100 Date Fried 1 10 14	•

		ANT INFORMATIC	-	-
Name of Applicant:	Athletic Tran	isportation Sc	arvices, LLC	•
Trade Name(s) (if app	licable):		· · · · · · · · · · · · · · · · · · ·	•
Mailing Ac	ldress:	<u>Phys</u>	ical Address:	
Street 17951 5	E Heunth Edst	eet <u>17451 SF</u>	E Hemrich Rd	<u>v </u>
City Damascu	Cit	y Damas	ws	
State/Zip Orego	n 97089 Sta	re/Zip Ovegon	97089	
Phone Number: 503-	-994-1100 Fax	Number: - noul-	- send elec	
UBI#:	E-N	1ail: athletic tra	usporte Conf	ier.com
Type of business st ✓ Individual	ructure: Partnership	Corporation	her (LP, LLP(LLC)	
List the name, title, and stockholders:	percentage of partner's	share or stock distribution	for major	
Pandy D.	alzell ow	uer/member	Stock Distributions or Percentage of Shares	M No. 2789
Oreson Certificates of	permits held with the co	ommission: neul in	new of Felicialic	Ced. Alleh
List your USDOT#	ot.gov/online-registration	(If you don't or contact the Washington	nave one you can go	Feb. 18. 201
		EQUIPMENT sheets if necessary)		
All Ovegon License Number	Year And Make Of Vehicle	Vehicle ID Number	Seating Capacity	- p
YARE I'M	IGODIACT	0 MOSC NAG 201356	9 47 Dorover	% X

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.

SAFEILY 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: The same of the sam

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•			NATERESPON		

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: Pandy D. Dalzell Position: owner member					
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.					

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	Randy D. Datal HAthletic Transportation
Signature of applicant	Dad Dall
Date 2/18/14	County, State Glaskamas Oregon

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

CHARTER AND EXCURSION REGULATORY FEE CALCULATION SCHEDULE

Company Name 🚣

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

Total Regulatory Fees owed (enter amount from line 1)

There is a minimum fee of \$25.00.

Docket TE-

Certificate No:

(For Commission Use Only) 001-111-02-68-232-01

Recention Number

ACORD'

CERTIFICATE OF LIABILITY INSURANCE

ATHTRA1

OP ID: P4

DATE (MINIODITYYYY) 02/06/2014

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 PO	LICIES
BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHO	RIZED
REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.	

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(les) 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 tieu of such andorsement/s)

PRODUCER Cottingham & Butler, Inc. 800 Main Street Dubuque, IA 62001 Specialized Transport House		Phone: 563-587-5000	O Request a Certificate			
		Fax: 563-583-7339	PHONE (AKC, No. Ext): 888-785-4677 (AKC, No.: 563-587-5			
			ADDRESS: NSTDCertificates@cottinghambutler.com			
Specializa	o Hallsport Rouse		insurer(s) affording coverage	MAIC N		
			INSURER A : National Interstate Ins. Co.	32620		
INSUREO	Athletic Transportation 17951 SE Hemrick Rd	and the second	INSURER B:			
17951 SE He	Damascus, OR 97089		INSURER C :			
	Damascas, On 51002		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,

		DSIGNS AND CUMULTIONS OF SOCH								
LTR	`	TYPE OF INSURANCE	ADDL INSR	YOD	POLICY NUMBER	CALLECTORUM WIT	POLICY EXP	LEMIT	rs	
•	GEI	NERAL LIABRITY						EACH OCCURRENCE	\$	2,000,00
A	X	COMMERCIAL GENERAL LIABILITY			GLR 0138097-00	02/04/2014	Q2/D4/2015	PREMISES (E2 COLUTIONES)	\$	100,00
		CLAIMS-MADE X OCCUR						MED EXP (Any one person)	3	5,00
ŀ	Щ	<u></u>						PERSONAL & ADVINJURY	\$	2,000,00
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	GEN	YL AGGREGATE LIMIT APPLIES PER:		ŀ		- (•	PRODUCTS - COMPIOP AGG	3	2,000,60
L	X	POLICY PRO-					L		\$	
ŀ	AUT	TOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	3	5,000,00
A	Ш	ANY AUTO			CAR 0138097-00	02/04/2014	02/04/2015	BODILY INJURY (Per person)	\$	
		ALL OWNED X SCHEDULED AUTOS						BODILY INJURY (Per socident)	s	
	X	HIRED AUTOS X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	Ş.	
									\$	
	Ш	UMBRELLA LIAO OCCUR	ĺ)		ļ		EACH OCCURRENCE	s	
	Щ	EXCESS UAB CLAIMS-MADE						AGGREGATE	\$.	
		DED RETENTION \$							3	
		RIMERS COMPENSATION DEMPLOYERS' LIABILITY			•			WC STATU- OTH- TORY LIMITS ER		
		PROPRIETOR/PARTNER/EXECUTIVE ICER/VE/MER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$	
	(Max	ndatory in NHI s, describe under						E.L. DISEASE - EA EMPLOYEE	\$	
	DES	CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	
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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space to required)

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CERTIF	CA	TEH	OL	DER

CANCELLATION 0000000

FOR INFORMATION ONLY

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 Specialized Transport House

T i m e

2014 10:49AM



CARRIER APPROVAL CERTIFICATE Oregon Department of Education

This is to certify that

Athletic Transportation Services, LLC

Has been certified as an approved SPAB carrier as provided by in OAR 581-053-0615

Date issued August 29, 2013

Expiration date August 29, 2014

Michael Wiltford, Director School Finance & Pupil Transportation Oregon Department of Education

ATHLETIC TRANSPORTATION SERVICES 17951 SE Hemrick Road

saifcorporation

Information Page

Carrier No: 20001

Policy No:

782601

Employer Identification No: 26-1802601

NCCI Risk ID No:

Item 1. The insured:

ATHLETIC TRANSPORTATION SERVICES, LLC

Entity Type:

LIMITED LIABILITY COMPANY

Mailing address:

ATHLETIC TRANSPORTATION SERVICES, LLC 17951 SE HEMRICH RD DAMASCUS, OR 97089-5626

Other workplaces not shown above: NONE

- Item 2. The policy period is from 07-23-2013, 12:01 A.M. to 08-01-2014, 12:01 A.M. at the insured's mailing address
- Item 3. A. Workers Compensation Insurance: Part One of the policy applies to the Workers Compensation Law of the states listed here: OREGON
 - B. Employers Liability Insurance: Part Two of the policy applies to work in each state listed in item 3.A. The limits of our liability under Part Two are:

Bodily Injury by Accident \$500,000 each accident Bodily Injury by Disease Bodily Injury by Disease \$500,000 policy limit

- C. Other States Insurance: Part Three of the policy applies to the states, if any, listed here: NONE
- D. This policy includes these endorsements and schedules:

WC360601E Oregon Cancellation Endorsement WC000421C Catastrophe (other than Certified Acts of Terrorism) Premium End WC000422A Terrorism Risk Insurance Prog Reauthorization Act Disclosure End WC000414 Notification of Change in Ownership Endorsement WC000406A Premium Discount Endorsement WC360408 Premium Due Date Endorsement MC330303C SAIFPlus Endorsement WC360301 Oregon Unsafe Equipment Exclusion Endorsement WC990616 Confidentiality Endorsement

Item 4. The premium for this policy will be determined by our Manuals of Rules, Classifications, Rates and Rating Plans. The premium and rates and the experience rating modification factor, if any, may change on your anniversary rating date of 08-01-2014. All information required below is subject to verification and change by audit.

eived Time Feb. 18. 2014 10:57AM No. 2789

Athletic Transportation Services 17951 SE Hemrich Road Damascus, OR 97089 503-894-1100

SPAB approved Drivers list:

Randall D Dalzell OR Lic # 3318082 Richard D Dalzell OR Lic # 2982904 David C Astin OR Lic # 1904805 William R Chisholm OR Lic # 1124786 Nathan E Powell OR Lic #6521899 Douglas M Puller OR Lic # 813311 David W Duncan OR Lic # 156637 James H Karn OR Lic # 2816884 Daniel A Schutter OR Lic # 9638342 Andrew L Winters OR Lic#3320217 James W Trigg OR Lic #993589 Steven S Szabo OR Lic #3289698 Rand E Gay OR Lic #9410267 Randy C Siler OR Lic#1464785 Donald R McInnis OR lic #3927493 Paul R McDonald OR Lic#2284173