



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 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	
099419	
<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>325⁰⁰</u> Company Name: <u>Athletic Transportation Services, LLC</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: <u>[Signature]</u> Date: <u>2/18/14</u>	

Received Time Feb. 18, 2014 10:57AM No. 2789

(For Commission Use Only) 111 0268 232 01 125.00	Company ID: <u>7910</u>	Docket TE-
111 0268 232 02 200.00	Date Filed: <u>2/18/14</u>	Safety Inspection:
111 0268 232 03	Reg Fees: <u>OR X5</u>	Insurance:

049234

SECTION 1 - APPLICANT INFORMATION

Name of Applicant: Athletic Transportation Services, LLC

Trade Name(s) (if applicable): _____

Mailing Address:

Physical Address:

Street 17951 SE Hemrich Rd

Street 17951 SE Hemrich Rd

City Damascus

City Damascus

State/Zip Oregon 97089

State/Zip Oregon 97089

Phone Number: 503-994-1100

Fax Number: - none - send electronic

UBI #: _____

E-Mail: athletictransport@frontier.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:

Name	Title	Stock Distributions or Percentage of Shares
<u>Randy D. Dalzell</u>	<u>owner/member</u>	<u>100%</u>

List other certificates or permits held with the commission: Oregon Certifications including Oregon Department of Education #09-574
none in Washington Cent. All

List your USDOT # 1726226 (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)

All Oregon License Number	Year And Make Of Vehicle	Vehicle ID Number	Seating Capacity
<u>YARF 600</u>	<u>1990 MCI</u>	<u>4MBGDM99A9LP</u> <small>043529</small>	<u>47 Passenger</u>
<u>YARG 978</u>	<u>1991 MCI</u>	<u>4MBGDM99A4MP</u> <small>044135</small>	<u>47 Passenger</u>
<u>YARM 563</u>	<u>1988 MCI</u>	<u>4MBGDM99A4SP</u> <small>042194</small>	<u>47 Passenger</u>

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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: Randy D. Datzell | Position: owner/member

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: Randy D. Datzell | 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.

Name: _____ | Position: _____

SECTION 4 - DECLARATION OF APPLICANT

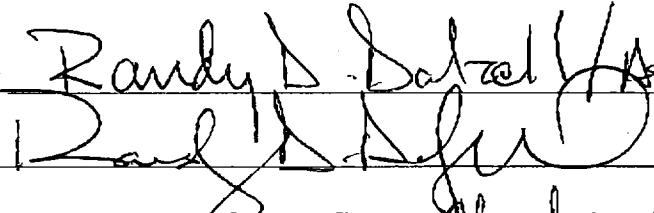
I understand that filing this application does not in itself constitute authority to operate as a passenger charter and excursion carrier.

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. Sabal Athletic Transportation

Signature of applicant 

Date 2/18/14 County, State Clackamas, Oregon

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

CHARTER AND EXCURSION REGULATORY FEE CALCULATION SCHEDULE

Company Name Athletic Transportation Services, LLC

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

5

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

5	x 25.00 =	\$125 ⁰⁰
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There is a minimum fee of \$25.00.

(For Commission Use Only)

001-111-02-68-232-01

Receipt Number

Docket TE-

Certificate No:

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No. 4723 P. 6

Feb. 18. 2014 10:48AM



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 Willfong, Director
School Finance & Pupil Transportation
Oregon Department of Education

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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 \$500,000 each employee
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
WC990309C 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.

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