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Olympia, WA 98504-7250
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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
Name Change \$ 35.00
Regulatory Fee (per vehicle) \$ 25.00
TYPE OF PAYMENT # 064536
Amount \$ 200.00 Company Name: Team Forks LLC
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: Charlene Cross Date: 2/21/14

Table with 3 columns: (For Commission Use Only), Company ID, Docket TE-, Date Filed, Reg Fees, Insurance, SOS

049318

SECTION 1 - APPLICANT INFORMATION

Name of Applicant: Team Forks LLC

Trade Name(s) (if applicable): _____

Mailing Address:

Physical Address:

Street P O Box 1488

Street 130 Spartan Ave

City Forks

City Forks

State/Zip WA 98331

State/Zip WA 98331

Phone Number: 360-374-6931

Fax Number: 360-374-5634

UBI #: 602-966-472

E-Mail: tif@centurytel.net

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>Charlene Cross</u>	<u>Owner</u>	

List other certificates or permits held with the commission: _____

List your USDOT # 1982645 (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>B 97413H</u>	<u>1990 Ford Truck</u>	<u>1FTEF15H9LP</u>	<u>15</u>
		<u>A57060</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>Charlene Cross</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>Charlene Cross</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 Charlene Cross

Signature of applicant Charlene Cross

Date 2/21/14 County, State Clallam, WA

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

1

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

1	x 25.00 =	\$25.00
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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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ATTACHMENT A

JOINT APPLICATION FOR TRANSFER OF CHARTER/EXCURSION AUTHORITY

Current Name on Certificate (Seller): Debbie Bennett

Current Trade Name on Certificate (Seller): _____

Address (Seller): 1512 Cole Loop SE Pt Orchard, WA

Certificate Number: _____ Phone Number (Seller) 360-871-3552 98364

Have all fines or penalties owed to the Commission been paid? No Yes

Has the closing safety report been filed with the Commission? No Yes

Does the buyer agree to begin service as soon as the Commission authorizes the transfer?
 Yes No, If not, then when? _____

RELEASE OF AUTHORITY

2-21-14

I, the seller have sold or otherwise released interest in my Cha: CH-063844 to the following:

Name of Buyer: Charlene Cross

Trade Name of Buyer: _____

We, as applicants, hereby jointly declare and affirm that all info knowledge.

We have mailed the Attachment A to Debbie Bennett (the previous owner) for his signature & it should be received by your office within a few days.

Seller's signature _____

Date: _____

Charlene Cross

Buyer's Signature _____

2/21/14
Date and Location

NOTES/COMMENTS:

Please let me know if you have any questions.

Thanks.

Rae Lynn Carnes
Washington Utilities and Transportation Commission
1300 S Evergreen Park Drive SW
PO Box 47250
Olympia WA 98504-7250
rcarnes@utc.wa.gov
(360) 664-1152
Fax (360) 664-1289

To Rae Lynn
From Charlene
Team Forks
~~Twilight Tours~~

Thanks
