

 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 SERVICES CERTIFICATE

Passenger Charter and E	Excursion Carrier Services WAC	480-30 Fee R	equired
New Authority	rtificate to a new owner or busing	ess structure.	\$200.00
	plete Attachment A.		same
	cancelled certificate; <u>WAC-480-3</u>	<u>0-121</u> .	same
Plus,			
Charter and Excursion co	ordance with <u>RCW 81.70.350</u> "Regu ompanies to file reports of the numb for each vehicle operated. There is a	er of vehicles operated by the o minimum fee of \$25.	company
Total number of vehic	les to be operated <u>14</u> _x \$25 p	er vehicle = \$_	35000
Total due (\$200, plus,	\$25 per vehicle)	= \$_	550-5
Name Change - WAC <u>480-30-146</u> 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.			
***Please also complet	e the Type of Payment page.	[1200]	
(For Official Use Only) 111 0258 232 01	Company ID: 1915	Docket TE-	
111 0268 232 02	Date Filed:	Safety Inspection:	
111 0268 232 03	Reg Fees: ONX 14	Insurance:	
111 0268	DOL:	SOS:	
Receipt ID:	Payment ID:	СН -	

## SECTION 1 - APPLICANT INFORMATION

egai Name: <u>N W</u>	NAVIGATOR	Luxu	My Car	cttes LLC
The legal nam	ne must match your regist	ration with <u>Depa</u>	Inent of Revende	
Frade Name(s) (if any):_ <u>Mailing Ado</u>	Trade name(s) mus	t be registered u	nder your <u>UBI numb</u> ` <b>Phy</b> :	er sical Address:
Street 16055 S Roma H	WALKON_ 418	Street _	6309 N	DE Course BIA BLV.
City <u>BAUGUTZ</u>	<u>N</u>			
State/Zip O/L-	97006	State/Zip	ON-	97218
Phone Number: <u>503-</u>	-285-3000	_ Fax	Number: <u>5</u> 0	3-285-5493
UBI #: 1363043	-1	E-M	ail: <u>INFO</u>	NONNIGATOR. C
Type of business str	<u>ucture</u> :			• •
🗆 Individual 🛛	Partnership	🗋 Corpora	tion KC	other (LP, LLP, (LC)
If a Partnership, Corporati	on, or Other, list the	name, title, ai	d percentage of	partner's share or stock
distribution for major stor	kholders:			Stock Distributions
Name	Title			or Percentage of Shares
Roxanne Gue		<u>E5.</u>		<u> </u>
Jordet Gull				
List other certificates of USDOT # 71897 www.fmcsa.dot.pov/or 360-596-3812 for assist	KO PELema	J MI H you	don't have a US	DOT # go online at
		N 2 EQUI		
. <u> </u>	(Attach add Year And Make	itional sheets if	necessary)	
License Number	Vehicle		ehicle ID Numb	er Seating Capacity
	SAP A	tothe cure		

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Unit#	Plate Nu	mber	Vin#	Capacity
100	B013568	IFDLE40F	9VHA31021	24
200	B13324	3FRNF65	5C08V676951	33
220	B13323	3FRNF6	5C68V650886	29
<b>600</b>	YARF981	1M83JM	IPA62P061820	56
<b>610</b>	YARM740	2P9H33	401P1001359	48
800	YARG887	2MG3JN	1FA29W065069	56
812	YARR775	3CET252	24B5148854	54
814	YARR782	3CET2S2	28B5148856	54
816	YARR756	3CET2S2	2XB5148857	54
820	YARR827	3CET2M	626A5140468	54
822	YARR828	3CET2M	627A5136380	54
1000	YARL650	2PCH334	196DC712130	56
1020	YARL651	2PCH334	199DC71213 <b>7</b>	56
1040	YARM634	2PCH334	198DC712037	56

#### 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.

	ETY RESPONSIBILITIES
COMMERCIAL DRIVER'S LICENSE	(CDL) STANDARDS REQUIREMENTS AND PENALTIES (Title
49, Code of Federal Regulations F	art 383). If you operate commercial motor vehicles, your
drivers must have a valid CDL.	
DRIVER QUALIFICATION REQUIR	EMENTS (Title 49, Code of Federal Regulations Part 391).
Each of your drivers must meet n	ninimum qualification requirements. You must maintain
driver qualification files for each	driver.
DRIVERS HOURS OF SERVICE (Tit	le 49, Code of Federal Regulations Part 395). Each of your
drivers must maintain hours of se	ervice logs. You must maintain true and accurate hours of
service records for each driver.	
<ul> <li>CONTROLLED SUBSTANCE AND /</li> </ul>	ALCOHOL USE AND TESTING (Title 49, Code of Federal
Regulations Part 382 and Part 40	). If you operate commercial motor vehicles, your drivers
	e and Alcohol Use and Testing program. You must have a
alcohol and controlled substance	s testing program.
	TENANCE (Title 49, Code of Federal Regulations Part 396).
You must systematically inspect,	repair and maintain all motor vehicles.
	L (Title 49, Code of Federal Regulations Part 390). You must
follow safety regulations.	Annual FR (Title 40, Carle of Federal Deculations Part 202)
	<b>VEHICLES</b> (Title 49, Code of Federal Regulations Part 392).
You must follow regulations for a	driving commercial motor vehicles.
PARTS AND ACCESSORIES NECES	SSARY FOR SAFE OPERATION (Title 49, Code of Federal
	maintain parts and accessories in safe condition.
Name: JOF Guis	Position: CEO
ABCD/	TIONAL RESPONSIBILITIES

List the person and position responsible for understanding and complying 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.

S AND REGULATIONS. You must comply with
ies such as, <u>but not limited to</u> : <u>Department of</u>
Secretary of State, Department of Revenue,
rity.
Position: CAU

Jost Genis

### 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	JOSNH	R Gice	<u>LS</u>	
		'		
Signature of applicant	fore 1 day	<u></u>		
Date6/1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	County, State	MUCT,	Mebon	



### FAX COVER SHEET

DATE: June 17, 2014

TO: WUTC Attn: Betty Young 🛛 🦯

PLEASE ME - 285-3000

## FM: NW Navigator Luxury Coaches LLC

#### **#PGS**

(incl cover): \_\_8\_\_\_

Betty Here is the information for our application. Thank you and please call me if you see anything else you need Thanks Joe



6309 NE Columbia Blvd \* Portland, OR 97218 \* (503) 285-3000 phone \* (503) 285-5493 fax

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