

\$300 S. Evergreen Park Dr. SW P.O. Box 47250 Diympia, WA 98504-7250 Phone 360-564-1222 Fax: 360-586-1181 TTY 150-586-6203 or 1-800-436-5289 e-mail: Transportation@utc. we gov

APPLICATION FOR CHARTER AND EXCURSION CARRIER SERVICES CERTIFICATE

Passenger Charter and	Excursion Carrier Services WAC 4	80-30 Fee Required
X. New Authority	ertificate to a new owner or busines	\$200,00 s structure.
	nolete Attachment A.	same
() Reinstate a previous	y cancelled certificate; WAC-480-30	<u>121.</u> same
Charter and Excursion and pay the sum of \$25	ocordance with <u>RCW 81-70-350</u> "Regula companies to file reports of the numbe 5 for each vehicle operated. There is a r	r of vehicles operated by the company ninimum fee of \$25.
Total number of veh	icles to be operatedx \$25 per	vehicle = \$ 25
Total due (\$200, plu	s, \$25 per vehicle)	=\$ <u>225</u>
	: 480-30-146 a company's corporate name, change a an Individual owner or partner.	\$ 35.00 trade name, add a new trade name or
***Please also comple	te the Type of Payment page.	
(For Official Use Only) £31 0208 232 0).	Company iD 192	Docket TE-
434 0258 232 02	Date Filed 6 24/14	Safety Inspection:
331 0368 232 03 111 0368	Reg Fees: OLX 1	Insurance: OL
Resulpt II);	Payment IO:	GI-



1300 S. Evergreen Park Or. SW

P.O. Box 47250

Olympia, WA 98504-7250 Phone: 360-564-1222

Fax 350-565-1161

TTE 560-586-8203 57 1-000-416-5289

e-paik Transportation@qut.wa.gov

APPLICATION FOR CHARTER AND EXCURSION CARRIER SERVICES CERTIFICATE

Passenger Charter and E	xparsion Carrier Sendons WAC 480	Eee Required
A. How Mr. sorth	Ulimate to a new owner or business s	\$200.00 rusture
o il transfer, comp		same I
(i) Reinstean's previously	concelled certificate; WAC-480-30-12	1. same
Charlet and Expersion on	urgance with RCW 31.70.350 "Regulator repanies to file reports of the number of or each webside operated. There is a miss	vehicles operated by the company
Fetal number of vehicle	es to be operated/_x \$25 per ve	hide = \$ <u>75</u>
Total eue (720), ples, i	235 per vehicle)	=\$ <u>225</u>
E - Monte Körutte - MACA - Applicates las classes a c - cump conspectation of a	80-76-256 oxypeny's corporate name, change a tra singlyidual camer or partner	\$ 35.00 de name, add a new trade name or
es place alle complete	the Type of Payment page.	
Aligh Color for Nation (State)	Lil Coppany O:	Docket TE-
100 Per 1900	Per Bull 18 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Safety Inspection:
	Topy on	Insurance:
	Poe	\$05
0 50733	Travalle (1.013)92	Ori-

SECTION 1 - APPLICANT INFORMATION

	ne must match your registration in	LLC	
Trade Name(s) (if any):		Kush Tourism	i perubl
Mailing Ad		Physical Add	
Street	NE 129th Street	et 13108 NE	129-5t
city Ki-Kla.	.d City	Kirkland	
State/Zip WA	98034 State	elzip WA 4800	
Phone Number: 20	6-587-5874	Fax Number:	
	3-891 W	E-Mail Seattle @ 1	KushTerrism. C
Type of business str	ucture:		
□ Individual □	Partnership. D C	orporation KOther (LP	(UP, UC)
If a Partnership, Corporati distribution for major stor		title, and percentage of partner	s share or stock
Michael Gor Charles Noble	don Member	-/LEO OF PE	TOP TOP TO Shares
USDOT# 251	line-registration or conta	ommission: If you don't have a USDOT # g act the Washington State Patro	
	SECTION 2 - (Attach additional		
License Number	Year And Make Of Vehicle	Vehicle ID Number	Seating Capacity
C99257A	2001 Cheverlet	16NOM19W21DIS	8
		12/2	

SECTION 3 - SAFETY AND OPERATIONS

In each of the categories shown below, list the person and position responsible for understanding and complying with the <u>Federal Motor Carrier Safety Regulations (FMCSR)</u> 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.

1000	mid receive		Secretary of the second	-	-	CONTRACTOR OF THE PARTY OF THE	THE PERSON NAMED IN COLUMN	Name and Address		
Name:	Ch	arl	ER	Alles	IIL	Po	sition:	Mem	berl	600

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: Charles ENibles III Position: Member / Coo

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: Michael Gordon Position: Mamber/LEO

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 applic	ant Charles E Nobles III	
Signature of applicant		
Date 6/ /19	County, State King WA	

FORM E UNIFORM MOTOR CARRIER BODILY INJURY AND PROPERTY DAMAGE LIABILITY CERTIFICATE OF INSURANCE

(EXECUTED IN TRIPLICATE)

This is to certify (hereinafter called C has issued to	(Name of Comm	Columbia I (Name 3024 Harney	Insurance Company e of Company) Street, Omaha, NE 681 Address of Company)		
(hereinafter called C		(Name 3024 Harney	e of Company) Street, Omaha, NE 681	31	
has issued to	Company) of	3024 Harney	Street, Omaha, NE 681	31	
has issued to	Company) of			31	
has issued to	,	(Home Office	Address of Company)		
		KUSH TOURIS	M LLC		
of		(Name of	Motor Carrier)		
UI .		13108 NE 129TH ST	T, KIRKLAND, WA 9803	34	
		(Address of Motor Carrier)			
the insured stated if the Uniform Motor (amended to provide upon such motor ca or regulations prom Whenever requ policies and all end This certificate to which it is attach in writing to the Sta	Carrier Bodily Injury and Perautomobile bodily injury a arrier by the provisions of the ulgated in accordance the ulgated, the Company agreorsements thereon. and the endorsement desired. Such cancellation may	d continuing until cancelled a roperty Damage Liability Inst and property damage liability he motor carrier law of the S	urance Endorsement, had insurance covering the state in which the Common a duplicate original of incelled without cancellary or the insured giving the state of the control of the insured giving the state of the control of the insured giving the state of the control of the insured giving the state of the control of the insured giving the state of the control of the	as or have been cobligations imposed hission has jurisdiction said policy or htion of the policy thirty (30) days' notice	
Countersigned at	3024 Harney Street	Omaha	NE	68131	
oodinereigned at	(Street Address)	(City)	(State)	(ZIP Code)	
this	23rd	day of June	, 20 14		
			Too But	Mer	

1,500,000 CSL

This form determined by the National Association of Regulatory Utilities Commissioners and promulgated pursuant to the provisions of Section 202(b)(2) of the Interstate Commerce Act (49 U.S.C. § 302[b][2]) and 49 CFR § 387.301