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WASH. UT. & TP. COMM

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 Excursion Carrier Services <u>WAC 480-30</u>	Fee Required
<input type="checkbox"/> New Authority	\$200.00
<input checked="" type="checkbox"/> Transfer an existing certificate to a new owner or business structure. <ul style="list-style-type: none"> <input type="radio"/> If transfer, complete Attachment A. 	same
<input type="checkbox"/> Reinstate a previously cancelled certificate; <u>WAC-480-30-121</u>	same
Plus,	
<input type="checkbox"/> Regulatory Fee - In accordance with <u>RCW 81.70.350</u> "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.	
Total number of vehicles to be operated 4 x \$25 per vehicle	= \$ <u>100.00</u>
Total due (\$200, plus, \$25 per vehicle)	= \$ <u>300.00</u>
<input checked="" type="checkbox"/> Name Change - <u>WAC 480-30-146</u>	\$ 35.00
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 complete the Type of Payment page.	

CH 603134

(For Official Use Only) 111 0268 232 01	Company ID: 7923	Docket TE-
111 0268 232 02	Date Filed: 6/24/14	Safety Inspection:
111 0268 232 03	Reg Fees: OK	Insurance:
111 0268	DOL: OK	SOS: OK
Receipt ID: 050727	Payment ID: OK # 4606	CH -

TYPE OF PAYMENT

Check Money Order

Amount \$ 335.⁰⁰

Amex Discover Mastercard Visa

Expiration Date _____

Credit Card number:

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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.

Company Name: Sachelava DBA Show me Seattle

Name (printed): Michael Rogers Date: 06/16/14

Signature: Michl Rog Title: President

If paying by credit card, fax your application to 360-586-1181 or scan and email to transportation@utc.wa.gov

If paying by check or money order, mail the completed application with fees and attachments to:

Washington Utilities and Transportation Commission
P.O. Box 47250
Olympia, WA 98504-7250



SECTION 1 – APPLICANT INFORMATION

Legal Name: Sachelava, Inc
The legal name must match your registration with Department of Revenue

Trade Name(s) (if any): Show ME Seattle
Trade name(s) must be registered under your UBI number

Mailing Address:

Physical Address:

Street 12721 Renton Ave S. Street _____

City Seattle, WA City _____

State/Zip WA 98178 State/Zip _____

Phone Number: 206.632.5162 Fax Number: _____

UBI #: 603 409 970 E-Mail: _____

Type of business structure:

- Individual Partnership Corporation Other (LP, LLP, LLC)

If a Partnership, Corporation, or Other, 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>Michael Rogers</u>	<u>President</u>	<u>100%</u>
_____	_____	_____
_____	_____	_____

List other certificates or permits held with the commission: _____

USDOT # _____ If you don't have a USDOT # 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)

License Number	Year And Make Of Vehicle	Vehicle ID Number	Seating Capacity

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 an 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: *Michael Rogers*

Position: *President*

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: *Michael Rogers*

Position: *President*

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 Rogers*

Position: *President*

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 Michael Rogers

Signature of applicant 

Date 06/16/14 County, State King / Washington

ATTACHMENT A

JOINT APPLICATION FOR TRANSFER OF CHARTER/EXCURSION AUTHORITY

Current Name on Certificate (Seller): Show Me Tours, Inc.

Current Trade Name on Certificate (Seller): Show Me Seattle

Address (Seller): PO Box 30833

Certificate Number: CH-63134 Phone Number (Seller) 206-755-4109

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

I, the seller have sold or otherwise released interest in my Charter/Excursion Certificate authority CH- 63134 to the following:

Name of Buyer: Sachel Ava inc

Trade Name of Buyer: Show me Seattle

We, as applicants, hereby jointly declare and affirm that all information is true to the best of our knowledge.

Kathleen M. Anderson, Pres
Seller's signature

17 June 2014 Seattle, WA
Date and Location

Michelle Pop
Buyer's Signature

06/16/14 - Seattle
Date and Location