

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

<b>Passenger Charter and Excursion Carrier Services <u>WAC 480-30</u></b>	<b><u>Fee Required</u></b>
<input type="checkbox"/> <b>New Authority</b>	<b>\$200.00</b>
<input checked="" type="checkbox"/> <b>Transfer</b> an existing certificate to a new owner or business structure.	
○ If transfer, complete Attachment A. <i>CA 63560</i>	same
<input type="checkbox"/> <b>Reinstate</b> a previously cancelled certificate; <u>WAC-480-30-121</u> .	same
<b>Plus,</b>	
<input type="checkbox"/> <b>Regulatory Fee</b> - 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.	
<b>Total number of vehicles to be operated</b> _____ x \$25 per vehicle	= \$ _____
<b>Total due</b> (\$200, plus, \$25 per vehicle)	= \$ <u>200</u>
<b>Name Change</b> - <u>WAC 480-30-146</u>	<b>\$ 35.00</b>
Application to change a company's corporate name, change a trade name, <u>add a new trade name</u> or change the surname of an individual owner or partner.	
<b>***Please also complete the Type of Payment page.</b>	

(For Official Use Only) 111 0268 232 01	Company ID: <i>7943</i>	Docket TE-
<i>\$200 - 050769</i> 111 0268 232 02	Date Filed:	Safety Inspection:
111 0268 232 03	Reg Fees:	Insurance:
111 0268	DOL:	SOS:
Receipt ID:	Payment ID: <i>1097</i>	CH -

Redneck Limo DBA Tricities Limo



**SECTION 1 – APPLICANT INFORMATION**

Legal Name: Red Neck Limos <sup>Smile</sup> LLC  
 The legal name must match your registration with Department of Revenue

Trade Name(s) (if any): Tri Cities Limo  
 Trade name(s) must be registered under your UBI number

**Mailing Address:**

**Physical Address:**

Street P.O. Box 4792 Street 100503 Sagebrush rd  
 City Pasco City Kennewick  
 State/Zip Wa 99301 State/Zip Wa 99337

Phone Number: 509. 737. 8675 Fax Number: 509 210 0356

UBI #: 602 652 895 E-Mail: Melanie@tricitieslimo.com

**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:

Name	Title	Stock Distributions or Percentage of Shares
<u>Melanie Weber</u>	<u>Managing member</u>	<u>100</u>
_____	_____	_____
_____	_____	_____

List other certificates or permits held with the commission: \_\_\_\_\_

USDOT # 2061222 If you don't have a USDOT # go online at [www.fmcsa.dot.gov/online-registration](http://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
<u>B05767F</u>	<u>2000 Lincoln</u>	<u>1L1FM81W0Y77852</u>	<u>8</u>
<u>B78277C</u>	<u>1999 Lincoln</u>	<u>5LMP428AxxLJ27853</u>	<u>14</u>
<u>B33156G</u>	<u>2000 Ford</u>	<u>1PDAF56FOYEB19964</u>	<u>22</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.

<b>Name:</b> <i>Robin Wadsworth</i>	<b>Position:</b> <i>office manager</i>
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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.

<b>Name:</b> <i>Robin Wadsworth</i>	<b>Position:</b> <i>office manager</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.

<b>Name:</b> <i>Robin Wadsworth</i>	<b>Position:</b> <i>office manager</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 Melanie Weber - Managing member

Signature of applicant 

Date 6/17/14 County, State Franklin, WA

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

Filed with Washington Utilities and Transportation Commission (hereinafter called Commission)  
(Name of Commission)

This is to certify, that the Zurich American Insurance Company  
(Name of Company)

(hereinafter called company) of One Liberty Plaza 165 Broadway, 32nd Fl New York NY 10006  
(Home Office Address of Company)

has issued to Redneck Limo Service LLC #CH063560 of 111 W 53rd Kennewick WAS 99337  
(Name of Motor Carrier) (Address of Motor Carrier)

a policy or policies of insurance effective from 12/06/2013 12:01 A.M. standard time at the address of the insured stated in said policy or policies and continuing until canceled as provided herein, which, by attachment of the Uniform Motor Carrier Bodily Injury and Property Damage Liability Insurance Endorsement, has or have been amended to provide automobile bodily injury and property damage liability insurance covering the obligations imposed upon such motor carrier by the provisions of the motor carrier law of the State in which the Commission has jurisdiction or regulations promulgated in accordance therewith.

Whenever requested, the Company agrees to furnish the Commission a duplicate original of said policy or policies and all endorsements thereon.

This certificate and the endorsement described herein may not be canceled without cancellation of the policy to which it is attached. Such cancellation may be effected by the Company or the insured giving thirty (30) days notice in writing to the State Commission, such thirty (30) days' notice to commence to run from the date notice is actually received in the office of the Commission.

Countersigned at 2555 Kingston Rd. Suite 250 York PA 17402  
(Street Address) (City) (State) (Zip Code)

On this 6th day of January 2020

Insurance Company File No. BAP9189523  
(Policy Number)

  
ALL RISKS, LTD.  
Authorized Company Representative

MC1633



RECEIVED

JUN 30 2014

**ATTACHMENT A**

WASH. UT. & TP. COMM

**JOINT APPLICATION FOR TRANSFER OF CHARTER/EXCURSION AUTHORITY**

Current Name on Certificate (Seller): David Douglas

Current Trade Name on Certificate (Seller): \_\_\_\_\_

Address (Seller): 1111 W. 53<sup>rd</sup> ave Kennewick, WA 99337

Certificate Number: CH063560 Phone Number (Seller) 509 528 2185

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-063560 to the following:

Name of Buyer: Melanie Weber - Managing Member

Trade Name of Buyer: Redneck Limo's dba Tri Cities Limo

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

David Douglas  
Seller's signature

6/24/14 KENNEWICK  
WA. 99337  
Date and Location

Melanie Weber - Managing Member  
Buyer's Signature

6/24/14  
Date and Location