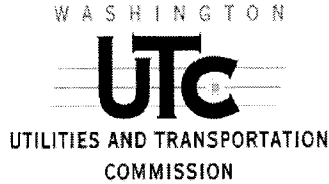


Rec'd 9/8
TV-143322



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>	<u>Fee Required</u>
<input checked="" type="checkbox"/> New Authority	\$200.00
<input 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 <u> 1 </u> x \$25 per vehicle	= \$ <u>25.00</u>
Total due (\$200, plus, \$25 per vehicle)	= \$ <u>225.00</u>
<input 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.	

Pd. Cash

(For Official Use Only) 111 0268 232 01	Company ID: <u>16635</u>	Docket TE-
111 0268 232 02	Date Filed: <u>9/8/14</u>	Safety Inspection:
111 0268 232 03	Reg Fees: <u>ms</u>	Insurance:
111 0268	DOL: <u>ms</u>	SOS: <u>ms</u>
Receipt ID:	Payment ID:	CH -

SECTION 1 – APPLICANT INFORMATION

Legal Name: Exploration Tours and Charter LLC
The legal name must match your registration with Department of Revenue

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

Mailing Address:

Physical Address:

Street P.O. Box 390

Street 19748 197th Ave S.W

City Little Rock

City GRAND MOUND

State/Zip WA, 98579

State/Zip WA. 98579

Phone Number: 360-262-4243

Fax Number: 360-262-6258

UBI #: 603 428 164

E-Mail: ben@explorationtoursandcharter.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:

<u>Name</u>	<u>Title</u>	<u>Stock Distributions or Percentage of Shares</u>
<u>Ben A. Dolph</u>	<u>Sole managing member</u>	<u>100%</u>
_____	_____	_____
_____	_____	_____

List other certificates or permits held with the commission: _____

USDOT # 2533071 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
	<u>2000 MCI</u>	<u>1M8TRMPA6YP061</u>	<u>56</u>
		<u>009</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 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: DANA @ DB Compliance Services Position: Safety & Drug Compliance

SAM FREMONT WATSON Diesel Repair & Fleet Management

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: DANA @ DB Compliance Services Position: SAFETY COMPLIANCE

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: RON HALL CPA Position: Business Accounting

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 Ben A. Dolph

Signature of applicant Ben A. Dolph

Date 9-3-14 County, State Thurston WA.

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

(EXECUTED IN TRIPLICATE)

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

This is to certify, that the National Indemnity Company
(Name of Company)

(hereinafter called Company) of 3024 Harney Street, Omaha, NE 68131
(Home Office Address of Company)

has issued to EXPLORATION TOURS AND CHARTER
(Name of Motor Carrier)

of 19748 187TH AVE, GRAND MOUND, WA 98579
(Address of Motor Carrier)

a policy or policies of insurance effective from 09/06/2014 12:01 A.M. standard time at the address of the insured stated in said policy or policies and continuing until cancelled 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 cancelled 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 Commissioner.

Countersigned at 3024 Harney Street Omaha NE 68131
(Street Address) (City) (State) (ZIP Code)

this 8th day of September, 20 14



Authorized Representative

Insurance Company File No. 70APS051208
(Policy Number)

5,000,000 CSL