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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

Docket TE-

Company ID: 161

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11	1 0268 232 02	Date Filed: 1001114	Safety Inspection:	A STATE OF THE STA
11	1 0268 232 03	Reg Fees: A X 2	Insurance:	
11	1 0268	DOL: O	sos: O	
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re	issenger Charter and Excu	itsion carrier services w	/AC 48U-3U	Fee Required
F7	84 A			A.A.A.A.A.A.
	New Authority			\$200.00
	Transfer an existing certific		siness structure.	
	<ul> <li>If transfer, complete</li> </ul>	e Attachment A.		\$200.00
	Reinstate a previously can	celled certificate; WAC-48	0-30-121.	\$200.00
Pli	is,			
	Regulatory Fee - In accorda	nce with RCW 81.70.350 "R	egulatory Fees", the Com	imission requires
	Charter and Excursion compa			•
	and pay the sum of \$25 for e	ach vehicle operated. There	is a minimum fee of \$25.	
	Total number of vehicles t	o be operated2_x \$2	25 per vehicle	= \$50
	Total due (\$200, plus, \$25	per vehicle)		= \$250
	Name Change - WAC 480:	30-146		\$ 35.00
	Application to change a comp		nge a trade name, add a r	•
	change the surname of an inc	• •	.sc a trace name, aca a r	iciv trauc riaine or
	station and sattlating or an inc		Tall 110	
	Company Name:	JUVILA	WITL LL	
	Politically receipt.			

#### **SECTION 1 – APPLICANT INFORMATION**

Legal Nar	ne:Senda Intl LLC 🛮 🔌	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		
	The legal name must match your reg	gistration with Del	partment of Revenue	
Trade Na	me(s) (if anv):			
	me(s) (if any):	ust be registered	under your <u>UBI number</u>	
	Mailing Address:		Physical Addre	<u>ss</u> :
Street	4115 University Way Ne STE 110	Street	4115 university way ne ST	E 110
City	Seattle	City	Seattle	
State/Zip	WA 98105	State/Zip	WA 98105	-
Phone Nu	ımber:206-696-3928	Fax	Number:	
UBI #:	603.444.868	E-N	lail:Johnnyxywang@hotm	ail.com
Website:		eriller i De Brancher miller i man i metallihisterilerilerileri		
Type of I	ousiness structure			
			A CONTRACTOR OF THE PARTY OF TH	and the second s
	lual     Partnership	☐ Corpora	ition (X) Other (LP, LI	LP, LLC)
	rship, Corporation, or Other, list the n for major stockholders:	name, title, a	nd percentage of partner's sha	are or stock
				stributions
<u>Name</u>	<u>Title</u>	_		tage of Shares
_Xiao Yu V	VangN	fanager		_100%
List other	certificates or permits held with	the commiss	ion:	namigan nga nga paga nga nga nga nga paga namigan na na na haifa n
USDOT #_	2551976	If you d	on't have a USDOT #, go on	line at
	sa.dot.gov/online-registration or			
360-596-3	3810 for assistance.			
Business	<b>Operations</b>			
	the type of tours/excursions you		-	
	transportation services to privat	,	-	*
activities	may include sight seeing tours, p	laces of inter-	est, shuttling passengers to	and from

destinations, shopping excursions, and other activities in direct relation to transporting passengers to where they need to go. These activites will operate in the parameter of both

2014

intrastate and interstate excursions.

#### **SECTION 2 – EQUIPMENT**

(Attach additional sheets if necessary)

License Number	Year And Make Of Vehicle	Vehicle ID Number	Seating Capacity
B91588X	2013 Mercedeze	WDZPE8CC505726949	IZ
B72888T	2008 Ford	1FBSS31LQ80B47263	15

#### **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.

Name: Xiao Yu Wang (johnny)	Position: Manager

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OPERATIONAL F	RESPONSIBILITIES
List the person and position responsible for und requirements of each category shown below.	lerstanding and complying with the
ANNUAL REPORTS AND REGULATORY FEES. Yo regulatory fees by December 31 of each year.	u must file an annual safety report and pay
Name: Xiao Yu Wang (johnny)	Position:Manager
state of Washington General Laws, Rule the regulations of local, state, and federal agend Labor and Industries, Department of Licensing, Internal Revenue Service and Employment Secu	cies such as, <u>but not limited to</u> : <u>Department of</u> <u>Secretary of State</u> , Department of Revenue,
Name: Xiao Yu Wang	Position: Manager

#### **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	Xiao Yu Wang
Signatu	re of applicant	XXX
Date	10/25/2014	County, StateKING, WA

## Vehicle Title Application/Registration Certificate $^{ARKLAND}_{WA}$

07/31/2014	14212	17430340871								B91588
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### Vehicle Title Application/Registration Certificate

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