

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

RECEIVED

NOV 24 2014

APPLICATION FOR  
 CHARTER AND EXCURSION CARRIER SERVICE CERTIFICATE

|                         |                               |                    |
|-------------------------|-------------------------------|--------------------|
| (For Official Use Only) | Company ID: 16742             | Docket TE-         |
| 111 0268 232 01 100.00  | Date Filed: 11-24-14 11/24/14 | Safety Inspection: |
| 111 0268 232 02 200.00  | Reg Fees: 0.5 x 4             | Insurance:         |
| 111 0268 232 03         | DOL: [Signature]              | SOS: [Signature]   |
| 111 0268                | Payment ID: 1033              | CH -               |
| Receipt ID: 52889       |                               |                    |

**Passenger Charter and Excursion Carrier Services WAC 480-30** **Fee Required**

**New Authority** **\$200.00**

**Transfer** an existing certificate to a new owner or business structure.  
 o If transfer, complete Attachment A. **\$200.00**

**Reinstate** a previously cancelled certificate; WAC-480-30-121. **\$200.00**

**Plus,**

**Regulatory Fee** - In accordance with RCW 81.70.350 "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 = \$ 100

**Total due** (\$200, plus, \$25 per vehicle) = \$ 300

**Name Change** - WAC 480-30-146 **\$ 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.

**Company Name:** Latin Limousine Seattle Carpet Cleaning LLC

**TYPE OF PAYMENT**

Check    Money Order                                  Amount \$ 300


Amex    Discover    Mastercard    Visa                                  Expiration Date \_\_\_\_\_

Credit Card number:  
[ 16 digit grid ]

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: Latin Limousine

Name (printed): Hugo Rosales                                  Date: 11-14-15

Signature:                                   Title: owner

If paying by credit card, fax your application to 360-586-1181 or scan and email to [transportation@utc.wa.gov](mailto: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: Seattle Carpet Cleaning LLC  
The legal name must match your registration with Department of Revenue

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

**Mailing Address:**

**Physical Address:**

Street 17854 38<sup>th</sup> Ave S Street \_\_\_\_\_

City Seatac City \_\_\_\_\_

State/Zip WA 98188 State/Zip \_\_\_\_\_

Phone Number: 206 335 8167 Fax Number: \_\_\_\_\_

UBI #: 603-171-917 E-Mail: \_\_\_\_\_

Website: Latinlimousine.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> |
|-------------|--------------|--|
| _____       | _____        | _____  |
| _____       | _____        | _____  |
| _____       | _____        | _____  |

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

USDOT # 2558927 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 360-596-3810 for assistance.

**Business Operations**

Describe the type of tours/excursions you plan on providing: Limousine Services for wedding, Bachelor party, proms, Homecoming, and more

**SECTION 2 – EQUIPMENT**

*(Attach additional sheets if necessary)*

| License Number | Year And Make Of Vehicle | Vehicle ID Number | Seating Capacity |
|----------------|--------------------------|-------------------|------------------|
| B19177X        | Hummer 2006              | 5GRGN23U06H111568 | 22               |
| B19269G        | Hummer 2003              | 5GRGN23U63H137068 | 18               |
| B69610Z        | Navigator 2003           | 5LMFU28R73LJ08348 | 18               |
| C70898B        | Party Bus 2008           | 1FD4E45SX8DB23387 | 26               |

**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: Hugo Posales

Position: owner

**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> | <b>Position:</b> |
|--------------|------------------|

**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> | <b>Position:</b> |
|--------------|------------------|

**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 Hugo Rosales

Signature of applicant 

Date 11-14-14 County, State Seatac WA



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/1/2014

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

|  |  |
|--|--|
| <b>PRODUCER</b><br>CHOICE Insurance, LLC 4<br>1715 Market Street<br><br>Kirkland WA 98033                  | <b>CONTACT NAME:</b> Ruben Ramirez   |
|  | <b>PHONE (A/C No, Ext):</b> (425) 739-6565 <b>FAX (A/C, No):</b> (425) 739-9955<br><b>E-MAIL ADDRESS:</b> rubenramirez@choiceinsurance.n |
| <b>INSURED</b> (206) 335-8167<br><br>Latin Limousine<br><br>17854 38th Avenue South<br><br>SeaTac WA 98188 | <b>INSURER(S) AFFORDING COVERAGE</b> <b>NAIC #</b>   |
|  | <b>INSURER A:</b> National Fire & Marine Insuran      20079  |
|  | <b>INSURER B:</b> Columbia Insurance Company      27812  |
|  | <b>INSURER C:</b>  |
|  | <b>INSURER D:</b>  |
|  | <b>INSURER E:</b>  |
| <b>INSURER F:</b>  |  |

**COVERAGES**      **CERTIFICATE NUMBER:** Cert ID 8144      **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR | TYPE OF INSURANCE  | ADDL INSD | SUBR WVD   | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS   |
|----------|--|-----------|------------|---------------|-------------------------|-------------------------|--|
|          | <b>COMMERCIAL GENERAL LIABILITY</b><br><input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR<br><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER: |           |            |               |                         |                         | EACH OCCURRENCE \$<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$<br>MED EXP (Any one person) \$<br>PERSONAL & ADV INJURY \$<br>GENERAL AGGREGATE \$<br>PRODUCTS - COMP/OP AGG \$<br>\$ |
| B        | <b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS                |           |            | 71APR299917   | 2/12/2014               | 2/12/2015               | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$<br>\$                          |
| A        | <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR<br><b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE<br>DED <input type="checkbox"/> RETENTION \$  |           |            | 72XAS002196   | 9/10/2014               | 2/12/2015               | EACH OCCURRENCE \$ 4,000,000<br>AGGREGATE \$<br>\$   |
|          | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below  |           | Y/N<br>N/A |               |                         |                         | <input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER<br>E.L. EACH ACCIDENT \$<br>E.L. DISEASE - EA EMPLOYEE \$<br>E.L. DISEASE - POLICY LIMIT \$                         |

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**  
 Evidence of Insurance    \*\*\* 30 DAY WRITTEN NOTICE OF CANCELLATION \*\*\*

|                           |                        |
|---------------------------|------------------------|
| 2003 Hummer Limo          | VIN: 5GRGN23U63H137068 |
| 2006 Hummer Limo          | VIN: 5GRGN23U06H111568 |
| 2003 Lincoln Navigator    | VIN: 5LMFU28R73LJ08348 |
| 2008 Ford E450 Gas Glaval | VIN: 1FD4E45SX8DB23387 |

|   |  |
|---|--|
| <b>CERTIFICATE HOLDER</b><br><br>State of Washington<br>Business Licensing Service<br>P O Box 9034<br><br>Olympia WA 98507-9034<br><br><i>needs UTC</i> | <b>CANCELLATION</b><br><br>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.<br><br>AUTHORIZED REPRESENTATIVE<br> |
|---|--|

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