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FAX No.

P. 002 TE-144128

WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION

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 SERVICE CERTIFICATE

Application Fee and Initial Regulatory Fees due at time of application: \$200 PLUS \$25 PER VEHICLE

Passenger Charter and Excu	rsion Carrier Services	Fee Required
Application fee (Application for new certificate, to reins an existing certificate to a new owner or		\$200.00 v to transfer
Name Change (Application to change a company's cor or change the surname of an individual		\$ 35.00 NA add a new trade name,
Regulatory Fee (per vehicle)		\$25.00 × 10=250
	TYPE OF PAYMENT	1/1/8352)
Credit Condit C	Anney Order AMEX 🗅	MasterCard Disa Exp Date
Amount \$ 450 00 0	Company Name:	LIMOUSINE
CERTIFICATION: I, the undersign information is true and correct, that applicant, and that all information	t I am authorized to execute and	
Cardholder's signature:	MAN	Date: 121114
(For Commission Use Only)	Company ID: 1010	Docket TE-
111 0268 232 01		
111 0268 232 02	Date Filed; DD	Safety Inspection:
111 0268 232 03	Reg Fees: OLXIO	İnsurance:
111 0268	DOL:	SOS:

`		Replacement
<u>SECTION 1 – API</u>	PLICANT INFO	<u>RMATION</u>
Name of Applicant:	- LIMOU	ISINE, INC.
Trade Name(s) (if applicable):		
Mailing Address:		Physical Address:
Street 3737 SW 117-14	Street	SAME
City Beaverton	_ City	
State/ZipOR .	State/Zip	
Phone Number: 07005	Fax Number: 5	3-644-3858
UBI #:	E-Mail: Dhr	<u>19-644-3858</u> <u>INYMEEKE @</u> JMIINSUVANCO, Other (LP, LLP, LLC) COM
Type of business structure:		Imiinsurance.
□ Individual □ Partnership	Corporation	Other (LP, LLP, LLC)
List the name, title, and percentage of partn stockholders:	ner's share or stock d	listribution for major
	7 2'-1	Stock Distributions
) Name	Title	or Percentage of Shares

1/n	Name	Title	or Percentage of Shar
///#		·····	<u></u>

List other certificates or permits held with the commission:

List your USDOT # 23.003410 _____ (If you don't have one you can go online at www.fmcsa.dot.gov/online-registration or contact the Washington State Patrol at 360-596-3812 for assistance.)

<u>SECTION 2 – EQUIPMENT</u> (Attach additional sheets if necessary)

License Number	Year And Make Of Vehicle	Vehicle ID Number	Seating Capacity
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<u>SECTION I – AP</u>	PLICANT INFORMATION
Name of Applicant:	4 meeke
Trade Name(s) (if applicable):	11 LIMOUSINE
Mailing Address:	Physical Address:
Street 3737 SW 117 44	Street SAME
City Beaverton	_ City
State/Zip OR	State/Zip
Phone Number: 97005	Fax Number: 503-644-3858
UBI #:	E-Mail: 10/10/19/10/10/10/10/10/10/10/10/10/10/10/10/10/
<u>Type of business structure</u> : □ Individual □ Partnership	MIINSUVANCO. X Corporation D Other (LP, LLP, LLC) CON
List the name, title, and percentage of parts stockholders:	ner's share or stock distribution for major
N/A Name	Stock Distributions <u>Title</u> or Percentage of Shares

List other certificates or permits held with the commission: _

List your USDOT # <u>23,00346</u> (If you don't have one you can go online at <u>www.fmcsa.dot.gov/online-registration</u> 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

 See
 Attach additional sheets if necessary)

 License Number
 Seating Capacity

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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.

Name: Misting Banks	Position:	ompliance 1	MAGE,
OPERATIONAL R List the person and position responsible for unde of each category shown below.	han sa	<u> de general de la completa de la completa de la completa de partes de la completa de la completa de la completa</u>	rements
ANNUAL REPORTS AND REGULATORY pay regulatory fees by December 31 of each year	r	nust file an annual safety re	eport and
Name: Johnny Meeke	Position:	President	
STATE OF WASHINGTON GENERAL LAY comply with the regulations of local, state, and f Department of Labor and Industries, Department Revenue, Internal Revenue Service and Employ	ederal agenci t of Licensing	es such as, <u>but not limited</u> 3, Secretary of State, Depar	to:
Name: Christine Banks	Position:	ompliaice m	ngR.

Revised 08-11

Received Time Dec. 1. 2014 1:32PM No. 7023

Page 4 of 7

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 na	ame of applicant	Johnny	Mee	le		_
Signature	of applicant	HAM MMa				
Date	13/1/16	Cour	nty, State _	WASHIngton,	OR.	_97005

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FAX No.

CHARTER AND EXCURSION REGULATORY FEE CALCULATION SCHEDULE

pay the sum of \$25 for each vehicle operated. There is a minimum fee of \$25.

- 1 Total number of vehicles operated
- 2 Total Regulatory Fees owed (enter amount from line 1)

10 x 25.00 =

There is a minimum fee of \$25.00.

(For Commission Use Only) 001-111-02-68-232-01	Docket TE-	Certificate No:
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<u> </u>							· · · ·				01/2014
CE BE	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.										
the	PORTANT: If the certificate holde e terms and conditions of the polic rtificate holder in lieu of such endo	y, cert	ain p	olicies may require an er	policy(ndorse	ies) must be ment. A stat	endorsed. ement on thi	If SUBROGATION is certificate does	I IS WA	AIVED, onfer ri	subject to ights to the
	NUCER	iseme	nųs).	· · · · · · · · · · · · · · · · · · ·	CONTA	John G.	Meeke				
JMI I	INSURANCE INC.				PHONE	, Ext); 503-67			AX VC, No):		
	' SW 117 TH Verton, or 97005				E-MAIL	55:			/Q, NUJ.		
Johr	n G. Meeke				·		URER(S) APPOR		~		
		_			INSURE			ce Company			
INSU					INSURE	RB: Pacific	Internation	al UW'S Inc			
	JMI Transportation LLC 3737 SW 117th Ave				INSURE	R C :					
	Beaverton, OR 97005-8	906			INSURE	iR D :					
					INSURE				<u> </u>		
L					INSURE	RF:					
	VERAGES CE			ENUMBER:				REVISION NUME			
IN CE	DICATED. NOTWITHSTANDING ANY ERTIFICATE MAY BE ISSUED OR MA' (CLUSIONS AND CONDITIONS OF SUC	REQUIS PERT	REMEI FAIN,	NT, TERM OR CONDITION THE INSURANCE AFFORD	OF AN	Y CONTRACT	OR OTHER I	DOCUMENT WITH I	RESPEC	OT TO	WHICH THIS
INSIR LTR		ADD		8		POLICY EFF (MM/DD/YYYY)			LIMIT	 8	
A	X COMMERCIAL GENERAL LIABILITY	11111						EACH OCCURRENCE		\$	1,000,000
	CLAIMS-MADE X OCCUR			WS143804		03/11/2014	03/11/2015	DAMAGE TO RENTED PREMISES (Es occurre		8	EXCLUDED
								MED EXP (Any one pe		\$	EXCLUDED
								PERSONAL & ADV IN.	JURY	\$	EXCLUDED
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGA	TE	\$	2,000,000
	POLICY JECT LOC							PRODUCTS - COMP/C)F AGG	\$	2,000,000
	OTHER:		-					COMBINED SINGLE L	10.07	\$	
							10/00/00/2	(Ea accident)		\$	5,000,000
В	ANY AUTO			TP259668		10/20/2014	10/20/2015	BODILY INJURY (Per) BODILY INJURY (Per)		5 5	
					PROPERTY DAMAGE (Per accident)		\$				
	AUTOS							(Per accident)		\$	
								EACH OCCURRENCE		5	
	EXCESS LIAB CLAIMS-MA	DE						AGGREGATE	<u> </u>	\$.	
	DED RETENTION \$									\$	
	WORKERS COMPENSATION							PER STATUTE	OTH- ER		
								E.L. EACH ACCIDENT	r	\$	
(Mandatory in NH) If yas, describe under						E.L. DISEASE - EA EN	1PLOYEE	5			
-	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLIC	Y LIMIT	\$	
	Commercial Applica										
	CRIPTION OF OPERATIONS / LOCATIONS / VEI		(0.000)		ula == "						
			_	<u> </u>		051 1 4 7 10 1		•• •• •• •• •• ••			
CE	RTIFICATE HOLDER			· · · · · · · · · · · · · · · · · · ·		CELLATION	<u> </u>				
	JMI Limousine 3737 SW 117th AVE										
					n G. Meeke	ENTATIVE					

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CERTIFICATE OF LIABILITY INSURANCE

JMI-2<u>00</u>

OP ID: CB

<u> </u>									19/2014
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 endors									
PRODUCER JMI INSURANCE INC.				CONTAC NAME:	John G.		FAX		
3737 SW 117 TH				AIC. NO	Ext); 503-67	1-9966	(A/C, No):		
BEAVERTON, 0R 97005 John G. Meeke				ADDRES			······································		
				·			ding coverage al UW'S Inc	NAIC #	
INSURED									
JMI Limousine Inc.				INSURER B : Northfield Insurance Company					
3737 SW 117th Ave				INSURE					
Beaverton, OR 97005-890	6			INSURE	•••••		· · · · · · · · · · · · · · · · · · ·		
				INSURE					
COVERAGES CER	TIFIC	CATE	NUMBER:				REVISION NUMBER:		
THIS IS TO CERTIFY THAT THE POLICIES INDICATED. NOTWITHSTANDING ANY RE CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	QUIF	REMEI AIN,	NT, TERM OR CONDITION THE INSURANCE AFFORD	of an' Ed by	CONTRACT	OR OTHER I	DOCUMENT WITH RESPEC	ст то	WHICH THIS
INSR		SUBR			POLICY EFF	POLICY EXP (MM/DD/YYYY)	Limit	<u> </u>	
B X COMMERCIAL GENERAL LIABILITY		YVVD			(EACH OCCURRENCE	\$	1,000,000
CLAIMS-MADE X OCCUR			WS143804		03/11/2014	03/11/2015	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	EXCLUDED
							MED EXP (Any one person)	\$ -	EXCLUDED
							PERSONAL & ADV INJURY	\$	EXCLUDED
GENL AGGREGATE LIMIT APPLIES PER							GENERAL AGGREGATE	\$	2,000,000
							PRODUCTS - COMP/OP AGG	\$	2,000,000
OTHER:							COMBINED SINGLE LIMIT	\$	
					4010010044	2010010045	(Ea accident)	\$	5,000,000
A ANY AUTO ALL OWNED Y SCHEDULED			TP259668		10/20/2014	10/20/2015	BODILY INJURY (Per person)	\$	
							BODILY INJURY (Per accident) PROPERTY DAMAGE	\$ \$	······
HIRED AUTOS AUTOS							(Per accident)	\$	
UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	
EXCESS LIAB							AGGREGATE	\$	
DED RETENTION \$	1							5	
WORKERS COMPENSATION		1					PER OTH- STATUTE ER		
ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDENT	\$	
OFFICER/MEMBER EXCLUDED?		1					E.L. DISEASE - EA EMPLOYEE	5	
If yes, describe under DESCRIPTION OF OPERATIONS below	ļ	<u> </u>					E.L. DISEASE - POLICY LIMIT	\$	
		}	1			. · ·			
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)									
•							,		
									·
CERTIFICATE HOLDER CANCELLATION									
			STATEWA	eµ/			ESCRIBED POLICIES BE C		
State of Machineter			$\backslash \backslash$	THE	EXPIRATIO	N DATE TH	EREOF, NOTICE WILL	BE DE	LIVERED IN
State of Washington Department of Licensing									
Po Box 9039				AUTHO			<u></u>	\overline{n}	· · · · · · · · · · · · · · · · · · ·
Olympia, WA 98507-9039)	_	/ /	· · ·	G. Meeke	\sim	Kahl/	'V	
				l	@ 4099		RD CORPORATION. AI		

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FAX No.



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 SERVICE CERTIFICATE

Application Fee and Initial Regulatory Fees due at time of application: \$200 PLUS \$25 PER VEHICLE

		· · · · · · · · · · · · · · · · · · ·
Passenger Charter and Exc	ursion Carrier Services	Fee Required
Application fee (Application for new certificate, to rein an existing certificate to a new owner of		\$200.00 v to transfer
Name Change (Application to change a company's co or change the surname of an individua	prporate name, change a trade name, a l owner or partner)	\$35.00 NA
Regulatory Fee (per vehicle)		\$ 25.00 × 10=25
	TYPE OF PAYMENT	· · · · · · · · · · · · · · · · · · ·
CERTIFICATION: I, the undersi	Company Name: JMI_ gned, under penalty for false state at I am authorized to execute and	LIMOUSINE
HMX 108350 (For Commission Use Only)	Company ID:	Docket TE-
111 0268 232 01 25C CC	Date Filed:	Solicit TE Safety Inspection:
111 0268 232 02 200,00	12-3-14	
111 0268 232 03	Reg Fees:	Insurance:
53062	DOL:	SOS:

Page 2 of 7

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Name of Applicant: <u>TOHON</u>	· ·	
[rade Name(s) (if applicable):	MI LIMOUSINE	
Mailing Address:	Physical Address:	
Street 3737 SW 117-14	1_ StreetSAME	-
City Beaverton	City	
State/Zip OR	State/Zip	
Phone Number: <u>97005</u>	Fax Number: 503-1044-3858	
UBI#:	E-Mail: Johnnymeeke @ Minsura	•
Type of business structure: ☐ Individual □ Partnership	MIINSUVA Corporation D Other (LP, LLP, LLC)	
	rtner's share or stock distribution for major	
stockholders: <u>N/14</u>	Stock Distributi <u>Title</u> <u>or Percentage of Sha</u>	
		- -
List other certificates or permits held with	th the commission:	

SECTION 2 - EQUIPMENT

· · · · · · · · · · · · · · · · · · ·	(Attach additional	sheets if necessary)	
License Number	Year And Make Of Vehicle	Vehicle ID Number	Seating Capacity
	See atte	rched	
	* /18	/ *	