

TE-150042-AN



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 SERVICES CERTIFICATE

(For Official Use Only) 111 0268 232 01	Company ID: 16808	Docket TE-
111 0268 232 02	Date Filed: 1/8/15	Safety Inspection:
111 0268 232 03	Reg Fees: P/A	Insurance:
111 0268	DOL:	SOS:
Receipt ID:	Payment ID: #908083	CH -

Passenger Charter and Excursion Carrier Services WAC 480-30	Fee Required
<input type="checkbox"/> New Authority	\$200.00
<input type="checkbox"/> Transfer an existing certificate to a new owner or business structure. o If transfer, complete Attachment A.	\$200.00
<input type="checkbox"/> Reinstate a previously cancelled certificate; <u>WAC-480-30-121</u>.	\$200.00
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 _____ x \$25 per vehicle	= \$ _____
Total due (\$200, plus, \$25 per vehicle)	= \$ _____
<input checked="" type="checkbox"/> Name Change - WAC 480-30-146 CH-03560	\$ 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: <u>change from Redneck Limos to Tri Cities Limo</u>	

SECTION 1 – APPLICANT INFORMATION

Legal Name: Redneck Limos (to become Tri Cities Limo)
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 160503 Sassebrook rd

City Pasco

City Kennewick

State/Zip Wa, 99301

State/Zip Wa

Phone Number: 509 737 8675

Fax Number: 509 210 0356

UBI #: 602658895

E-Mail: Melanie@tricitieslimo.com

Website: www.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:

<u>Name</u>	<u>Title</u>	<u>Stock Distributions or Percentage of Shares</u>
<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 or contact the Washington State Patrol at 360-596-3810 for assistance.

Business Operations

Describe the type of tours/excursions you plan on providing: Wine tours
Weddings, Quinceaneras

SECTION 2 – EQUIPMENT

(Attach additional sheets if necessary)

License Number	Year And Make Of Vehicle	Vehicle ID Number	Seating Capacity
B331566	2000 Ford	1FDAF56FOYBB19964	22
B 78277C	1999 Lincoln	5LMPH2EAXXWJ2753	14

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: James Wadsworth	Position: lead driver
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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.	
Name: <i>Melanie Weber</i>	Position: <i>Managing member</i>
STATE OF WASHINGTON GENERAL LAWS, RULES AND REGULATIONS. You must comply with the regulations of local, state, and federal agencies such as, <u>but not limited to: Department of Labor and Industries, Department of Licensing, Secretary of State, Department of Revenue, Internal Revenue Service and Employment Security.</u>	
Name: <i>Melanie Weber</i>	Position: <i>Managing member</i>

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*

Signature of applicant *Melanie Weber*

Date *1/6/15* County, State *Benton, WA*



SOS

Office of the Secretary of State
Corporations & Charities Division

Limited Liability Company

See attached detailed instructions

Filing Fee \$30.00

Filing Fee with Expedited Service \$80.00

This Box For Office Use Only

UBI Number: 602-658-895

AMENDED CERTIFICATE OF FORMATION/REGISTRATION

Chapter 25.15 RCW

SECTION 1

NAME OF LIMITED LIABILITY COMPANY (LLC): (as currently recorded with the Office of the Secretary of State)

Redneck Limo Service LLC

SECTION 2

AMENDMENTS TO CERTIFICATE: (if necessary, attach additional information. If changing the name it must contain one of the following designations: Limited Liability Company, Limited Liability Co or one of these abbreviations: L.L.C. or LLC. If the designation is omitted, it will default to LLC when processed)

Change name to: Tri Cities Limo LLC

SECTION 3

EFFECTIVE DATE OF AMENDMENTS TO CERTIFICATE: (please check one of the following)

Upon filing by the Secretary of State

Specific Date: _____ (Specified effective date must be within 90 days AFTER the Amended Certificate has been filed by the Office of the Secretary of State)

SECTION 4

MEMBER OR MANAGER SIGNATURE (see instructions page)

This document is hereby executed under penalties of perjury, and is, to the best of my knowledge, true and correct.

	Managing Member	1/1/15	(509)737-8675
Signature	Printed Name/Title	Date	Phone