

TE-150454-AN



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: 4883	Docket TE-
111 0268 232 02	Date Filed: 3/17/15	Safety Inspection:
111 0268 232 03	Reg Fees:	Insurance: on file
111 0268	DOL: 00	SOS: 00
Receipt ID:	Payment ID:	CH - 475

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 475	\$ 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.	
ADD: Company Name: <u>Northwest Passage Charters INC</u>	

SECTION 1 - APPLICANT INFORMATION

Legal Name: CASCADIA TRANSPORTATION ENTERPRISE INC
The legal name must match your registration with Department of Revenue

Trade Name(s) (if any): NW ~~NORTHWEST~~ Passage Charters per UBI
Trade name(s) must be registered under your UBI number

Mailing Address: All Points Charter and Tours Physical Address:

Street 4055 STATE Hwy 3 W Street 4055 STATE Hwy 3 W

City Bremerton City BREMERTON

State/Zip Washington 98312 State/Zip Washington 98312

Phone Number: 360-816-3495 Fax Number: 360-813-3678

UBI #: 602 734 761 OP E-Mail: NWPassagecharter@gmail.com

Website: _____

Type of business structure

- Individual
- Partnership
- Corporation OP
- 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:

Name	Title	Stock Distributions or Percentage of Shares
<u>William H Nelson</u>	<u>President</u>	<u>100% OP</u>

List other certificates or permits held with the commission: OH-475 All Points Charter + Tours

USDOT # 1187060 OP 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: Motor coach charters, AT LATER DATE expand into 1+2 Day TOURS TO STATE OF WASHINGTON ATTRACTIONS

SECTION 2 – EQUIPMENT

(Attach additional sheets if necessary)

License Number	Year And Make Of Vehicle	Vehicle ID Number	Seating Capacity
<i>See Attach Sheet</i>			

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: *Thomas Cool* Position: *General Manager*

Unit #	License Number	Year & Make of Vehicle	Vehicle ID Number	Seating Compacity
101	50182RP	1995 Setra	WKK138TC6S1035031	59
103	50184RP	1994 Setra	WKK138SA7R103371	51
104	50185RP	1991 Setra	WKK138JA9M1030267	49
105	C68875B	1998 Ford	1FOXE4056WHB46045	19
106	C78206C	1997 Bluebird	1BAGKB7AIVF074240	45

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: Thomas Cool Position: General Manager

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: Thomas Cool Position: General 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: William H. Nelson

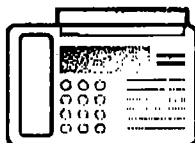
Signature of applicant: [Handwritten Signature]

Date: Mar 17, 2015 County, State: Kitsap, Washington

F A X

NW Passage Charters

4055 State Hwy 3 W
Bremerton, WA 98312
360-813-3495



To: WUTC
Fax number: 360 586 1181

From: Northwest Passage Charters
Fax number: 360-813-3678

Date: MAR 17 2015

Regarding: ADDING NORTHWEST
PASSAGE CHARTERS TO WUTC.

Phone number for follow-up:
360-813-3495

Comments:

ATTN: TINA

Please add NW Passage Charters
to Cascadia TRANSPORTATION ENT
INC AS A DBA. Please Charge
Fee to card number provided

Thanks

Tom Cook