

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) # <u>0948GA</u> 111 0268 232 01	Company ID: <u>17045</u>	Docket TE-
111 0268 232 02	Date Filed: <u>6/3/15</u>	Safety Inspection:
111 0268 232 03	Reg Fees: <u>per XI</u>	Insurance:
111 0268	DOL: <u>aw</u>	SOS: <u>N/A</u>
Receipt ID:	Payment ID:	CH -

Passenger Charter and Excursion Carrier Services WAC 480-30	Fee Required
<input checked="" type="checkbox"/> New Authority	\$200.00
<input type="checkbox"/> Transfer an existing certificate to a new owner or business structure. <ul style="list-style-type: none"> <input type="checkbox"/> 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 <u>1</u> x \$25 per vehicle	= \$ <u>25</u>
Total due (\$200, plus, \$25 per vehicle)	= \$ <u>225.00</u>
<input type="checkbox"/> Name Change - WAC <u>480-30-146</u>	\$ 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>Puget Sound Tours</u>	

SECTION 1 – APPLICANT INFORMATION

Legal Name: Puget Sound Tours Earl Alexander *per UBI*
The legal name must match your registration with Department of Revenue

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

Mailing Address:

Physical Address:

Street 13723 36th PL W Street SAME

City Lynnwood City AS

State/Zip WA, 98087 State/Zip Mailing Address

Phone Number: 206 779-2670 Fax Number: _____

UBI #: 601 496 881 E-Mail: earlalexander@msn.com

Website: PugetSoundtours.net

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:

Name	Title	Stock Distributions or Percentage of Shares
_____	_____	_____
_____	_____	_____
_____	_____	_____

List other certificates or permits held with the commission: _____

USDOT # 2632912 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: Provides three hour City tour, Picking up guest from downtown Bellevue Hotels, and drives them to popular Seattle landmarks: Space Needle, Pioneer Square, Pike Place Market, etc... After tour completion guest are taken back to their original locations.

SECTION 2 – EQUIPMENT

(Attach additional sheets if necessary)

License Number	Year And Make Of Vehicle	Vehicle ID Number	Seating Capacity
AUU1383	2001, Ford Econoline	1FDWE35L17HB61777	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 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: Earl Alexander

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.	
Name: <i>Earl Alexander</i>	Position: <i>Owner</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>Earl Alexander</i>	Position: <i>OWNER</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 Earl Alexander

Signature of applicant *Earl Alexander*

Date June 1, 2015 County, State Snohomish County, Washington.

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).

PRODUCER Belltown Insurance Group, Inc. 2133 Third Ave #106 Seattle, WA 98121	CONTACT NAME PHONE (A/C, No, Ext)		FAX (A/C, No)
	E-MAIL ADDRESS PRODUCER CUSTOMER ID #		
INSURED Earl Alexander DBA: Puget Sound Tours 13723 36th Pl W Lynnwood, WA 98087	INSURER(S) AFFORDING COVERAGE:		NAIC #
	INSURER A:	Columbia Insurance Company [71]	
	INSURER B:		
	INSURER C:		
	INSURER D:		
	INSURER E:		


COVERAGES **CERTIFICATE NUMBER:** **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.

INS RLTR	TYPE OF INSURANCE	ADDL INSR	SUB R WWD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	GENERAL LIABILITY						EACH OCCURRENCE	\$
	COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
	CLAIMS-MADE OCCUR						MED EXP (Any one person)	\$
							PERSONAL & ADV INJURY	\$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$
	POLICY PROJECT LOC						PRODUCTS-COMP/OP AGS	\$
								\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$ 1,500,000
	ANY AUTO			71APR320838	6/1/2015	6/1/2016	BODILY INJURY (Per person)	\$
	ALL OWNED AUTOS						BODILY INJURY (Per accident)	\$
	X SCHEDULED AUTOS						PROPERTY DAMAGE	\$
	HIRED AUTOS						UIM	\$ 1,000,000
	NON-OWNED AUTOS						PIP	\$ 10,000
								\$
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$
	DEDUCTIBLE							\$
	RETENTION \$							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATUTORY LIMITS	OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E L EACH ACCIDENT	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E L DISEASE - EA EMPLOYEE	\$
							E L DISEASE - POLICY LIMIT	\$
A	Other			71APR320838	6/1/2015	6/1/2016	\$12,000 Stated Amount \$1,000 Deductible for Comp & Collision	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD101, Additional Remarks Schedule, if more space is required)

Evidence of Insurance only.
 2001 FORD ECOLINE 350, VIN# 1FDWE35L11HB61777

CERTIFICATE HOLDER Washington Utilities and Transportation Commission P.O. Box 47250 Olympia, WA 98504-7250	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLCY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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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).

PRODUCER Belltown Insurance Group, Inc. 2133 3rd Ave #106 Seattle, WA 98121 Phone (888) 443-7744 Fax (206) 443-8335		CONTACT NAME: Cathierne MacLane PHONE (A/C, No, Ext): (206) 462-4301- FAX (A/C, No): (206) 443-8335 E-MAIL ADDRESS: catherline@bigseattle.com	
INSURED Puget Sound Tours 13723 36th Pl W Lynnwood WA 98087		INSURER(S) AFFORDING COVERAGE INSURER A: Mesa Underwriters Speciality Insurance Co NAIC # 36838 INSURER B: Columbia Casualty Company INSURER C: INSURER D: INSURER E: INSURER F:	

COVERAGES CERTIFICATE NUMBER: 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	ADDLSUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER		MP0046003003495	06/01/2015	06/01/2016	EACH OCCURRENCE \$ 1,000,000.00 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000.00 MED EXP (Any one person) \$ 5,000.00 PERSONAL & ADV INJURY \$ 1,000,000.00 GENERAL AGGREGATE \$ 2,000,000.00 PRODUCTS - COMP/OP AGG \$ 2,000,000.00
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS		71APR320838	06/01/2015	06/01/2016	COMBINED SINGLE LIMIT (Ea accident) \$ 1,500,000.00 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A			<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 Evidence of Insurance

CERTIFICATE HOLDER Washington Utilities and Transportation Committee PO BOX 9027 Olympia, WA 98507	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE Catherine MacLane
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BODILY INJURY AND PROPERTY DAMAGE LIABILITY
IDENTIFICATION CARD STATE OF WA

POLICY NUMBER EFFECTIVE DATE EXPIRATION DATE
71APR320838 6/1/2015 6/1/2016

YEAR MAKE/MODEL VEHICLE IDENTIFICATION NUMBER
2001 FORD ECOLINE 350 1FDWE35L11HB61777

NAME OF INSURED AGENT

**Earl Alexander DBA:
Puget Sound Tours**

**13723 36th PI W
Lynnwood, WA 98087**

**Belltown Insurance Group, Inc.
2133 Third Ave
#106
Seattle, WA 98121
Ph: (206) 443-7744**

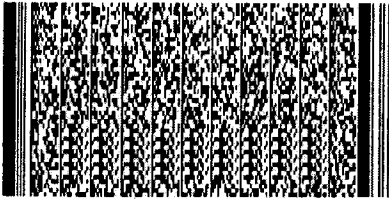
Coverage meets minimum liability insurance coverage prescribed by law.

THIS CERTIFICATE MUST BE KEPT IN INSURED VEHICLE AND PRESENTED ON DEMAND
In case of Accident:

Report all accidents to your Agent as soon as possible.

Obtain the following information:

1. Name, address and phone number of each driver, passenger and witness.
2. Name of Insurance Company, Agent and Policy Number for each vehicle involved.



STATE OF WASHINGTON
 DEPARTMENT OF LICENSING
 PO Box 9038 • Olympia, Washington 98507-9038

Vehicle Title Application/Registration Certificate

05/21/2015

1514131440332545

AUU1383

License plate AUU1383	Plate issue date 05/2015	Tab no A061894	Reg expiration 05/21/2016	Value code 12800	Year 2015	Mo reg 12	Mo gwt	Power G	Use PAS
Model year 2001	Make FORD	Series/Body ECONO	Model 3DC	BT YY	Vehicle identification (VIN)/Serial no 1FDWE35L11HB61777	Res co 31	Prev plate	Scale wt 8500	
Seats	Gross weight	Gwt start	Gwt exp	Fleet	Equipment number	Prev Title 84067892	Prev st FL		
Brands:									
Comment: COLOR-WHITE - DISPLAY TAB ON BACK LICENSE PLATE ONLY - FRONT PLATE IS STILL REQUIRED.									

Mileage

E

Registered owner

Legal owner

ALEXANDER JR, EARL
 13723 36TH PL W
 LYNNWOOD WA 98087

I certify that the information contained hereon is accurate and complete.

Earl Alexander
 Signature of registered owner(s)

Signature of registered owner(s)

Subscribed and sworn to before

this _____ day of _____

FILING	\$7.00	TBD FEE 3131	CHECK	\$1,435.65
SERVICE FEE	\$12.00	RTA EXCISE	CASH	
LOCAL FEE		USE TAX 3131	TOTAL FEES	\$1,435.65
LICENSE SRVC	\$0.75	OTHER		
GWT/VWT FEE	\$32.00	DONOR AWARENESS		
QUICK TITLE		STATE PARKS		

Validation code 26314403151410521150031033254

ORIGINAL

RPT ID: ATITPR-4

This document is not proof of ownership.

VehicleTitlePage2 (R/8/14)E



STATE OF
WASHINGTON

BUSINESS LICENSE

Sole Proprietorship

Unified Business ID #: 601 496 881

Business ID #: 1

Location: 3

**EARL ALEXANDER
PUGET SOUND TOURS
13723 36TH PL W
LYNNWOOD WA 98087 5236**

TAX REGISTRATION

**REGISTERED TRADE NAMES:
PUGET SOUND TOURS**

This document lists the registrations, endorsements, and licenses authorized for the business named above. By accepting this document, the licensee certifies the information on the application was complete, true, and accurate to the best of his or her knowledge, and that business will be conducted in compliance with all applicable Washington state, county, and city regulations.

Director, Department of Revenue