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P.O. Box 47250  
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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: <u>17067</u>	Docket TE-
111 0268 232 02	Date Filed: <u>6/11/15</u>	Safety Inspection:
111 0268 232 03	Reg Fees: <u>OK x 3</u>	Insurance:
111 0268	DOL:	SOS:
Receipt ID: <u>#51172</u>	Payment ID:	CH -

<b>Passenger Charter and Excursion Carrier Services WAC 480-30</b>	<b>Fee Required</b>
<input checked="" type="checkbox"/> <b>New Authority</b>	<b>\$200.00</b>
<input type="checkbox"/> <b>Transfer an existing certificate to a new owner or business structure.</b>	
<input type="checkbox"/> If transfer, complete Attachment A.	<b>\$200.00</b>
<input type="checkbox"/> <b>Reinstate a previously cancelled certificate; WAC-480-30-121.</b>	<b>\$200.00</b>
<b>Plus,</b>	
<input checked="" type="checkbox"/> <b>Regulatory Fee</b> - 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.	
<b>Total number of vehicles to be operated</b> <u>3</u> x \$25 per vehicle	= \$ <u>75<sup>00</sup></u>
<b>Total due (\$200, plus, \$25 per vehicle)</b>	= \$ <u>275<sup>00</sup></u>
<input type="checkbox"/> <b>Name Change - WAC 480-30-146</b>	<b>\$ 35.00</b>
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>Big Sky Bus Lines, Inc</u>	

**SECTION 2 – EQUIPMENT**

(Attach additional sheets if necessary)

License Number	Year And Make Of Vehicle	Vehicle ID Number	Seating Capacity
S11595	1999 MCI	1M8TRMPA5XP060688	54
S11800	2000 MCI	1M8TRMPA0YP061037	56
S13658	2000 MCI	1M8TRMPA3YP061291	56

**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: David Schuler

Position: Coach Office Mgr

**SECTION 1 - APPLICANT INFORMATION**

Legal Name: Big Sky Bus Lines, Inc  
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	<u>P.O. Box 472</u>	Street	<u>2920 15th St NE</u>
City	<u>Black Eagle</u>	City	<u>Black Eagle</u>
State/Zip	<u>MT 59414</u>	State/Zip	<u>MT 59414</u>

Phone Number: 406-454-1283 Fax Number: 406-761-3801

UBI #: applied for - see attachment E-Mail: coach@bigskybuslines.com

Website: www.bigskybuslines.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 # 1027249 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: Transportation of Passenger in State of Washington

OPERATIONAL RESPONSIBILITIES	
List the person and position responsible for understanding and complying with the requirements of each category shown below.	
<b>ANNUAL REPORTS AND REGULATORY FEES.</b> You must file an annual safety report and pay regulatory fees by December 31 of each year.	
Name: <u>Darnell Stucker</u>	Position: <u>Operations Mgr</u>
<b>STATE OF WASHINGTON GENERAL LAWS, RULES AND REGULATIONS.</b> 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: <u>Darnell Stucker</u>	Position: <u>Operations Mgr</u>

**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 David Schuler

Signature of applicant [Handwritten Signature]

Date 6/11/15 County, State Cascade, MT

This is a "printer friendly" page. Please use the "print" option in your browser to print this screen.



Washington State DOR - Business Licensing Service

Business Licensing Service

Confirmation Number: 511180  
Payment Date: Thursday, June 11, 2015  
Payment Time: 01:08PM PT

Payer Information

Name: Barbara J Stucker  
Street Address: PO Box 472  
Black Eagle, MT 59414  
United States  
Daytime Phone Number: (406) 454 - 1283  
E-mail Address: coach@bigskybuslines.com

Card Information

Card Type: Visa  
Card Number: \*\*\*\*\*4251  
Expiration Date: 03/2017  
Card Verification Number: \*\*\*\*

Payment Information

Payment Type: Business Licensing Service  
Payment Amount: \$19.00  
Convenience Fee: \$0.48  
Total Payment: \$19.48

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# Fax Transmittal Form



**Big Sky Bus Lines**  
**P. O. Box 472**  
**Black Eagle, MT**  
**Phone: (406)-761-0967**  
**Fax: (406)-761-3801**

**E- mail: coach@bigskybuslines.com**  
**Web: bigskybuslines.com**

**Urgent**     **Please Reply**

**TO: John Foster**

**From: Coach Office Big Sky Bus Lines, Inc.**

**Date Sent: 6/11/15**

**Fax Number: 406-761-4079 Number of Pages:**

**(including cover): 7**

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BSBL Form FC Rev 1