

(For Official Use Only)

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**

Docket TE-

Company ID:

2086298144

111 0268 2	32 01	16111		
111 0268 2	32 02	Date Filed:	Safety Inspection	,
111 0268 232 03		Reg Fees: A	Insurance:	
111 0268		DOL:	SOS:	
Receipt ID:		Payment ID:	Сн -	
	\$ 35,66	13		
Passeng	er Charter and Excu	rsion Carrier Serv	rices <u>WAC 480-30</u>	Fee Required
Transfer an existing certificate to a new owner or business structure.  o If transfer, complete Attachment A. \$200.00			\$200.00 \$200.00 \$200.00	
Chart	er and Excursion compa	nies to file reports o	.350 "Regulatory Fees", the C f the number of vehicles ope I. There is a minimum fee of S	rated by the company
Total	number of vehicles to	o be operated <u></u>	_x \$25 per vehicle	= \$ <u>200</u>
Tota	due (\$200, plus, \$25	per vehicle)		= \$ <u>400</u>
Applic chang	e Change - WAC 480-3 ration to change a comple the surname of an ind	any's corporate nan lividual owner or par	ne, change a trade name, add there. $\mathcal{DBA}$	\$ 35.00 I a new trade name or

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SECTION 1 – APPLICANT INFORMATION
Legal Name: Nothwest Tours Day DRH Sun Valley Sur press 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 6900 w Tangeaust street 6900 W. Tangeo St
city Boise Id city Boise ID
State/Zip
Phone Number: 208-629-8144  Fax Number: 208-629-8144
UBI#: Opplied for E-Mail: rjd a survalleyexpress. COM
Website: SUNVA Vey express. 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:
·
distribution for major stockholders:  Stock Distributions  Or Percentage of Shares
distribution for major stockholders:  Stock Distributions  Or Percentage of Shares
Name  Name  Dale Lemmon;  Title President  100
Name  Name  Title  President  Stock Distributions or Percentage of Shares 100  List other certificates or permits held with the commission:  USDOT # 2078747  If you don't have a USDOT #, go online at www.fmcsa.dot.gov/online-registration or contact the Washington State Patrol at
Alstribution for major stockholders:  Name  Dale Lemmun;  Title President  Or Percentage of Shares  100  List other certificates or permits held with the commission:  USDOT # 207 8747  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: Tears por that on
List other certificates or permits held with the commission:  USDOT # 2078747 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
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Veh #	License	Yea/make	L. VIN	CE
399	Temp	1959 mcs		
499	Temp	1999 mcI	§	
199	B61563	99 MCI		1.
100	BG193	2000 mcs	1mg [Rmpp31706/2/2	
197	BG 3252	1997 MC#	IMBPOMPAGUP049853	1.
200	B63753	JOOD MCI	IMBPOMPAGY PUS3136	
300	B63805	2000 mcs	IMBTRMPAIYPO61113	
105	B63600	2005 mcI	2m93JMPA 15W063104	
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#### SECTION 2 - EQUIPMENT

(Attach additional sheets if necessary)

License Number	Year And Make Of Vehicle	Vehicle ID Number	Seating Capacity
<u> </u>			

### SECTION 3 - SAFETY AND OPERATIONS

In each of the categories shown below, list the person and position responsible for understanding and complying with the <u>Federal Motor Carrier Safety Regulations (FMCSR)</u> 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.

## 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: Richard	Couling	Position:	G.m	· ·
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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: Richard Owling	Position: G.M.		
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: Richard Dowlog	Position: G.W		

### 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.

2086298144

Signature of applicant County, State\_

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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:

Payment Date: **Payment Time:**  011914

Thursday, June 11, 2015

12:52PM PT

#### **Payer Information**

Name:

Richard jay Dowling

Street Address:

1015 N Maple grove Rd

Boise, ID 83704

**United States** 

Daytime Phone

Number:

(208) 830 - 3204

E-mail Address:

rjd@sunvalleyexpress.com

#### **Card Information**

Card Type:

Visa

Card Number:

\*\*\*\*\*\*\*\*\*5349

**Expiration Date:** 

02/2019

Card Verification

Number:

#### **Payment Information**

Payment Type:

**Business Licensing Service** 

Payment Amount:

\$24.00

Convenience Fee:

\$0.60

**Total Payment:** 

\$24.60

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