



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)	Company ID: 17065	Docket TE-
111 0268 232 01	Date Filed: 10/11/15	Safety Inspection:
111 0268 232 02	Reg Fees: OR X 8	Insurance:
111 0268 232 03	DOL:	SOS:
111 0258	Payment ID:	CH -
Receipt ID:		

#61121

Passenger Charter and Excursion Carrier Services <u>WAC 480-30</u>	<u>Fee Required</u>
<input checked="" type="checkbox"/> New Authority	\$200.00
<input type="checkbox"/> Transfer an existing certificate to a new owner or business structure.	
<input type="checkbox"/> If transfer, complete Attachment A.	\$200.00
<input checked="" type="checkbox"/> Reinstatement of 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>8</u> x \$25 per vehicle	= \$ <u>200</u>
Total due (\$200, plus, \$25 per vehicle)	= \$ <u>400</u>
<input type="checkbox"/> Name Change - WAC 480-30-146	\$ 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>Beach Transportation Company</u>	

SECTION 1 – APPLICANT INFORMATION

Legal Name: Beach Transportation Company
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 825 Mount Ave

Street 825 Mount Ave

City Missoula

City Missoula

State/Zip MT, 59801

State/Zip MT, 59801

Phone Number: (406) 549-6121

Fax Number: (406) 549-5445

Applied for
UBI #: ~~8170094567~~

E-Mail: jspaid@beachtrans.com

Website: www.beachtrans.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:

Name	Title	Stock Distributions or Percentage of Shares
<u>Robert D. Beach</u>	<u>President</u>	<u>100%</u>
_____	_____	_____
_____	_____	_____

List other certificates or permits held with the commission: _____

USDOT # 190194 *OR* 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: _____
charter for US Open

SECTION 2 – EQUIPMENT

(Attach additional sheets if necessary)

License Number	Year And Make Of Vehicle	Vehicle ID Number	Seating Capacity
MT-SA00494	2007 MCI J4500	9576	56
MT-SA00493	2007 MCI J4500	9575	56
MT-S-13314	2006 MCI J4500	9574	56
MT-S-12477	2007 MCI J4500	9573	54

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: Tracie Hoffman

Position: Safety Director

SECTION 2 – EQUIPMENT

(Attach additional sheets if necessary)

License Number	Year And Make Of Vehicle	Vehicle ID Number	Seating Capacity
MT-S-12476	2007 MCI J4500	9572	54
MT-S-8904	2000 MCI 102	9571	55
MT-S-11960	1997 MCI 102	9570	55
MT-S-3928	1994 MCI 102	9569	55

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Name: <u>Tracie Hoffman</u>	Position: <u>Safety Director</u>
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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: Bob Mitchell 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: Bob Mitchell 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 Josh Spaid

Signature of applicant [Handwritten Signature]

Date 6/11/15 County, State Missoula, Montana

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: 611130
 Payment Date: Thursday, June 11, 2015
 Payment Time: 02:03PM PT

Payer Information

Name: Josh Spaid
 Street Address: 825 Mount Ave
 Missoula, MT 59801
 United States
 Daytime Phone Number: (406) 549 - 6121
 E-mail Address: jspaid@beachtrans.com

Card Information

Card Type: Visa
 Card Number: *****5256
 Expiration Date: 07/2017
 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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State of Washington
Business Licensing Service
P O Box 9034
Olympia WA 98507-9034

Business License Application Receipt

Congratulations! The application has been submitted.

1. [Print](#) your receipt
2. [Print or save](#) your application
3. [Give us your feedback](#)
4. Click [here](#) if you are a Minority, Woman, Veteran, or Small Business owner.
5. What are my [next steps](#)?

Filing Information

Filing Date and Time: 6/11/2015 2:04:00 PM Pacific Time

UBI Issued:

Not Issued. To get your number, search our website after 5 business days at licenselookup.wa.gov or wait 10 days to receive your license in the mail.

Application Transaction #: 20151623697

(Refer to this number if you have questions about this application.)

Credit Card Approval #: 611130

Last 4 digits of Credit Card #:

Credit Card Type:

Amount due: \$19.00

Below are the licenses you are applying for.

Licenses with no additional requirements:

Tax Registration \$ 0.00

Processing Fee: \$ 19.00

Total Fees: \$ 19.00

Request for additional forms and fees

The license(s) listed below require additional forms and fees. We will mail a Request for Information and a Request for Payment to you after this online application is processed.

Limousine Company

Close

Need Assistance? 1-800-451-7985

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