

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 <i>110977</i>	Docket TE-
111 0268 232 02	Date Filed: <i>6/11/15</i>	Safety Inspection:
111 0268 232 03	Reg Fees: <i>OR X 10</i>	Insurance:
111 0268	DOL:	SOS:
Receipt ID: <i>#003370</i>	Payment ID:	CH -

Passenger Charter and Excursion Carrier Services <u>WAC 480-30</u>	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 <u>10</u> x \$25 per vehicle	= \$ <u>250</u>
Total due (\$200, plus, \$25 per vehicle)	= \$ <u>450</u>
<input type="checkbox"/> Name Change - <u>WAC 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>NA Experience Oregon INC</u>	

SECTION 1 - APPLICANT INFORMATION

Legal Name: Experience Oregon Inc
The legal name must match your registration with Department of Revenue

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

Mailing Address:

Physical Address:

Street PO Box 338 Street 90053 Prairie Rd

City Junction City City Eugene

State/Zip Or. 97448 State/Zip Oregon

Phone Number: 541-342-2662 Fax Number: 541-342-4068

UBI #: Applied for E-Mail: marian@experienceoregon.com

Website: www.experienceoregon.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>Marian Kloster</u>	<u>president</u>	<u>51%</u>
<u>William Kloster</u>	<u>secretary</u>	<u>49%</u>

List other certificates or permits held with the commission: _____

USDOT # 739872 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: bus charter & tours

(Attach additional sheets if necessary)

License Number	Year And Make Of Vehicle	Vehicle	Vehicle ID Number	Seating Capacity
YAPV823	98 H3-41	Prevost	102 2PCH33413 W101 2526	48
YAPV825	98 H3-45	Prevost	202 2PCH33495 W101 2551	56
YARF432	2001 H3-45	Prevost	108 2PCH33497 1101 4181	56
YARF433	2001 H3-45	Prevost	208 2PCH33499 1101 4179	56
YARH518	2003 H3-45	Prevost	109 2PCH33497 3101 4653	56
YARK328	2002 H3-45	Prevost	111 2PCH33495 2101 4357	56
YARK329	2002 H3-45	Prevost	211 2PCH33497 2101 4358	56
YART529	2009 H3-45	Prevost	114 2PCH33499 9C71 1349	56
YART530	2009 H3-45	Prevost	214 2PCH33498 9C71 1438	56
YART531	2009 H3-45	Prevost	314 2PCH33495 9C71 1428	56

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.

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: Marian Kloster Position: owner
Marian Kloster

<p>List the person and position responsible for understanding and complying with the requirements of each category shown below.</p>	
<p>ANNUAL REPORTS AND REGULATORY FEES. You must file an annual safety report and pay regulatory fees by December 31 of each year.</p>	
<p>Name: <u>Marian Kloster</u></p>	<p>Position: <u>president</u></p>
<p>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></p>	
<p>Name: <u>Marian Kloster</u></p>	<p>Position: <u>owner/president</u></p>

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.

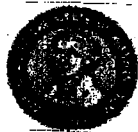
I certify that I am authorized to execute and file this document.

Printed name of applicant Marian Kloster

Signature of applicant Marian Kloster

Date 6-12-15 County, State Lane, Oregon

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:	010637
Payment Date:	Thursday, June 11, 2015
Payment Time:	03:39PM PT

Payer Information

Name:	Marian I Kloster
Street Address:	PO Box 338 Junction City, OR 97448 United States
Daytime Phone Number:	(541) 342 - 2662
E-mail Address:	marian@experienceoregon.com

Card Information

Card Type:	Visa
Card Number:	*****8828
Expiration Date:	10/2015
Card Verification Number:	****

Payment Information

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

Thank you for using Official Payments. If you have a question regarding your payment, please call us toll free at 1-866-621-4109. To make payments in the future, please visit our website at www.officialpayments.com.



Copyright © 2015 Official Payments Corporation. All Rights Reserved.
Official Payments Corporation is a licensed money transmitter in 44 states, the District of Columbia, and Puerto Rico. Official Payments is not required to be licensed as a money transmitter in Indiana, Massachusetts, Montana, New Mexico, South Carolina or Wisconsin.