

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:	18	Docket TE-	
111 0268 232 01	1,101			
111 0268 232 02	Date Filed: 0 2	15	Safety Inspection:	
111 0268 232 02	Reg Fees: OLX	0	Insurance:	
111 0268	DOL: DLA	100	SOS:	
	Payment (D:	~ ~	CH -	
Receipt ID:	Payment ib.		CIT "	
#9161	<u> </u>			
Passenger Charter and Excu	rsion Carrier Servic	ces WAC 48	<u>30-30</u>	Fee Required
☑ New Authority				\$200.00
☐ Transfer an existing certific	ate to a new owner	or business	structure.	
o If transfer, complete				\$200.00
		.C-480-30-1	121	\$200.00
Reinstate a previously cand	elled certificate, <u>war</u>	10-400-30	<u> </u>	\$ 200.00
Plus,				
☐ Regulatory Fee - In accordan	nce with RCW 81 70 3	50 "Regulati	ory Fees" the Commiss	ion requires
Charter and Excursion compa				
and pay the sum of \$25 for ea				the company
and pay the sum of \$25 for ea	ich vernole operateu.	fricie is a m	mmam rec or 920.	
Total number of vehicles to	he operated 10	v \$25 ner i	vehicle	= \$ 250.00
Total fluffiber of verticles to	be operated	_x	Cilicic	7
Total dua /\$200 plus \$75	ner vehicle)			= \$ 450.00
Total due (\$200, plus, \$25 per vehicle) = \$450.00				
Name Change - WAC 480-30-146 \$ 35.00				
Titalic citating the total and				
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.				
change the surname of an ind	ividual owner or parti	iei.		
				1
All Mor	st Coachlings Inc			
Company Name: All Wes	st Coachlines, Inc			

SECTION 1 - APPLICANT INFORMATION

Legal Na	me:		eachlines, Inc
•	The legal name must mat	tch your registration with De	epartment of Revenue
man and a set	-marks life and		
irade Na	ame(s) (if any):	e name(s) must be registered	d under your <u>UBI number</u>
	Mailing Address:	,,	Physical Address:
Street	7701 Wilbur Way	Street	7701 Wilbur Way
City	Sacramento	City	Sacramento
State/Zip	California 95828	State/Zip	California 95828
Phone N	umber: 916-423-4000	Fa	x Number: 916-689-5926
UBI #:(applied for	E-I	Mail: gerry.madsen@coachusa.com
(k Indivi		•	ration
<u>Name</u>		<u>Title</u>	or Percentage of Shares
List othe	r certificates or permits h	neld with the commis	sion:
www.fm	352751 csa.dot.gov/online-regist -3810 for assistance.	lf you tration or contact the	don't have a USDOT #, go online at Washington State Patrol at
Busines	s Operations		
Describe	the type of tours/excurs		viding: Bus Charter, Tours and Shuttles

SECTION 2 – EQUIPMENT

(Attach additional sheets if necessary)

License Number	Year And Make Of Vehicle	Vehicle ID Number	Seating Capacity
P800825	2006 Prevost	68167	56
P800821	2004 Prevost	68163	56
P800823	2004 Prevost	68165	56
P800820	2003 Prevost	68162	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 <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.

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- 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.

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Ī	Name	Gerry	Madsen	1	5	 	on: Safety Manager	
			-	•				

Page 6 of 8

<u>SECTION 2 – EQUIPMENT</u>

(Attach additional sheets if necessary)

License Number	Year And Make Of Vehicle	Vehicle ID Number	Seating Capacity
P877259	2012 Prevost	12041	56
P871584	2012 Prevost	12040	56
P877250	2012 Prevost	12050	56
P877251	2012 Prevost	12056	56

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Name:	Position:
Gerry Madsen/	Safety Manager

Page 6 of 8

SECTION 2 – EQUIPMENT

(Attach additional sheets if necessary)

License Number	Year And Make Of Vehicle	Vehicle ID Number	Seating Capacity
P711486	2010 Van Hool	46220	57
P800822	2004 Prevost	68164	56

SECTION 3 – SAFETY AND OPERATIONS

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Name:		Position:	
Gerry Madsen/.		Safety Manager	
-manus and	garden a		

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List the person and position responsible for understanding and complying with the				
requirements of each category shown below.	u must file an annual safety report and pay			
ANNUAL REPORTS AND REGULATORY FEES. You must file an annual safety report and pay regulatory fees by December 31 of each year.				
Name:	Position:			
Gerry Madsen	Safety 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:	Position:			
Gerry Madsen Safety 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 applicantG	erry Madsen,	
		See Application of the Control of th
Signature of applicant		
Date 6/11/2015	County, State _	Sacramento, California





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Washington State DOR - Business Licensing Service

Business Licensing Service

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Confirmation Number:

Payment Date: **Payment Time:** Friday, June 12, 2015

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- transaction.
 Please print or write down your payment confirmation number for your records.
 Do not use your browser's "Back" button. Instead, navigate using the buttons below.

Payer Information

Name:

Eric Lea

Street Address:

7701 Wilbur way

Sacramento, CA 95828

United States

Daytime Phone Number: (916) 423 - 4000

E-mail Address:

gerry.madsen@coachusa.com

Payment Option

Card Type:

MasterCard

Card Number:

**********9581

Card Verification Number: ****

Payment Information

Payment Type:

Business Licensing Service

Payment Amount:

\$69.00

Convenience Fee:

\$1.73

Total Payment:

\$70.73

NOTE: Click the "Continue" button only if a new browser window has not been launched.

Continue

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Eric Lea

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From: Official Payments - Customer Service <customerservice@officialpayments.com> To: Eric Lea <gerry.madsen@coachusa.com>,

Security:

To ensure privacy, images from remote sites were prevented from downloading. Show Images

Official Payments

Dear Official Payments Customer:

Thank you for selecting Official Payments Corporation for electronic payment of Business Licensing Service. Your payment of \$69.00 was sent to Washington State DOR - Business Licensing Service on 06-12-2015. Your confirmation number is 013117.

To check the status of your payment, visit the Official Payments Corporation Web site at https://www.officialpayments.com/pc_paym.jsp. Please be prepared to provide your e-mail address gerry.madsen@coachusa.com and one of the following two items:

-Your confirmation number, 013117

OR

-The last four digits of the card you used for payment, 9581

To become a registered user of Official Payments Corporation, enabling you to access your complete tax and fee payment history, visit our web site at http://www.officialpayments.com/pc_sign.jsp.

Again, thank you for using Official Payments Corporation. We hope you enjoy the convenience, cash management, and payment card benefits earned from your payment.

Customer Service

Official Payments Corporation

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