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Phone: 360-564-2222
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1-800-586-8203 or
1-800-416-5289
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APPLICATION FOR CHARTER AND EXCURSION CARRIER SERVICES CERTIFICATE

(For Official Use Only) 111 0268 232 01	Company ID: <u>17079</u>	Docket FE-
111 0268 232 02	Date Filed: <u>6/12/15</u>	Safety inspection:
111 0268 232 03	Reg Fees: <u>0 x 2</u>	Insurance:
111 0268	DOL: <u>pending</u>	SCS:
Receipt ID:	Payment ID:	CH:

#164638

Passenger Charter and Excursion Carrier Services WAC 480-30 **Fee Required**

- New Authority** \$200.00
- Transfer** an existing certificate to a new owner or business structure.
 - If transfer, complete Attachment A. \$200.00
- Reinstate** a previously cancelled certificate; WAC-480-30-121. \$200.00

Plus,

Regulatory Fee - In accordance with RCW 81.70.350 "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 2 x \$25 per vehicle = \$ 50⁰⁰

Total due (\$200, plus, \$25 per vehicle) = \$ 250⁰⁰

- 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: Tucker Transportation Inc.

SECTION 1 - APPLICANT INFORMATION

Legal Name: Tucker Transportation 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 Bi number

Mailing Address:

Physical Address:

Street 503 Centennial Ave Street _____

City Battle City _____

State/Zip MT / 59701 State/Zip _____

Phone Number: (406) 723-4623 Fax Number: (406) 723-4411

UBI #: Applied for E-Mail: dmcgree@tuckertransportation.com

Website: www.tuckertransportation.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>Don McGree</u>	<u>President</u>	<u>11% - 5000</u>
<u>Maie Brophy</u>	<u>VP</u>	<u>11% - 5000</u>
<u>Lisa McGree</u>	<u>Sec</u>	<u>11% - 5000</u>

List other certificates or permits held with the commission: _____

USDOT # 617461 DN 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: Shuttle Service for the US Open in Tacoma from 6/18/15-6/21/15

SECTION 2 – EQUIPMENT

(Attach additional sheets if necessary)

License Number	Year And Make Of Vehicle	Vehicle ID Number	Seating Capacity
S 12100	1997 Prevost	2PCH33416V 1011711	52 Pass
S 12472	1996 Prevost	2PCH33493T 1011491	54 Pass

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 an 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: Don McGree

Position: President

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: Don McGree Position: President

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: Don McGree Position: President

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 Don McGree

Signature of applicant [Handwritten Signature]

Date 6/12/15 County, State Silver Bow / MT

U.S. Department of Transportation
Federal Motor Carrier Safety Administration

**ENDORSEMENT FOR
MOTOR CARRIER POLICIES OF INSURANCE FOR PUBLIC LIABILITY
UNDER SECTION 18 OF THE BUS REGULATORY REFORM ACT OF 1982**

Form Approved:
OMB No. 2126-0008

Issued to TUCKER TRANSPORTATION INC. of BUTTE MT
Dated at RICHFIELD, OH this 28 day of OCTOBER, 2014
Amending Policy No. CAR 0135001 15 Effective Date 10/15/2014
Name of Insurance Company NATIONAL INTERSTATE INSURANCE COMPANY

Countersigned by 
Authorized Company Representative

The policy to which this endorsement is attached provides primary or excess insurance, as indicated by "[X]" for the limits shown:
 This insurance is primary and the company shall not be liable for amounts in excess of \$ 5,000,000 for each accident.
 This insurance is excess and the company shall not be liable for amounts in excess of \$ _____ for each accident in excess of the underlying limit of \$ _____ for each accident.

Whenever required by the Federal Motor Carrier Safety Administration (FMCSA), the company agrees to furnish the FMCSA a duplicate of said policy and all its endorsements. The company also agrees, upon telephone request by an authorized representative of the FMCSA, to verify that the policy is in force as of a particular date. The telephone number to call is: 1 800 929-1500

Cancellation of this endorsement may be effected by the company or the insured by giving (1) thirty-five (35) days notice in writing to the other party (said 35 days notice to commence from the date the notice is mailed, proof of mailing shall be sufficient proof of notice), and (2) if the insured is subject to the FMCSA's registration requirements, by providing thirty (30) days notice to the FMCSA (said 30 days notice to commence from the date the notice is received by the FMCSA at its office in Washington, D.C.).

DEFINITIONS AS USED IN THIS ENDORSEMENT

Accident includes continuous or repeated exposure to conditions which result in Public Liability which the insured neither expected nor intended.

Bodily Injury means injury to the body, sickness or disease to any person, including death resulting from any of these.

Motor Carrier means a for-hire carrier of passengers by motor vehicle.

Property Damage means damage to or loss of use of tangible property.

Public Liability means liability for bodily injury or property damage.

The insurance policy to which this endorsement is attached provides automobile liability insurance and is amended to assure compliance by the insured, within the limits stated herein, as a for-hire motor carrier of passengers with Section 18 of the Bus Regulatory Reform Act of 1982 and the rules and regulations of the Federal Motor Carrier Safety Administration.

However, all terms, conditions, and limitations in the policy to which the endorsement is attached shall remain in full force and effect as binding between the insured and the company. The insured agrees to reimburse the company for any payment made by the company on account of any accident, claim, or suit involving a breach of the terms of the policy, and for any payment that the company would not have been obligated to make under the provisions of the policy except for the agreement contained in this endorsement.

In consideration of the premium stated in the policy to which this endorsement is attached, the insurer (the company) agrees to pay, within the limits of liability described herein, any final judgment received against the insured for public liability resulting from negligence in the operation, maintenance or use of motor vehicles subject to financial responsibility requirements of Section 18 of the Bus Regulatory Reform Act of 1982 regardless of whether or not each motor vehicle is specifically described in the policy and whether or not such negligence occurs on any route or in any territory authorized to be served by the insured or elsewhere. Such insurance as is afforded, for public liability, does not apply to injury to or death of the insured's employees while engaged in the course of their employment, or property transported by the insured, designated as cargo. It is understood and agreed that no condition, provision, stipulation, or limitation contained in the policy, this endorsement, or any other endorsement thereon, or violation thereof, shall relieve the company from liability or from the payment of any final judgment, within the limits of liability herein described, irrespective of the financial condition, insolvency or bankruptcy of the insured.

It is further understood and agreed that, upon failure of the company to pay any final judgment recovered against the insured as provided herein, the judgment creditor may maintain an action in any court of competent jurisdiction against the company to compel such payment.

The limits of the company's liability for the amounts prescribed in this endorsement apply separately to each accident and any payment under the policy because of any one accident shall not operate to reduce the liability of the company for the payment of final judgments resulting from any other accident.

The Bus Regulatory Reform Act of 1982 requires limits of financial responsibility according to vehicle seating capacity, it is the MOTOR CARRIER'S obligation to obtain the required limits of financial responsibility. THE SCHEDULE OF LIMITS SHOWN ON THE REVERSE SIDE DOES NOT PROVIDE COVERAGE. The limits shown in the schedule are for information purposes only.

SCHEDULE OF LIMITS**PUBLIC LIABILITY**

For-hire motor carriers of passengers operating in interstate or foreign commerce

Vehicle Seating Capacity	Effective Dates	
	Nov. 19, 1983	Nov. 19, 1985
(1) Any vehicle with a seating capacity of 16 passengers or more.	\$2,500,000	\$5,000,000
(2) Any vehicle with a seating capacity of 15 passengers or less.	\$ 750,000	\$1,500,000



State of Washington
Business Licensing Service
PO Box 9034
Olympia WA 98507-9034
Telephone: 1-800-451-7985
http://business.wa.gov/BLS



For Validation - Office Use Only

Empty box for validation/office use only.

Business License Application

For faster service apply online at business.wa.gov/BLS
Online applications are typically processed within two business days.
It may take up to 21 days if you file by mail.

Tucker Transportation Inc.

Legal Entity/Owner Name

Unified Business Identifier (UBI)

81-0503503

Federal Employer Identification Number (FEIN)

1. Purpose of Application

Please check all boxes that apply.

- Open/Reopen Business
complete sections 2, 3, 4, (5 if hiring employees) and 6
- Open Additional Location
complete sections 2, 3, 4, (5 if hiring employees) and 6
- Change Ownership
complete sections 2, 3, 4, (5 if you have employees) and 6
- Register Trade Name
complete sections 2, 3, 4 and 6
- Change Trade Name - complete sections 2, 3, 4 and 6
Name(s) to be cancelled: _____
- Change Location - complete sections 2, 3, 4 and 6
Old address to be closed: _____
- Add License/Registration to Existing Location
complete sections 2, 3, 4, and 6
- Business Has or Will Have Employees
complete all sections
- Business Has or Will Have Employees Under Age 18
complete all sections (If this business location has an active Workers' Compensation account with L&I, and there were no business changes since the last Business License Application was filed, complete only sections 2, 3a, 3c, 3d, [and 3f for sole proprietors], 5c, and 6.)
- Hire Persons to Work In or Around Your Home
complete all sections
- Other - complete all

2. Licenses and Fees

Use the License Fee Sheet for the information needed to complete this list.

Mark Registrations Needed:

Fees Due

- Tax Registration (State Dept. of Revenue) – Do you want a separate tax return for each business? Yes No **No Fee**
- Industrial Insurance (Workers' Compensation) – Required if you will have employees. **No Fee**
- Unemployment Insurance – Required if you will have employees. **No Fee**
- Minor Work Permit – Required if you will have employees under age 18. **No Fee**
- New Trade Name (Doing Business As): **\$ 5.00**

List Additional Trade Names (\$5 each name) or Other Licenses (such as Lottery Retailer):

➤	\$
➤	\$
➤	\$
➤	\$
➤	\$

Enclose check for total amount due, including the non-refundable Processing Fee, which MUST be submitted with this form.

Processing Fee **\$ 19.00**

Total Amount Due **\$ 19.00**

Make check payable to the Department of Revenue.