



1300 S. Evergreen Park Dr. SW
P.O. Box 47250
Olympia, WA 98504-7250
Phone: 360-664-1222
Fax: 360-586-1181
TTY: 360-586-8208 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: <u>170602</u>	Docket TE-
111 0268 232 02	Date Filed: <u>6/12/15</u>	Safety Inspection:
111 0268 232 03	Reg Fees: <u>01X10</u>	Insurance:
111 0268	DOL: <u>Pending</u>	SCS:
Receipt ID:	Payment ID:	CH -

189956

Passenger Charter and Excursion Carrier Services WAC 480-30

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,

- ☐ **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 6 x \$25 per vehicle = \$ 150.00

Total due (\$200, plus, \$25 per vehicle) = \$ 350.00

- ☐ **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: Michelangelo Leasing, Inc. dba Divine Transportation
dba Ryan's Express

SECTION 1 - APPLICANT INFORMATIONLegal Name: Michelangelo Leasing, Inc.

The legal name must match your registration with Department of Revenue

Trade Name(s) (if any): Divine Transportation / Ryan's Express

Trade name(s) must be registered under your UBI number

Mailing Address:**Physical Address:**Street 1243 So. 7th St.

Street

SA

City

Phoenix,

City

State/Zip

AZ. 85034

State/Zip

Phone Number:

602-340-0018

Fax Number

602-340-0055

UBI #:

Leasing

E-Mail:

Safety @ Divinecharter.com

Website

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

Eugene Brandon
Terry Mauro

Title

Tres
TresStock Distributions
or Percentage of Shares50
50

List other certificates or permits held with the commission: _____

USDOT #

33 990317

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:

Transport passenger
through out the US & Canada

SECTION 2 - EQUIPMENT

(Attach additional sheets if necessary)

License Number	Year And Make Of Vehicle	Vehicle ID Number	Seating Capacity
Z031424	2014 VOLVO	62497	54
Z031423	" "	62496	54
Z031425	2014 VOLVO	62493	54
Z028146	2013 VOLVO	55494	54
Z028148	2013 VOLVO	55495	54
Z028149	2013 VOLVO	55494	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: D. VillaPosition: Safety Mgr.

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: Daniel Villa

Position: Safety Mgr.

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: Daniel Villa

Position: Safety Mgr.

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

Daniel Villa

Signature of applicant

D. Villa

Date

6/12/15

County, State

Mari Copra, AZ.

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:

282621

Payment Date:

Friday, June 12, 2015

Payment Time:

02:11PM PT

Payer Information

Name: Daniel Harry Villa Sr
Street Address: 102 W Palomino Dr #216-P2
Chandler, AZ 85225
United States
Daytime Phone Number: (602) 340 - 0018
E-mail Address: Safety@divinechartor.com

Card Information

Card Type: American Express
Card Number: 1409
Expiration Date: 07/2017
Card Verification Number: ---

Payment Information

Payment Type: Business Licensing Service
Payment Amount: \$34.00
Convenience Fee: \$0.85
Total Payment: \$34.85

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U.S. Department of
Transportation
1200 New Jersey Ave. S.E.
Washington, D.C. 20590

Federal Motor Carrier
Safety Administration

|||||
MICHELANGELO LEASING INC
1243 S 7TH STREET
PHOENIX AZ 85034

May 6, 2014

In reply refer to:
USDOT Number: 990317
Review No.: 1066037/CR



Dear EUGENE BRONSON:

The motor carrier safety rating for your company is:

SATISFACTORY

This SATISFACTORY rating is the result of a review and evaluation of your safety fitness completed on May 5, 2014. A SATISFACTORY rating indicates that your company has adequate safety management controls in place to meet the safety fitness standard prescribed in 49 C.F.R. 385.5.

Please assure yourself that any specific deficiencies identified in the review report have been corrected. We appreciate your efforts toward promoting motor carrier safety throughout your company. If you have questions or require further information, please contact:

U.S. DEPARTMENT OF TRANSPORTATION
FEDERAL MOTOR CARRIER SAFETY ADMINISTRATION
ONE ARIZONA CENTER
400 EAST VAN BUREN STREET, SUITE 401
PHOENIX, AZ 85004-2223
Telephone No.: 602-379-6851

Sincerely,

Joseph P. DeLorenzo

Director, Office of Enforcement and Compliance

**Michelangelo Leasing Inc.
dba**

Divine Transportation

1243 South 7th Street Phoenix, Arizona 85034

Phone: 1-888-500-9296, FAX: 602-340-0055

**TO: UTILITIES AND TRANSPORTATION
COMMISSION**

**FOR: JOHN FOSTER OR TINA
FAX #360-586-1181**

JUNE 12, 2015

FROM THE DESK OF:

**DANIEL H. VILLA SR.
SAFETY MANAGER
DIVINE TRANSPORTATION**

SUBJECT:

APPLICATION FOR CHARTER

**Please call 1-602-340-0018 if you do not receive all copies of this transmission.
Thank You**