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APPLICATION FOR CHARTER AND EXCURSION CARRIER SERVICES CERTIFICATE

(For Official Use Only) 111 0268 232 01	Company ID: 17072	Docket TE-
111 0268 232 02	Date Filed: 6/11/15	Safety Inspection:
111 0268 232 03	Reg Fees: 8173	Insurance:
111 0268	DOL: 01	SOS: 01
Receipt ID: 1002612	Payment ID:	CH -

Passenger Charter and Excursion Carrier Services WAC 480-30

Fee Required

- | | |
|--|-----------------|
| <input checked="" type="checkbox"/> New Authority | \$200.00 |
| <input type="checkbox"/> Transfer an existing certificate to a new owner or business structure. | |
| ○ 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.

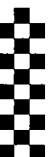
Total number of vehicles to be operated 3 x \$25 per vehicle = \$ 75.00

Total due (\$200, plus, \$25 per vehicle) = \$ 275.00

- ☐ **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: Karhaka LLC



SECTION 1 – APPLICANT INFORMATION**Legal Name:** Karlinda LLCThe legal name must match your registration with Department of Revenue**Trade Name(s) (if any):** Western Van ServiceTrade name(s) must be registered under your UBI number**Mailing Address:****Physical Address:**Street 1500 E College Way Suite A PMB 552Street 1320 S 13thCity Mount Vernon
Wa 98273City Mount Vernon

State/Zip

State/Zip

WA 98274Phone Number: 360.724.8775Fax Number: 360.424.9121UBI #: 603 505 043E-Mail: western.doc@comcast.netWebsite: N/A**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:

<u>Name</u>	<u>Title</u>	<u>Stock Distributions or Percentage of Shares</u>
<u>Karl Smith</u>	<u>Vice President</u>	<u>75%</u>
<u>Linda Smith</u>	<u>Vice President</u>	<u>25%</u>
<u>Louis Rodriguez</u>	<u>Manager</u>	<u>0%</u>

List other certificates or permits held with the commission: _____

USDOT # 2631013 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: Transporting family and friends to 12 jail locations in Washington State

SECTION 2 – EQUIPMENT

(Attach additional sheets if necessary)

License Number	Year And Make Of Vehicle	Vehicle ID Number	Seating Capacity
ANN1611	2003 FORD EC	1FMNE31S13HB32842	12
ABK5236	2000 FORD E3WAGON	1FBNE31S2YHB71536	12
AJV0571	2010 FORD E250VAN	1FTNS2EW2ADA57271	8 + 1 W/C

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: KARL SMITH**Position: VICE 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: LINDA SMITH	Position: VICE PRESIDENT
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:</u> <u>Department of Labor and Industries, Department of Licensing, Secretary of State, Department of Revenue, Internal Revenue Service and Employment Security.</u>	
Name: LINDA SMITH	Position: VICE PRESIDENT

SECTION 4 – DECLARATION OF APPLICANT

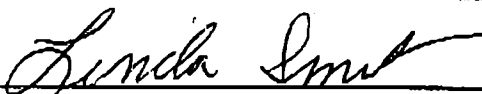
I understand that filing this application does not in itself constitute authority to operate as a passenger charter and excursion carrier.

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 LINDA SMITH

Signature of applicant 

Date 6/10/2015 County, State SKAGIT COUNTY, WA