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APPLICATION FOR
CHARTER AND EXCURSION CARRIER SERVICES CERTIFICATE

Table with 3 columns: (For Official Use Only), Company ID, Docket TE-, Date Filed, Safety Inspection, Reg Fees, Insurance, DOL, SOS, Payment ID, CH -

#081143

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. \$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 = \$50.00
Total due (\$200, plus, \$25 per vehicle) = \$250.00

- 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: Mt. Lassen Motor Transit, Inc.

SECTION 1 - APPLICANT INFORMATION

Legal Name: Mt. Lassen Motor Transit, 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 UBI number

Mailing Address:

Physical Address:

Street 22503 Sunbright Ave. Street 22503 Sunbright Ave.

City Red Bluff City Red Bluff

State/Zip CA., 96080 State/Zip CA., 96080

Phone Number: (530) 529-2727 Fax Number: (530) 529-0381

UBI #: See attached receipt E-Mail: info@mtlassen.com

Website: www.mtlassen.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>Steven R. Jones</u>	<u>President</u>	<u>50%</u>
<u>Kathleen A. Jones</u>	<u>Sec/Treasurer</u>	<u>50%</u>

List other certificates or permits held with the commission: _____

USDOT # 105566 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 U.S. Open

SECTION 2 – EQUIPMENT

(Attach additional sheets if necessary)

License Number	Year And Make Of Vehicle	Vehicle ID Number	Seating Capacity
CPT7542	1994 MCI	1M8SDMTA7RAD46792	47
CP80639	1996 MCI	1M8SDMSADTA48542	47

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.

REGULATIONS

- **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: Kathleen A. Jones Position: Sec/Treasurer

<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>	
Name: <u>Kathleen A. Jones</u>	Position: <u>Sec/Treasurer</u>
<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>	
Name: <u>Kathleen A. Jones</u>	Position: <u>Sec/Treasurer</u>

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 Kathleen A. Jones

Signature of applicant Kathleen A. Jones

Date 6/12/15 County/State Tehama County, CA.

6/15/2015



State of Washington
Business Licensing Service
P O Box 9034
Olympia WA 98507-9034

Business License Application Receipt

Congratulations! The application has been submitted.

1. [Print](#) your receipt
2. [Print or save](#) your application
3. [Give us your feedback](#)
4. Click [here](#) if you are a Minority, Woman, Veteran, or Small Business owner.
5. What are my [next steps](#)?

Filing Information

Filing Date and Time:

6/15/2015 10:17:33 AM Pacific Time

UBI Issued:

Not issued. To get your number, search our website after 5 business days at licenselookup.wa.gov or wait 10 days to receive your license in the mail.

Application Transaction #:

20151663219

(Refer to this number if you have questions about this application.)

Transaction Type:

E-check

Amount due:

\$69.00

Below are the licenses you are applying for.

Licenses with no additional requirements:

Tax Registration \$ 0.00

These licenses/registrations must be approved before you start these business activities. If the regulatory agency requires additional information they will contact you directly.

City of University Place License \$ 50.00

Processing Fee: \$ 19.00

Total Fees: \$ 69.00

Need Assistance? 1-800-451-7985

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CERTIFICATE OF INSURANCE

Producer: American Transportation Insurance Services **Issue Date:** June 14, 2015
PO Box 1548
Loomis, CA 95650
(916) 660-9832 office / (916) 660-5827 fax

Certifies placement of Insurance Coverage for the Named Insured:

MT. LASSEN MOTOR TRANSIT, INC.
22503 Sunbright Avenue
Red Bluff, CA 96080

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES LISTED BELOW.

With the following insurer providing insurance as listed.

Company Letter A. National Interstate Insurance Company	Policy No. CAR 0110239-13
Company Letter B. National Interstate Insurance Company	Policy No. GLR 0110239-13
Company Letter C. National Interstate Insurance Company	Policy No. WCT 0112039-02

For the following Coverage:	<u>Effective Date:</u>	<u>Expiration Date:</u>	<u>Limit:</u>
A. Automobile Liability	05/27/2015	05/27/2016	\$5,000,000
B. General Liability	05/27/2015	05/27/2016	\$5,000,000
A. Physical Damage Coverage \$5,000 deductible FTCAC and Collision	05/27/2015	05/27/2016	ACV
C. Worker's Compensation	05/27/2015	05/27/2016	\$1,000,000 (per occurrence)

Special Conditions: Certificate-holder named Additional Insured as respects operations of Named Insured for/on behalf of Additional Insured.

In the event of policy cancellation or material change, every reasonable effort will be made to advise the certificate holder named herein, at the address indicated, of such cancellation or material change within **30** days thereof.

This Certificate issued to:

Washington Utilities and Transportation Commission
Attn: Risk Management
P.O. Box 47250
Olympia, WA 98504-7250

transportation@utc.wa.gov

Paul Schiess

Authorized Signature