



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) 111 0268 232 01	Company ID: 17108	Docket TE-
111 0268 232 02	Date Filed: 6/29/15	Safety Inspection:
111 0268 232 03	Reg Fees: 21 X 1	Insurance:
111 0268	DOL: 00	SOS: 00
Receipt ID:	Payment ID:	CH -

Passenger Charter and Excursion Carrier Services <u>WAC 480-30</u>	Fee Required
<input checked="" 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,	
<input type="checkbox"/> Regulatory Fee - In accordance with <u>RCW 81.70.350</u> "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 <u>1</u> x \$25 per vehicle	= \$25⁰⁰
Total due (\$200, plus, \$25 per vehicle)	= \$225⁰⁰
<input type="checkbox"/> Name Change - <u>WAC 480-30-146</u>	\$ 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: _____	

SECTION 1 – APPLICANT INFORMATION

Legal Name:

Kezele Rentals, L.L.C. per UBIThe legal name must match your registration with Department of Revenue

Trade Name(s) (if any):

Affordable Limo ServiceTrade name(s) must be registered under your UBI number**Mailing Address:****Physical Address:**

Street

623 Shadbutt Rd

Street

Same

City

Yakima

City

Same

State/Zip

WA 98903

State/Zip

Same

Phone Number:

509 969 8180

Fax Number:

n/a

UBI #:

603004287

E-Mail:

n/a

Website:

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:

Name

Ryan Kezele

Title

ownerStock Distributions
or Percentage of Shares100%

List other certificates or permits held with the commission:

n/a

USDOT #

2727513

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:

wine tours,
proms & weddings.

SECTION 2 – EQUIPMENT

(Attach additional sheets if necessary)

License Number	Year And Make Of Vehicle	Vehicle ID Number	Seating Capacity
AN H21510	03 Ford excrsn	1FMNU40S13EC08278	23

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	
<ul style="list-style-type: none"> ▪ 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: <u>Ryan Kezelo</u>	Position: <u>owner</u>

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: <u>Ryan Kezelle</u>	Position: <u>owner</u>
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</u> and Employment Security.	
Name: <u>Ryan Kezelle</u>	Position: <u>owner</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 Ryan Kezelle

Signature of applicant [Signature]

Date 05/01/15 County, State Yakima, WA

**BUSINESS LICENSE**STATE OF
WASHINGTON

Domestic Limited Liability Company

Unified Business ID #: 603 004 287

Business ID #: 1

Location: 1

Expires: 03-31-2016

KEZELE RENTALS, L.L.C.
623 SHADBOLT RD
YAKIMA WA 98908 9046**TAX REGISTRATION****RENTAL CAR REGISTRATION (CR60750)****LICENSING RESTRICTIONS:**

This license does not allow the commercial operation of limousine vehicles. This business has not registered vehicles with the Limousine Program of Dept. of Licensing. RCW 46.72A.050 WAC 308-87-040

REGISTERED TRADE NAMES:**AFFORDABLE LIMO SERVICE**

This document lists the registrations, endorsements, and licenses authorized for the business named above. By accepting this document, the licensee certifies the information on the application was complete, true, and accurate to the best of his or her knowledge, and that business will be conducted in compliance with all applicable Washington state, county, and city regulations.

Director, Department of Revenue

MAY-01-2015 FRI 10:45 AM CWIA/GRAF INVESTMENTS

FAX NO. 5096974600

P. 01

71APR2015Z

RENEWAL NUMBER

CROSS REFERENCE NUMBER

71 APR 313298

ITEM ONE NAMED INSURED & ADDRESS

KEZELE RENTALS, LLC
623 SHADBOLT ROAD
YAKIMA, WA 98908COLUMBIA INSURANCE COMPANY
OMAHA, NEBRASKA
BUSINESS AUTO COVERAGE DECLARATIONS☐ The Declaration
includes a second part
designated "Part 2".

Producer

Central Washington Insurance Agency, Inc.
P.O. Box 100
Bellevue, WA 98003-0100

FORM OF NAMED INSURED'S BUSINESS: LLC

NAMED INSURED'S BUSINESS: LIMO SERVICE

POLICY PERIOD: Policy covers FROM 12/18/2014 12:01 AM TO 12/18/2015 12:01 A.M. Standard Time at the Named Insured's Address stated above.

ITEM TWO - SCHEDULE OF COVERAGES AND COVERED AUTOS

This policy provides only those coverages where a charge is shown in the premium column below. Each of these coverages will apply only to those "autos" shown as covered "autos". "Autos" are shown as covered "autos" for a particular coverage by the entry of one or more of the symbols from the COVERED AUTO Section of the Business Auto Coverage Form next to the name of the coverage.

COVERAGES	COVERED AUTOS (Entry of one or more of the symbols from the COVERED AUTOS Section of the Business Auto Coverage Form shows which autos are covered autos)	LIMIT OF INSURANCE THE MOST WE WILL PAY FOR ANY ONE ACCIDENT OR LOSS	PREMIUM
LIABILITY	7	1,050,000 CBL	1,064
PERSONAL INJURY PROTECTION (P.I.P.) (or equivalent No-fault coverage)		SEPARATELY STATED IN EACH P.I.P. ENDORSEMENT MINUS Deductible	
ADDED P.I.P. (or equivalent added No-fault cov.)		SEPARATELY STATED IN EACH ADDED P.I.P. ENDORSEMENT	
PROPERTY PROTECTION INSURANCE (P.P.I.) (Michigan only)		SEPARATELY STATED IN THE P.P.I. ENDORSEMENT MINUS Deductible FOR EACH ACCIDENT	
AUTO MEDICAL PAYMENTS	7	5,000	138
UNINSURED MOTORISTS			
UNDERINSURED MOTORISTS (when not included in Uninsured Motorists coverage)	10	1,000,000 CBL (BI & PD)	370
PHYSICAL DAMAGE INSURANCE			
COMPREHENSIVE COVERAGE	7	See M 3831c (12/2001)	INCL
SPECIFIED CAUSES OF LOSS			
COLLISION COVERAGE	7	See M 3831c (12/2001)	681
TOWING AND LABOR		Deductible FOR EACH COVERED AUTO	
FORMS AND ENDORSEMENTS CONTAINED IN THIS POLICY AT ITS INCEPTION		PREMIUM FOR ENDORSEMENTS	
See M4572 (12/1994)		ESTIMATED TOTAL PREMIUM	2,223
ENTER SYMBOL TO DESCRIPTION HERE:			
Only those autos described in Item Three of the Declarations with Liability premium shown.			
POLICY SUBJECT TO A FULLY EARNED POLICYWRITING MINIMUM PREMIUM OF \$		0	IF CANCELLED BY THE INSURED.
ITEM THREE - SCHEDULE OF COVERED AUTOS AS ATTACHED			

Countersigned At Superior Underwriters
Bellevue, WA

By

AUTHORIZED SIGNATURE

In Witness whereof, we have caused this policy to be executed and attested.

Secretary

President

M-5806 (02/2011)

12/23/2014 09:31 243FB40E-7D31-4F48-AE0F-4D39F27C0834