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 WASH. UT. & TP. COMM



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: 17138	Docket TE-
111 0268 232 02 200. <sup>00</sup>	Date Filed: 7/15/15	Safety Inspection:
111 0268 232 03	Reg Fees:	Insurance:
111 0268	DOL: <i>OK</i>	SOS: <i>OK</i>
Receipt ID: 55787	Payment ID: 28398	CH - 37

Passenger Charter and Excursion Carrier Services <u>WAC 480-30</u>	Fee Required
<input type="checkbox"/> <b>New Authority</b>	\$200.00
<input checked="" type="checkbox"/> <b>Transfer</b> an existing certificate to a new owner or business structure. o If transfer, complete Attachment A.	\$200.00
<input type="checkbox"/> <b>Reinstate</b> a previously cancelled certificate; <u>WAC-480-30-121</u> .	\$200.00
<b>Plus,</b>	
<input type="checkbox"/> <b>Regulatory Fee</b> - 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.	
<b>Total number of vehicles to be operated</b> _____ x \$25 per vehicle	= \$ _____
<b>Total due</b> (\$200, plus, \$25 per vehicle)	= \$ _____
<input type="checkbox"/> <b>Name Change</b> - <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: <u>Alpha Omega Tours &amp; Charters Inc.</u>	

### TYPE OF PAYMENT

- Check  Money Order
- Amex  Discover  Mastercard  Visa

Amount \$ 200,00  
 Expiration Date \_\_\_\_\_

Credit Card number:

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CERTIFICATION: I, the undersigned, under penalty for false statement, certify that the following information is true and correct, that I am authorized to execute and file this document on behalf of the applicant, and that all information on file is current and valid.

Company Name: Alpha Omega Tours & Cruises Inc

Name (printed): Robert M. Lewis Date: 8 July 15

Signature: *Robert M. Lewis* Title: owner - wife president

If paying by credit card, fax your application to 360-586-1181 or scan and email to [transportation@utc.wa.gov](mailto:transportation@utc.wa.gov)

If paying by check or money order, mail the completed application with fees and attachments to:

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



**SECTION 1 – APPLICANT INFORMATION**

**Legal Name:** Alpha Omega Tours & Charters Inc  
The legal name must match your registration with Department of Revenue

**Trade Name(s) (if any):** Alpha Omega Tours & Charters Inc *NA*  
Trade name(s) must be registered under your UBI number

**Mailing Address:**

**Physical Address:**

Street PO Box 6484

Street 6624 N. Inega

City Spokane.

City Spokane

State/Zip Wn. 99217

State/Zip Wn. 99217

Phone Number: 509-466-2701

Fax Number: 866-235-3142

UBI #: 601-625-528

E-Mail: bob@aocharters.com

Website: AOcharters.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>Brian E. Coles</u>	<u>President</u>	<u>50</u>
<u>Robert M. Coles</u>	<u>Vice-President</u>	<u>50</u>

List other certificates or permits held with the commission: \_\_\_\_\_

USDOT # 603142 If you don't have a USDOT #, go online at [www.fmcsa.dot.gov/online-registration](http://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: Senior Tours?  
Senior Tours

## SECTION 2 – EQUIPMENT

(Attach additional sheets if necessary)

License Number	Year And Make Of Vehicle	Vehicle ID Number	Seating Capacity
<i>See Attached</i>			

## 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. *Pat Connolly*
- **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. *Pat Connolly*
- **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. *Pat Connolly*
- **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. *Pat Connolly*
- **INSPECTION, REPAIR AND MAINTENANCE** (Title 49, Code of Federal Regulations Part 396). You must systematically inspect, repair and maintain all motor vehicles. *Brian Coles*
- **SAFETY REGULATIONS, GENERAL** (Title 49, Code of Federal Regulations Part 390). You must follow safety regulations. *Brian Coles, Robert Coles*
- **DRIVING COMMERCIAL MOTOR VEHICLES** (Title 49, Code of Federal Regulations Part 392). You must follow regulations for driving commercial motor vehicles. *Brian & Robert Coles*
- **PARTS AND ACCESSORIES NECESSARY FOR SAFE OPERATION** (Title 49, Code of Federal Regulations Part 393). You must maintain parts and accessories in safe condition. *Brian Coles*

Name: <i>Brian Coles</i>	Position: <i>owner - mechanic</i>
<i>Pat Connolly</i>	<i>Safety officer</i>
<i>Bob Coles</i>	<i>Dispatch - owner</i>

**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.

<b>Name:</b> <i>Emily Coles</i>	<b>Position:</b> <i>Secretary / Treasurer</i>
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**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.

<b>Name:</b> <i>Emily Coles</i>	<b>Position:</b> <i>Secretary / Treasurer Bookkeeper</i>
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**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** *Robert M. Coles*

**Signature of applicant** *[Handwritten Signature]*

**Date** *8 July 15* **County, State** *Snohomish Washington*

**ATTACHMENT A**

**JOINT APPLICATION FOR TRANSFER OF CHARTER/EXCURSION AUTHORITY**

Current Name on Certificate (Seller): Dave J. Ackerman

Current Trade Name on Certificate (Seller): Alpha Omega Tours & Charters, Inc

Address (Seller): PO Box 97 Medical Lake, Wa. 99022

Certificate Number: CH-37 Phone Number (Seller) 509-299-5595

Have all fines or penalties owed to the Commission been paid?  No  Yes

Has the closing safety report been filed with the Commission?  No  Yes

Does the buyer agree to begin service as soon as the Commission authorizes the transfer?

Yes  No,

If not, then when? \_\_\_\_\_

**RELEASE OF AUTHORITY**

I, the seller have sold or otherwise released interest in my Charter/Excursion Certificate authority CH- 37 to the following:

Name of Buyer: Robert M. Coles & Brian E. Coles

Trade Name of Buyer: Alpha Omega Tours & Charters, Inc

We, as applicants, hereby jointly declare and affirm that all information is true to the best of our knowledge.

[Signature]  
Seller's signature

7/8/15 - Spokane, WA.  
Date and Location

[Signature]  
Buyer's Signature

8 July 15 Spokane, WA.  
Date and Location

**FLEET SCHEDULE**

**ALPHA OMEGA TOURS & CHARTERS**  
 Effective 04/11/15 to 04/11/16  
 Updated 03/19/15

UNIT #	YEAR	MAKE	PAX	ID #	DEDUCT.	VALUE
<b>CHARTER</b>						
1) 1559	2015	PREVOST	56	2PCH33491FC712748	\$ 10,000	\$ 500,000
2) 859	1980	MCI 9	47	S14791	\$ 5,000	\$ 10,000
3) 1019	1998	MCI	55	1M8PDMPA8WP050736	\$ 10,000	\$ 60,000
4) 1029	1999	MCI	55	1M8PDMLAXXP051409	\$ 10,000	\$ 70,000
5) 1039	2001	PREVOST	56	2PCX3349611027337	\$ 10,000	\$ 90,000
6) 1049	2000	PREVOST	55	2PCX33493Y1027175	\$ 10,000	\$ 80,000
7) 1051	2008	PREVOST	55	2PCH334988C711051	\$ 10,000	\$ 250,000
8) 1055	2010	PREVOST	56	2PCG33490AC729867	\$ 10,000	\$ 290,000
9) 1059	2001	PREVOST	55	2PCX3349611027483	\$ 10,000	\$ 110,000
10) 1061	2005	PREVOST	56	2PCH3349851010095	\$ 10,000	\$ 180,000
11) 1071	2007	PREVOST	56	2PCH334977C710939	\$ 10,000	\$ 245,000
12) 1079	2003	PREVOST	55	2PCX3349831028105	\$ 10,000	\$ 115,000
13) 1139	1989	MCI	49	1M8G0M9AOKP042699	\$ 5,000	\$ 10,000
14) 1159	1989	MCI	49	1M8GDM9A0KP042704	\$ 5,000	\$ 10,000
15) 1179	1989	MCI	49	1M8GDM9AXKP042869	\$ 5,000	\$ 10,000
16) 1259	2001	PREVOST	56	2PCX3349111027391	\$ 10,000	\$ 90,000
17) 1279	2001	PREVOST	56	2PCX3349511027393	\$ 10,000	\$ 90,000
18) 1299	2002	PREVOST	55	2PCX3349X21027861	\$ 10,000	\$ 100,000

\$5,000 DED. = \$40,000

\$10,000 DED. = \$2,270,000

**TOTAL INSURED VALUE \$2,310,000**