



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: <b>17152</b>	Docket TE-
111 0268 232 02	Date Filed:	Safety Inspection:
111 0268 232 03	Reg Fees: ✓	Insurance: ✓
111 0268	DOL: ✓	SOS: ✓
Receipt ID:	Payment ID:	CH -

Passenger Charter and Excursion Carrier Services WAC 480-30	Fee Required
<input checked="" type="checkbox"/> <b>New Authority</b>	<b>\$200.00</b>
<input type="checkbox"/> <b>Transfer</b> an existing certificate to a new owner or business structure. <ul style="list-style-type: none"> <li><input type="checkbox"/> If transfer, complete Attachment A.</li> </ul>	<b>\$200.00</b>
<input type="checkbox"/> <b>Reinstate</b> a previously cancelled certificate; <u>WAC-480-30-121</u> .	<b>\$200.00</b>
<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> <u>2</u> x \$25 per vehicle	= \$ <u>50</u>
<b>Total due</b> (\$200, plus, \$25 per vehicle)	= \$ <u>250</u>
<input type="checkbox"/> <b>Name Change</b> - <u>WAC 480-30-146</u>	<b>\$ 35.00</b>
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.	
<b>Company Name:</b> <u>Seattle Ocean Travel LLC</u>	

**SECTION 1 – APPLICANT INFORMATION**

Legal Name: Seattle Ocean Travel LLC  
The legal name must match your registration with Department of Revenue

Trade Name(s) (if any): <sup>dba</sup> Seattle Ocean Travel  
Trade name(s) must be registered under your UBI number

**Mailing Address:**

**Physical Address:**

Street 14717 SE 15th PL ✓ Street \_\_\_\_\_

City Bellevue City \_\_\_\_\_

State/Zip WA 98007-5758 State/Zip \_\_\_\_\_

Phone Number: 206-910-5894 Fax Number: \_\_\_\_\_

UBI #: 603 391 056 001 001 E-Mail: vicky\_guo2000@hotmail.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	Title	Stock Distributions or Percentage of Shares
<u>Yang He</u>	<u>Member</u>	<u>50%</u> ✓
<u>Jing Guo</u>	<u>Member</u>	<u>50%</u>

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

USDOT # 2497277 ✓ 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: \_\_\_\_\_  
1. pick up crews from airport to hotel  
2. pick up tour group for city tour

## SECTION 2 – EQUIPMENT

(Attach additional sheets if necessary)

License Number	Year And Make Of Vehicle	Vehicle ID Number	Seating Capacity
C60412A	2014	1FDDE3FLXEDA23825	15
C92788D	1999	1FDXE40S2XHB36629	24

## 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 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>J. J. Lano</u>	Position: <u>Member</u>
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### 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: Jing Guo Position: Member

**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: Jing Guo Position: Member

### 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 Jing Guo

Signature of applicant Jing Guo

Date 7/15/15 County, State King WA

## Stillwell, Suzanne (UTC)

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**From:** 郭vicky <vicky\_guo2000@hotmail.com>  
**Sent:** Monday, July 20, 2015 3:37 PM  
**To:** UTC DL Transportation  
**Subject:** Application from Seattle Ocean Travel  
**Attachments:** Scan.jpeg; Scan 1.jpeg; Scan 2.jpeg; Scan 3.jpeg; Scan 4.jpeg

To whom it may concern,

Please see the application form in the attachment.

If you need more info please feel free to contact me.

Vicky Guo  
Seattle Ocean Travel  
14717 SE 15th Pl  
Bellevue WA 98007

Tel:206-910-5894 | 206-427-2591

**Form E**  
**UNIFORM MOTOR CARRIER BODILY INJURY AND PROPERTY**  
**DAMAGE LIABILITY CERTIFICATE OF INSURANCE**  
*(Executed in Triplicate)*

Filed with Washington State Utilities and Transportation Commission (hereinafter called Commission)  
(Name of Commission)

This is to certify, that the Zurich American Insurance Co.  
(Name of Company)

(hereinafter called Company) of 1400 American Lane, Schaumburg, Illinois 60196  
(Home Office Address of Company)

has issued to Seattle Ocean Travel LLC of 14717 SE 15 Place, Bellevue, WA 98007  
(Name of Motor Carrier) (Address of Motor Carrier)

a policy or policies of insurance effective from 08/01/15 12:01 A.M. standard time at the address of the insured stated in said policy or policies and continuing until cancelled as provided herein, which, by attachment of the Uniform Motor Carrier Bodily Injury and Property Damage Liability Insurance Endorsement, has or have been amended to provide automobile bodily injury and property damage liability insurance covering the obligations imposed upon such motor carrier by the provisions of the motor carrier law of the State in which the Commission has jurisdiction or regulations promulgated in accordance therewith.

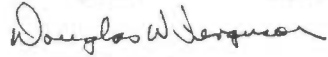
Whenever requested, the Company agrees to furnish the Commission a duplicate original of said policy or policies and all endorsements thereon.

This certificate and the endorsement described herein may not be cancelled without cancellation of the policy to which it is attached. Such cancellation may be effected by the Company or the insured giving thirty (30) days' notice in writing to the State Commission, such thirty (30) days' notice to commence to run from the date notice is actually received in the office of the Commission.

Countersigned at 11175 NE 2<sup>nd</sup> Street Kingston WA 98346  
(Street Address) (City) (State) (Zip Code)

this 20 day of July 20 15

Insurance Company File No. GLA1056991  
(Policy Number)

  
(Authorized Company Representative)