30/2015 16:19

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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)	Company ID: 1177	, Docket TE-
111 0268 232 01		
111 0268 232 02	Date Filed:	Safety Inspection:
111 0268 232 03	Reg Fees: OK X 2	- Insurance:
111 0268	DOL:	SOS:
Receipt ID:	Payment ID:	Сн-

Pa	ssenger Charter and Excursion Carrier Services WAC 480-30	Fee Required
X	New Authority	\$200.00
	Transfer an existing certificate to a new owner or business structure.	
	 If transfer, complete Attachment A. 	\$ 200.00
	Reinstate a previously cancelled certificate; <u>WAC-480-30-121</u> .	\$200.00
Plu	us,	
٥	Regulatory Fee - In accordance with <u>RCW 81.70.350</u> "Regulatory Fees", the Commis Charter and Excursion companies to file reports of the number of vehicles operated b and pay the sum of \$25 for each vehicle operated. There is a minimum fee of \$25.	•
	Total number of vehicles to be operated $\frac{2}{2}$ x \$25 per vehicle	= \$_50
	Total due (\$200, plus, \$25 per vehicle)	= \$ _250
	Name Change - WAC <u>480-30-146</u> Application to change a company's corporate name, change a trade name, add a new change the surname of an individual owner or partner. Company Name:	

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Legal Name: GLOBAL CTRIP TO			
The legal name must match	your registration with <u>Depa</u>	artment of Revenue	
Trade Name(s) (if any):			
Trade na Mailing Address:	me(s) must be registered u	Inder your <u>UBI numbe</u> Dhyei	<u>⊧r</u> ical Address:
Maining Audress.		<u>E1145</u>	<u>ical Address</u> .
Street 3233 S KENYON ST	Street	3233 S KENY	ON ST
City SEATTLE	City	SEATTLE	
State/Zip WA 98118	State/Zip	WA 98118	
Phone Number:206-682-6882	Fax	Number: 206-3	381-9899
UBI #: 603 515 583 0	E-Ma	_{ail:} seattlecsi@)yahoo.com
tat. Is star			
Website:	· · · · · · · · · · · · · · · · · · ·		
· · · ·			
Individual Partnership, Corporation, or Other,	o 🗌 Corporat list the name, title, an		her (LP, LLP, LLC) partner's share or stock Stock Distributions
If a Partnership, Corporation, or Other, distribution for major stockholders: Name	list the name, title, an <u>Title</u>		artner's share or stock Stock Distributions <u>or Percentage of Share</u>
Individual Partnership If a Partnership, Corporation, or Other, distribution for major stockholders: <u>Name</u> HAU, ANNA	list the name, title, an <u>Title</u> <u>MEMBER</u>		Partner's share or stock Stock Distributions <u>or Percentage of Share</u> 50
Individual Partnership If a Partnership, Corporation, or Other, distribution for major stockholders: Name	list the name, title, an <u>Title</u>		artner's share or stock Stock Distributions or Percentage of Share
Individual Partnership, Corporation, or Other, distribution for major stockholders: Name HAU, ANNA DENG, JIAN JUN List other certificates or permits held	list the name, title, an <u>Title</u> <u>MEMBER</u> <u>MEMBER</u>	d percentage of p	bartner's share or stock Stock Distributions or Percentage of Share 50 50
□ Individual □ Partnership If a Partnership, Corporation, or Other, distribution for major stockholders: <u>Name</u> HAU, ANNA DENG, JIAN JUN List other certificates or permits held USDOT #_2780779	list the name, title, an <u>Title</u> <u>MEMBER</u> <u>MEMBER</u> d with the commission If you do	d percentage of p	Stock Distributions or Percentage of Share 50 50 OT #, go online at
 Individual Partnership, Corporation, or Other, distribution for major stockholders: Name HAU, ANNA DENG, JIAN JUN List other certificates or permits hele USDOT # 2780779 Www.fmcsa.dot.gov/online-registrate 	list the name, title, an <u>Title</u> <u>MEMBER</u> <u>MEMBER</u> d with the commission If you do	d percentage of p	Stock Distributions or Percentage of Share 50 50 0 T #, go online at
 Individual Partnership, Corporation, or Other, distribution for major stockholders: Name HAU, ANNA DENG, JIAN JUN List other certificates or permits held 	list the name, title, an <u>Title</u> <u>MEMBER</u> <u>MEMBER</u> d with the commission If you do	d percentage of p	Stock Distributions or Percentage of Share 50 50 50 07 #, go online at
□ Individual □ Partnership If a Partnership, Corporation, or Other, distribution for major stockholders: <u>Name</u> HAU, ANNA DENG, JIAN JUN List other certificates or permits held USDOT # 2780779 0 www.fmcsa.dot.gov/online-registrat 360-596-3810 for assistance.	list the name, title, an <u>Title</u> <u>MEMBER</u> <u>MEMBER</u> d with the commissionIf you do ion or contact the W	d percentage of p	Arther's share or stock Stock Distributions or Percentage of Share 50 50 50 07 #, go online at Patrol at

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SECTION 2 - EQUIPMENT

(Attach additional sheets if necessary)

License Number	Year And Make Of Vehicle	Vehicle ID Number	Seating Capacity
C93162D	2015 MERCEDES	WBZPE8CC8FP136509	15
C93293D	2014 MERCEDES	WDZPE8CC7E5860735	15
·			

SECTION 3 - SAFETY AND OPERATIONS

In each of the categories shown below, list the person and position responsible for understanding and complying with the <u>Federal Motor Carrier Safety Regulations (FMCSR</u>) 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).
ł	Each of your drivers muct meet minimum qualification requirements. You must maintain

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: ANNA HAU Position: MANAGING MEMBER

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OPERATIONA	LRESPONSIBILITIES					
List the person and position responsible for u requirements of each category shown below						
ANNUAL REPORTS AND REGULATORY FEES. regulatory fees by December 31 of each year	You must file an annual safety report and pay					
Name: ANNA HAU Position: MANAGING MEMBER						
the regulations of local, state, and federal ag Labor and Industries, Department of Licensin Internal Revenue Service and Employment Service	- In-state					
Name: ANNA HAU Position: MANAGING MEMBER						

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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 _	ANNA HAU
Signature of applicant	anna Adam
Date 7/14/15	County, State KING, WA.

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Received Time Jul. 30. 2015 4:14 PM No. 0067



STATE OF WASHINGTON

UTILITIES AND TRANSPORTATION COMMISSION

1300 S. Evergreen Park Dr. S.W., P.O. Box 47250 • Olympia, Washington 98504-7250 (360) 664-1160 • TTY (360) 586-8203

July 29, 2015

Global Ctrip Tour Bus LLC 3233 S. Kenyan St. Seattle, WA 98118

RE: CHARTER/EXCURSION SERVICES WITHIN WASHINGTON STATE

Dear Global Ctrip Tour Bus LLC,

Our agency has received a Uniform Motor Carrier Bodily Injury and Property Damage Liablity Certificate of Liability (Form E) for your company but we don't show that you are currently registered us.

We believe that you may need the Charter/Excursion Carrier certificate from agency to transport groups of people for compensation within the state of Washington. I'm enclosing an application for you to complete and submit with appropriate fees. I'm also enclosing a copy of the Rules & Regulations for the Passenger Charter and Excursion Carrier Services, as well as the Safety Guide.

Because we already have your insurance filing, once we receive a completed application, we would request an inspection of your vehicle(s). After that, we would be able to issue your charter/excursion certificate.

If you have any questions or concerns, feel free to contact me at 360-664-1170 or email at tleipski@utc.wa.gov.

Sincerely,

Tina Leioski

Transportation Specialist 3 Licensing Services

Enclosure

FORM E

UNIFORM MOTOR CARRIER BODILY INJURY AND PROPERTY DAMAGE LIABILITY CERTIFICATE OF INSURANCE

(EXECUTED IN TRIPLICATE)

Filed with	Washington Utilities	s & Transportation Commission	(hereinafter called Commission)	
	(Name of Cor	nmission)		
This is to certify, th	at the	Columbia Insurance	e Company	
		(Name of Compar	ıy)	
(hereinafter called Corr	pany) of	3024 Harney Street, O	maha, NE 68131	
		(Home Office Address of Company) Global Ctrip Tour/Bus LLC		
has issued to		Global Ctrip Tour/Bus LLC		
	·····	(Name of Motor Carrier)		
of		3233 S KENYAN ST, SEATT	FLE, WA 98118	
· · ·		(Address of Motor C	arrier)	

a policy or policies of insurance effective from 07/01/2015 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 Commissioner.

Countersigned at	3024 Harney Street (Street Address)		Omaha (City)		NE (State)	68131 (ZIP Code)
this	1st		day ofJuly		, 20 <u>15</u>	
					Jom 4	7
					Authorized Repre	sentative
Insurance Compar	y File No.	71APR322278-01 (Policy Number)	- .		
			\$1,500	.000.CSL		

This form determined by the National Association of Regulatory Utilities Commissioners and promulgated pursuant to the provisions of Section 202(b)(2) of the Interstate Commerce Act (49 U.S.C. § 302[b][2]) and 49 CFR § 387.301