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**APPLICATION FOR
 CHARTER AND EXCURSION CARRIER SERVICES CERTIFICATE**

conf 094442

(For Official Use Only) 111 0268 232 01	Company ID: <i>17119</i>	Docket TE-
111 0268 232 02	Date Filed: <i>9/2/15</i>	Safety Inspection:
111 0268 232 03	Reg Fees: <i>on file</i>	Insurance: <i>OP</i>
111 0268	DOL: <i>OP</i>	SOS: <i>OP</i>
Receipt ID:	Payment ID:	CH -

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.
 - If transfer, complete Attachment A. **\$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 _____ x \$25 per vehicle = \$ _____

Total due (\$200, plus, \$25 per vehicle) = \$ _____

X 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: EXPLORATION COACH LINES LLC

SECTION 1 – APPLICANT INFORMATION

Legal Name: EXPLORATION COACH LINES LLC *ON*

The legal name must match your registration with Department of Revenue

Trade Name(s) (if any): _____ *P/A*

Trade name(s) must be registered under your UBI number

Mailing Address:

Physical Address:

Street P.O. BOX 390

Street 19748 ELDERBERY ST SW

City LITTLE ROCK

City ROCHESTER

WA 98556

WA 98579

State/Zip _____

State/Zip _____

Phone Number: 360-262-4243

Fax Number: 360-262-6258

UBI #: 603 428 164 *ON*

E-Mail: BEN@EXPLORATIONTOURSAND

CHARTER.COM

WEBSITE: na

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:

<u>Name</u>	<u>Title</u>	<u>Stock Distributions or Percentage of Shares</u>
<u>BEN A DOLPH</u>	<u>MANAGING MEMBER</u>	<u>100%</u> <i>ON</i>
_____	_____	_____
_____	_____	_____

List other certificates or permits held with the commission: CH-65602

USDOT # 2533071 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: _____
PROVIDE CHARTER/COACH AND EXCURSION CARRIER SERVICES

SECTION 2 – EQUIPMENT

(Attach additional sheets if necessary)

License Number	Year And Make Of Vehicle	Vehicle ID Number	Seating Capacity
C55120A	2000 MCI	1M8TRMPA6YP061009	54

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 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: DANA BRADY

Position: SAFETY DIRECTOR

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: BEN A DOLPH	Position: MANAGING MEMBER
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>	
Name: DANA BRADY	Position: SAFETY DIRECTOR/COMPLIANCE AGENT

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 BEN A DOLPH

Signature of applicant Ben A. Dolph

Date 9-4-15 County, State Thurston WA.

This is a "printer friendly" page. Please use the "print" option in your browser to print this screen.



Washington, State of - Utilities & Transportation Commission

Utilities & Transportation Commission POS

Confirmation Number: 094442
Payment Date: Tuesday, September 8, 2015
Payment Time: 08:19AM PT

Payer Information

First Name: Ben A Dolph
Street Address: 19748 Elderbery St. SW
Town/City: Rochester, WA 98579
Country: United States
Daytime Phone Number: (360) 262 - 4243
E-mail Address: ben@explorationtoursandcharter.com
Company Name-If not a Company, provide name of Payee: Exploration Coach Lines LLC
Payment Menu: Application Fees
Payment Menu - Additional Payment:
Application Types (If Applicable): Charter & Excursion

Card Information

Card Type: MasterCard
Card Number: *****5532
Expiration Date: 09/2017
Card Verification Number: ****

Payment Information

Payment Type: Utilities & Transportation Commission POS
Payment Amount: \$35.00
Convenience Fee: \$3.95
Total Payment: \$38.95

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ACCEPTABLE ONLY IF DOCKET NUMBER CERTIFICATE NUMBER OR PERMIT NUMBER IS SPECIFIED. No. _____

Approved _____

Form E

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

Filed with WUTC (hereinafter called Commission)
(Name of Commission)

This is to certify, that the ZURICH AMERICAN INSURANCE COMPANY
(Name of Company)

(hereinafter called Company) SCHAUMBURG, IL
(Home Office Address of Company)

has issued to EXPLORATION COACH LINES LLC to 19748 ELDERBERRY ST SW ROCHESTER, WA 98579
(Name of Motor Carrier) (Address of Motor Carrier)

a policy or policies of insurance effective from _____ 12:01 A.M. standard time at the address of the insured stated in said policy or policies and continuing until canceled 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 herewith.

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 canceled without cancellation of the policy to which it is attached. Such cancellation may be affected 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 1333 S RUSTLE RD SPOKANE WA 99224
(Street Address) (City) (State) (Zip Code)

this 5TH day of SEPTEMBER 2015

INS. CO. ID# _____



(Authorized Company Representative)

Insurance Company File No. BAP-9222162
(Policy Number)

PO BOX 19150 SPOKANE, WA 99219
(Address of Authorized Company Representative)