



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**

#009343

(For Official Use Only) 111 0268 232 01	Company ID: 17284	Docket TE-
111 0268 232 02	Date Filed: 10/10/15	Safety Inspection:
111 0268 232 03	Reg Fees: on file	Insurance:
111 0268	DOL: a	SOS: a
Receipt ID:	Payment ID:	CH - 65555

Passenger Charter and Excursion Carrier Services WAC 480-30	Fee Required
<input 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; WAC-480-30-121.	\$200.00
Plus,	
<input type="checkbox"/> 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)	= \$ _____
	CH-65555
<input checked="" type="checkbox"/> 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: <u>PBSQUARED PRODUCTIONS LLC</u>	

SECTION 1 – APPLICANT INFORMATION

Legal Name: PBSQUARED PRODUCTIONS LLC
The legal name must match your registration with Department of Revenue

Trade Name(s) (if any): _____
Trade name(s) must be registered under your UBI number

Mailing Address:

Physical Address:

Street 2400 NW 80th St #245 Street 10749 3rd Ave NW
City Seattle City Seattle
State/Zip WA 98117 State/Zip WA 98177

Phone Number: 425 2432223 Fax Number: _____

~~UBI #:~~ _____ E-Mail: pat@herbansafari.com

Website: pbsquaredproductions.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>on File</u>	_____	_____
_____	_____	_____
_____	_____	_____

List other certificates or permits held with the commission: _____

~~USDOT #~~ 251 9391 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: on File

SECTION 2 – EQUIPMENT

(Attach additional sheets if necessary)

License Number	Year And Make Of Vehicle	Vehicle ID Number	Seating Capacity
ABL 2165	1991 Ford E-350	1FDJE37M3MHB	12
		02685	

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: Patricia Bennett	Position: Pres. / CEO
------------------------	-----------------------

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>Patricia Bennett</u>	Position: <u>Pres/CEO</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 and Employment Security.</u>	
Name: <u>Patricia Bennett</u>	Position: <u>Pres./CEO</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 Patricia Bennett

Signature of applicant Patricia Bennett

Date 10/8/2015 County, State King, WA

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

(EXECUTED IN TRIPLICATE)

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

This is to certify, that the Continental Divide Insurance Company
 (Name of Company)

(hereinafter called Company) of 1314 Douglas Street, Omaha, NE 68102
 (Home Office Address of Company)

has issued to PBSQUARED PRODUCTIONS LLC
 (Name of Motor Carrier)

of 10749 3RD AVE NW, SEATTLE, WA 98177
 (Address of Motor Carrier)

a policy or policies of insurance effective from 08/28/2015 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 1314 Douglas Street Omaha NE 68102
 (Street Address) (City) (State) (ZIP Code)

this 4th day of September, 20 15



Authorized Representative

Insurance Company File No. 05APM004234-02
 (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



Berkshire Hathaway

HOMESTATE COMPANIES

1314 Douglas Street • Omaha, NE 68102

Date: 9/4/2015

PATRICIA BENNETT DBA: RIDE THE CANNABUS, LLC
2400 NW 80TH ST #245
SEATTLE, WA 98117

Policy Number: 05APM004234-02
Billing Account 83388
Policyholder's Agent: **Brown & Brown of Washington, Inc.**

Billing services:
1-877-680-2442
7:00 AM - 7:00 PM Central Time
Monday - Friday

To our policyholder:

See attached Filing Endorsement. Please retain for your records.

Regards,

CONTINENTAL DIVIDE INSURANCE COMPANY

FORM F

UNIFORM MOTOR CARRIER BODILY INJURY AND PROPERTY DAMAGE LIABILITY INSURANCE ENDORSEMENT

It is agreed that:

1. The certification of the policy, as proof of financial responsibility under the provisions of any State motor carrier law or regulation promulgated by any State Commission having jurisdiction with respect thereto, amends the policy to provide insurance for automobile bodily injury and property damage liability in accordance with the provisions of such law or regulations to the extent of the coverage and limits of liability required thereby; provided only that the insured agrees to reimburse the company for any payment made by the company which it would not have been obligated to make under the terms of this policy except by reason of the obligation assumed in making such certification.
2. This endorsement may not be canceled 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 with which such certificate has been filed, such thirty (30) days notice to commence to run from the date the notice is actually received in the office of such Commission.
3. The Uniform Motor Carrier Bodily Injury and Property Damage Liability Certificate of Insurance has been filed with the State Commission indicated below:

X – Indicated State Commission with whom Uniform Motor Carrier Bodily Injury and Property Damage Liability Certificate of Insurance has been filed.

Alabama	Illinois	Montana	Rhode Island
Alaska	Indiana	Nebraska	South Carolina
Arizona	Iowa	Nevada	South Dakota
Arkansas	Kansas	New Hampshire	Tennessee
California	Kentucky	New Jersey	Texas
Colorado	Louisiana	New Mexico	Utah
Connecticut	Maine	New York	Vermont
Delaware	Maryland	North Carolina	Virginia
District of Columbia	Massachusetts	North Dakota	Washington
Florida	Michigan	Ohio	West Virginia
Georgia	Minnesota	Oklahoma	Wisconsin
Hawaii	Mississippi	Oregon	Wyoming
Idaho	Missouri	Pennsylvania	

(The attaching clause need be completed only when this endorsement is issued subsequent to preparation of the policy.)

Attached to and forming part of policy No. 05APM004234-02

Issued by Continental Divide Insurance Company, herein called

Company, of 1314 Douglas Street, Omaha, NE 68102

PBSQUARED PRODUCTIONS LLC

To SEATTLE, WA

Dated at Omaha, NE this 28th day of August, 20 15

Countersigned by



Authorized Representative

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Washington, State of - Utilities & Transportation Commission

Utilities & Transportation Commission POS

Confirmation Number: 009343
 Payment Date: Friday, October 9, 2015
 Payment Time: 11:31AM PT

Payer Information

First Name: Patricia Bennett
 Street Address: 2400 NW 80th Street #245
 Town/City: Seattle, WA 98117
 Country: United States
 Daytime Phone Number: (425) 243 - 2223
 E-mail Address: pat@herbansafari.com
 Company Name-If not a Company, provide name of Payee: PBSquared Productions LLC
 Payment Menu : Application Fees
 Payment Menu - Additional Payment: Application Types (if Applicable): Charter & Excursion

Card Information

Card Type: Visa
 Card Number: *****2770
 Expiration Date: 05/2016
 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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