

TE-152297-CT



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1-800-416-5289
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APPLICATION FOR

#025529 CHARTER AND EXCURSION CARRIER SERVICES CERTIFICATE

(For Official Use Only) 111 0268 232 01	Company ID: 7317	Docket TE-
111 0268 232 02	Date Filed: 12/2/15	Safety Inspection: on file
111 0268 232 03	Reg Fees: on file	Insurance: on file
111.0268	DOL: on file	SOS: on file
Receipt ID:	Payment ID:	CH -

Passenger Charter and Excursion Carrier Services <u>WAC 480-30</u>	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 checked="" type="checkbox"/> Reinstate a previously cancelled certificate; <u>WAC-480-30-121</u> .	\$200.00
Plus,	
<input type="checkbox"/> Regulatory Fee - 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.	
Total number of vehicles to be operated <u>2</u> x \$25 per vehicle	already on file = \$ 50.00
Total due (\$200, plus, \$25 per vehicle)	= \$ _____
<input type="checkbox"/> Name Change - <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>Metro Limousine Services LLC</u>	

SECTION 1 - APPLICANT INFORMATION

Legal Name: Metro Limousine Services LLC
The legal name must match your registration with

SILVER Limousine Services

Trade Name(s) (if any): Silver Liming Limousine
Trade name(s) must be registered under your

Mailing Address:

Physical Address:

Street 4742 Lee Ave Street 4742 Lee Ave

City Longview City Longview

State/Zip Washington 98632 State/Zip Washington

Phone Number: 360-430-1287 Fax Number: _____

UBI #: 603117191 E-Mail: SILVERLimousineServices@gmail.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:

<u>Name</u>	<u>Title</u>	<u>Stock Distributions or Percentage of Shares</u>
<u>EDWARD SILVER</u>	<u>OWNER</u>	<u>100%</u>
_____	_____	_____
_____	_____	_____

List other certificates or permits held with the commission: CH-64957

USDOT # 2349970 If you don't have a USDOT #, go online at
or contact the Washington State Patrol at
360-596-3810 for assistance.

Business Operations

Describe the type of tours/excursions you plan on providing: Limousine Transportation

SECTION 2 – EQUIPMENT

(Attach additional sheets if necessary)

License Number	Year And Make Of Vehicle	Vehicle ID Number	Seating Capacity
B516825	1998 LINCOLN TOWN ^{CAR}	1LNFM81W6WY693517	12
B715684	2006 Chry. Sler 300	2C3KA53G06H400242	10

SECTION 3 – SAFETY AND OPERATIONS

In each of the categories shown below, list the person and position responsible for understanding and complying with the _____) 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: EDWARD SILVERY Position: OWNER

E. Silvery

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>EDWARD L. SILVERY</u>	Position: <u>OWNER</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:</u> <div style="text-align: right;">, Department of Revenue,</div> <div style="text-align: center;">and Employment Security.</div>	
Name: <u>EDWARD L. SILVERY</u>	Position: <u>OWNER</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 EDWARD L. SILVERY

Signature of applicant E. L. Silvery

Date 11-30-2015 County, State Cowlitz 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 National Indemnity Company
(Name of Company)

(hereinafter called Company) of 3024 Harney Street, Omaha, NE 68131
(Home Office Address of Company)

has issued to METRO LIMOUSINE SERVICES LLC
(Name of Motor Carrier)

of 4742 LEE AVE, LONGVIEW, WA 98632
(Address of Motor Carrier)

a policy or policies of insurance effective from 11/20/2015 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 Omaha NE 68131
(Street Address) (City) (State) (ZIP Code)

this 1st day of December, 20 15

Authorized Representative

Insurance Company File No. 70APS061414
(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

Leipski, Tina (UTC)

From: Andrews, Amy (UTC)
Sent: Thursday, December 03, 2015 8:24 AM
To: Leipski, Tina (UTC)
Subject: RE: REPRINT A RECEIPT FROM OFFICIAL PAYMENTS

Hi Tina,

There is no way to reprint the receipt (confirmation page) in OPAY. If the company needs something, we can provide a field receipt from Revenue (when that is functioning – it appears there is currently an outage with servers).

We can see and print a “report” from the Client Connect side of OPAY for internal purposes if needed.

Let me know if you need anything more from me.

Amy
(360) 664-1157

From: Leipski, Tina (UTC)
Sent: Thursday, December 3, 2015 8:13 AM
To: Andrews, Amy (UTC) <aandrews@utc.wa.gov>
Subject: REPRINT A RECEIPT FROM OFFICIAL PAYMENTS

Hi Amy,

I did a credit card this morning and finished it but I got interrupted and didn't print the receipt. Unfortunately, it timed me out. Is there a way to reprint a receipt from that system?

Let me know. Thanks!

Tina