

TE-152360-CT



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: 7403	Docket TE-
111 0268 232 02	Date Filed: 12/15/15	Safety Inspection:
111 0268 232 03	Reg Fees: OLX	Insurance:
111 0268	DOL:	SOS: 00
Receipt ID:	Payment ID:	CH -

Passenger Charter and Excursion Carrier Services WAC 480-30	Fee Required
<input checked="" 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 checked="" 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 <u>1</u> x \$25 per vehicle	= \$ <u>25</u>
Total due (\$200, plus, \$25 per vehicle)	= \$ <u>225</u>
<input 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>Pack's Delivery LLC</u>	
DBA: <u>Pack's Taxi & Delivery</u>	

see replacement page

SECTION 1 - APPLICANT INFORMATION

Legal Name: Pack's Delivery LLC
The legal name must match your registration with Department of Revenue

Trade Name(s) (if any): Pack's Taxi & Delivery
Trade name(s) must be registered under your UBI number

Mailing Address:

Physical Address:

Street 618 E Wheeler Rd

Street 618 E Wheeler Rd

City Moses Lake

City Moses Lake

State/Zip WA / 98837

State/Zip WA / 98837

Phone Number: 509-762-1234

Fax Number: _____

UBI #: 603-197-968

E-Mail: N.Pack@Packsdelivery.com

Website: www.Packsdelivery.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>Nathan Pack</u>	<u>Member/manager</u>	<u>50</u>
<u>Stacie Pack</u>	<u>member</u>	<u>50</u> <i>ok</i>

List other certificates or permits held with the commission: _____

USDOT # 2409705 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: Transporting non-emergent medical patients, Ability & Non-ambulatory.

will submit an updated page

SECTION 2 – EQUIPMENT

(Attach additional sheets if necessary)

License Number	Year And Make Of Vehicle	Vehicle ID Number	Seating Capacity
C30067D	2001 Ford	206	14

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: *Nathan Paek*

Position: *Member / manager*

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: <i>Nathan Pack</i>	Position: <i>Member / manager</i>
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</u> and Employment Security.	
Name: <i>Nathan Pack</i>	Position: <i>Member / manager</i>

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 *Nathan Pack*

Signature of applicant *Nathan Pack*

Date *12/10/15* County, State *Grant, Washington*

Replacement
page

SECTION 1 – APPLICANT INFORMATION

Legal Name: _____ Pack's Delivery LLC

The legal name must match your registration with Department of Revenue

Trade Name(s) (if any): Pack's Shuttle

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

Mailing Address:

Physical Address:

Street 618 E wheeler Road

Street Same as Mailing

City Moses Lake

City _____

State/Zip Washington / 98837

State/Zip _____

Phone Number: 509-762-1234

Fax Number: _____

UBI #: _____ 603-197-968 _____

E-Mail: n.pack@packsdelivery.com

Website: www.packsdelivery.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:

<u>Name</u>	<u>Title</u>	<u>Stock Distributions or Percentage of Shares</u>
Nathan Pack _____	Member / Manager	50 _____
Stacie Pack _____	Member	50 _____
_____	_____	_____

List other certificates or permits held with the commission: _____

USDOT # 2409705 _____ 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: Transporting groups of people to and from, weddings, concerts and work. ?

Leipski, Tina (UTC)

From: Leipski, Tina (UTC)
Sent: Monday, December 14, 2015 1:57 PM
To: 'n.pack@packsdelivery.com'
Subject: APPLICATION RECEIVED FOR A CHARTER/EXCURSION CERTIFICATE

Mr. Pack,

I've received your application for a charter/excursion certificate with our agency but before the credit card gets charged, I want to make sure you have the correct application.

According to your description of services, you state you will transport non-emergency medical patients, ambulatory and non- ambulatory.

So, will you be having groups of patients being transported to the same place? Will all the people meet at the same place to be taken? How will they pay?

The charter/excursion certificate is to offer groups of people to be transported to sporting events, wine tours, etc.

Please let me know if you would like to proceed with this application.

Sincerely,

Tina Leipski
Utilities & Transportation Commission
Licensing Services
360-664-1170
fax 360-586-1181

*Claims he still
needs
He will replace
page 5*

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: 05937D
 Payment Date: Tuesday, December 15, 2015
 Payment Time: 08:35AM PT

Payer Information

First Name: Nathan Pack
 Street Address: 618 E Wheeler Rd
 Town/City: Moses Lake, WA 98837
 Country: United States
 Daytime Phone Number: (509) 762 - 1234
 E-mail Address: n.pack@packsdelivery.com
 Company Name-If not a Company, provide name of Payee: Pack's Delivery LLC
 Payment Menu : Application Fees
 Payment Menu - Additional Payment: Application Types (If Applicable): Charter & Excursion

Card Information

Card Type: Visa
 Card Number: *****5456
 Expiration Date: 01/2018
 Card Verification Number: ****

Payment Information

Payment Type: Utilities & Transportation Commission POS
 Payment Amount: \$225.00
 Convenience Fee: \$5.63
 Total Payment: \$230.63

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