

TE-160193-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**

#3360390

(For Official Use Only) 111 0268 232 01	Company ID: 7462	Docket TE- 160193
111 0268 232 02	Date Filed: 2/10/16	Safety Inspection:
111 0268 232 03	Reg Fees: 05 X 2	Insurance:
111 0268	DOL: 00	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. <ul style="list-style-type: none"> <input type="checkbox"/> If transfer, complete Attachment A. \$200.00 	
<input type="checkbox"/> Reinstate a previously cancelled certificate; <u>WAC-480-30-121</u> .	\$200.00
Plus,	
<input checked="" 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	= \$ <u>50.00</u>
Total due (\$200, plus, \$25 per vehicle)	= \$ _____
<input type="checkbox"/> Name Change - WAC <u>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>Blessed limo</u>	



SECTION 1 - APPLICANT INFORMATION

Legal Name: Blessed limousine, INC *per UBI*
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: AV ct E Physical Address: _____
Street 3932 62nd AVE ct E Street _____
City Fife City _____
State/Zip WASH 98424 State/Zip _____

Phone Number: 206 579-5911 Fax Number: _____

UBI #: 602438928 E-Mail: Info at Blessed limo .NET

Website: Blessed limo .NET

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>Glussie Bagby</u>	<u>owner</u>	<u>70%</u>
<u>Genise Bagby</u>	<u>owner</u>	<u>30%</u>

List other certificates or permits held with the commission: _____

USDOT # 2822783 *DN* 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: Charter Service
Airport services limo services
Doh regulates

SECTION 2 – EQUIPMENT

(Attach additional sheets if necessary)

License Number	Year And Make Of Vehicle	Vehicle ID Number	Seating Capacity
	06 Hummer	5GRGN23USG6H110674	22
	2010 Ford BUS	1FDXB4FS9ADB02595	22

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: Cassie Bagby Position: Driver

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>Clussie Bagby</u>	Position: <u>Manager</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>Clussie Bagby</u>	Position: <u>MANAGER</u>

SECTION 4 – DECLARATION OF APPLICANT

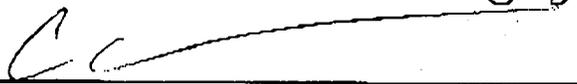
I understand that filing this application does not in itself constitute authority to operate as a passenger charter and excursion carrier.

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 Clussie Bagby

Signature of applicant 

Date 2-8-16 County, State King W.A.

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: 336390
Payment Date: Wednesday, February 10, 2016
Payment Time: 08:10AM PT

Payer Information

First Name: Clussie Bagby
Street Address: 3932 62nd Ave Ct E
Town/City: Fife, WA 98424
Country: United States
Daytime Phone Number: (206) 579 - 5911
E-mail Address: info@blessedlimo.net
Company Name-If not a Company, provide name of Payee: Blessed Limousine
Payment Menu : Application Fees
Payment Menu - Additional Payment:
Application Types (If Applicable): Charter & Excursion

Card Information

Card Type: Visa
Card Number: *****2703
Expiration Date: 05/2017
Card Verification Number: ****

Payment Information

Payment Type: Utilities & Transportation Commission POS
Payment Amount: \$250.00
Convenience Fee: \$6.25
Total Payment: \$256.25

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

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

This is to certify, that the Zurich American Insurance Co.
(Name of Company)

(hereinafter called Company) of 1400 American Lane, Schaumburg, Illinois 60196
(Home Office Address of Company)

has issued to Blessed Limousine, Inc of 3932 62nd Ave Court East, Fife, WA 98424
(Name of Motor Carrier) (Address of Motor Carrier)

a policy or policies of insurance effective from 02/10/16 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.

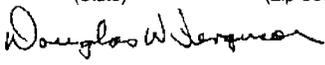
Whenever requested, the Company agrees to furnish the Commission a duplicate original of said policy or policies and all endorsements thereon.

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 Commission.

Countersigned at 11175 NE 2nd Street Kingston WA 98346
(Street Address) (City) (State) (Zip Code)

this 3 day of February 20 16

Insurance Company File No. BAP1057222
(Policy Number)


(Authorized Company Representative)

Leipski, Tina (UTC)

From: Kathryn Arnold <KArnold.Fergu08@insuremail.net>
Sent: Thursday, February 04, 2016 12:29 PM
To: Leipski, Tina (UTC)
Subject: RE: Blessed Limo - Policy BAP1057222
Attachments: vehicles blessed limousine.pdf

Tina,

I have included a vehicle schedule, the policy provides \$5,000,000 in liability limits.

Thanks!

Kathryn Arnold

Western Experts in Transportation
Toll Free: (800) 843-2430
Direct: (360) 297-4844
Fax: (360) 297-4882
KArnold.Fergu08@insuremail.net

From: Leipski, Tina (UTC) [mailto:tleipski@utc.wa.gov]
Sent: Thursday, February 04, 2016 9:57 AM
To: Jkaufman.FERGU08@insuremail.net; KArnold.Fergu08@insuremail.net
Subject: Blessed Limo - Policy BAP1057222

Hi there,

We received a Form E for Blessed Limousine Inc. today and I was hoping you could answer a couple of questions regarding this Form E.

What are the limits it's covering?
What vehicles is it covering?

Is it possible to get this information from you? Let me know. Thanks!

Sincerely,

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