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WASH. UT. & TP. COMM

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

Company: AC Checker LLC

APPLICATION FOR CHARTER AND EXCURSION CARRIER SERVICES CERTIFICATE

(For Official Use Only)	Company ID: 17530	Docket TE-
111 0268 232 01 25.00	Date Filed: 3/14/16	Safety Inspection:
111 0268 232 02 200.00	Reg Fees: AXI	Insurance:
111 0268 232 03	DOL:	SOS: (initials)
111 0268	Payment ID: 1235	CH -
Receipt ID: 057852		

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; 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> .00
Total due (\$200, plus, \$25 per vehicle)	= \$ <u> 225 </u> .00
<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: _____	

TYPE OF PAYMENT

NOTE: A convenience fee of 2.5% (minimum fee of \$3.95) is charged by Official Payments for processing credit card payments.

Check Money Order Amount: \$ 225.00

Amex CCV# _____ (four digit code on front of card) Expiration Date: _____

Discover Mastercard Visa CCV # _____ (three digit code on back of card)

Credit Card number:

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CERTIFICATION: I, the undersigned, under penalty for false statement, certify that the following information is true and correct, that I am authorized to execute and file this document on behalf of the applicant, and that all information on file is current and valid.

Company Name: AC Checker LLC, DBA VIP Arrivals

Name (printed): Aaron T. Griffith Date: 08MAR2016

Signature:  Title: Managing Partner

If paying by credit card, fax your application to 360-586-1181 or scan and email to transportation@utc.wa.gov

If paying by check or money order, mail the completed application with fees and attachments to:

Washington Utilities and Transportation Commission
P.O. Box 47250
Olympia, WA 98504-7250

WASHINGTON



UTILITIES AND TRANSPORTATION
COMMISSION

SECTION 1 – APPLICANT INFORMATION

Legal Name: AC Checker LLC
The legal name must match your registration with [Department of Revenue](#)

Trade Name(s) (if any): VIP Arrivals
Trade name(s) must be registered under your [UBI number](#)

Mailing Address:

Physical Address:

Street	<u>1101 3rd St NE</u>	Street	<u>1101 3rd St NE</u>
City	<u>East Wenatchee</u>	City	<u>East Wenatchee</u>
State/Zip	<u>WA / 98802</u>	State/Zip	<u>WA / 98802</u>

Phone Number: 509 663 2789 Fax Number: N/A

UBI #: 603-400-488 E-Mail: accheckerllc@gmail.com

Website: http://www.viparrivals.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>
<u>Aaron Griffith</u>	<u>Managing Partner</u>	<u>50</u>
<u>Lisa Griffith</u>	<u>Book Keeper</u>	<u>50</u>
_____	_____	_____

List other certificates or permits held with the commission: _____

USDOT # 2801295  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: Private parties, sight seeing tours, wine tours, excursion trips, wedding party shuttles, corporate travel / getaways / employee retreats

SECTION 2 – EQUIPMENT

(Attach additional sheets if necessary)

License Number	Year And Make Of Vehicle	Vehicle ID Number	Seating Capacity
AVR4119	1995 FORD	1FDKE30G2SHB06779	14 + Driver

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: Aaron Griffith

Position: Managing Partner

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: Lisa Griffith	Position: Book keeper / compliance
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> Department of Labor and Industries , Department of Licensing , Secretary of State , Department of Revenue, Internal Revenue Service and Employment Security.	
Name: Aaron Griffith	Position: Managing Partner

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 Aaron T Griffith

Signature of applicant  _____

Date 08MAR2016 **County, State** Douglas, WA



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

03/09/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Secord Agency, Inc. 265 NE 45th St SEATTLE, WA 98105 License #: 265269	CONTACT NAME: Devin Engelmann
	PHONE (A/C, No, Ext): (206)783-4024 FAX (A/C, No): (206)783-4028
	E-MAIL ADDRESS: devin@secordagency.com
	INSURER(S) AFFORDING COVERAGE
	INSURER A: Berkshire Hathaway Homestate Companies
	INSURER B:
	INSURER C:
	INSURER D:
	INSURER E:
	INSURER F:

INSURED
**AC CHECKER, LLC
DBA VIP Arrivals
1101 3RD ST NE
EAST WENATCHEE, WA 98802**

COVERAGES CERTIFICATE NUMBER: 00000000-37872 REVISION NUMBER: 9

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
A	AUTOMOBILE LIABILITY ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> <input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS			05APM004480-02	05/30/2015	05/30/2016	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

1FDKE30G2SHB06779 - Ford Econoline Cutaway Van - 14 Passenger

CERTIFICATE HOLDER

Washington Utilities and Transportation Commission
1300 S Evergreen Park Dr SW
Olympia, WA 98504-7250

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Devin Engelmann

(DOE)

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Vehicle Schedule

Year, Make, Model, VIN	Collision	Comp or Spec. Caus.	Stated Amount	Phys. Dam. Deductible	In-Tow Limit	Cargo Limit
2003 LINCOLN TOWN CAR 1LNHM82W53Y661662	N/A		N/A	N/A	N/A	N/A
2004 LINCOLN TOWN CAR 1LNHM83W04Y667580	N/A		N/A	N/A	N/A	N/A
1999 LINCOLN TOWN CAR 1LNHM81W1XY674772	N/A		N/A	N/A	N/A	N/A
2006 LINCOLN TOWN CAR 1LNHM82W76Y622267	N/A		N/A	N/A	N/A	N/A
1996 FORD VAN 1FDKE30G2SHB06779	Covers	C	21,000	500/500	N/A	N/A

Taxis Lic.
w/DOC

Excursion Vehicle