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APPLICATION FOR CHARTER AND EXCURSION CARRIER SERVICES CERTIFICATE

(For Official Use Only) 111 0268 232 01	Company ID: 16742	Docket TE- 160430
111 0268 232 02	Date Filed: 4/21/16	Safety Inspection:
111 0268 232 03	Reg Fees: 0154	Insurance:
111 0268	DOL: 01	SOS: 01
Receipt ID: 058143	Payment ID: 1014	CH -

Passenger Charter and Excursion Carrier Services WAC 480-30	<u>Fee Required</u>
<input 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 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>4</u> x \$25 per vehicle	= \$ <u>100</u>
Total due (\$200, plus, \$25 per vehicle)	= \$ <u>300</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>Latin Limousine, LLC</u>	

SECTION 1 – APPLICANT INFORMATION

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

Trade Name(s) (if any): HR Limousine *HR*
Trade name(s) must be registered under your [UBI number](#)

Mailing Address:

Physical Address:

Street 17854 38th Ave S Street Same
City Seatac ~~WA~~ City _____
State/Zip WA 98188 State/Zip _____

Phone Number: 206 335 0167 Fax Number: n/a

UBI #: 603 471 236 *HR* E-Mail: LatinLimousine@Hotmail.com

Website: www.LatinLimousine.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
_____	_____	_____
_____	_____	_____
_____	_____	_____

List other certificates or permits held with the commission: N/A

USDOT # 2558927 *✓* 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: wedding, and
Hispanic Celebration, Quinceañera, Sweet XVI, Proms.

SECTION 2 – EQUIPMENT

(Attach additional sheets if necessary)

License Number	Year And Make Of Vehicle	Vehicle ID Number	Seating Capacity
C70898B	2008 GLBU	1FD4E45S8DB23387	24
B19269G	2003 Hummer	5GRGN23U63H137068	18
B19177X	2006 Hummer	5GRGN23U06H119568	22
B69610Z	2003 Lincoln	5LMFU28R73LJ08348	18

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 an 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: Hugo Rosales

Position: owner

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>Hugo Rosales</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: Department of Labor and Industries, Department of Licensing, Secretary of State, Department of Revenue, Internal Revenue Service</u> and Employment Security.	
Name: <u>Hugo Rosales</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 Hugo Rosales

Signature of applicant 

Date 4-1-16 County, State King WA

ATTACHMENT A

JOINT APPLICATION FOR TRANSFER OF CHARTER/EXCURSION AUTHORITY

Current Name on Certificate (Seller): _____

Current Trade Name on Certificate (Seller): _____

Address (Seller): _____

Certificate Number: _____ Phone Number (Seller) _____

Have all fines or penalties owed to the Commission been paid? No Yes

Has the closing safety report been filed with the Commission? No Yes

Does the buyer agree to begin service as soon as the Commission authorizes the transfer?

↑
 Yes No, If no, then when? _____

RELEASE OF AUTHORITY

I, the seller have sold or otherwise released interest in my Charter/Excursion Certificate authority CH- _____ to the following:

Name of Buyer: _____

Trade Name of Buyer: _____

We, as applicants, hereby jointly declare and affirm that all information is true to the best of our knowledge.

Seller's signature

Date and Location

Buyer's Signature

Date and Location