



1300 S. Evergreen Park Dr. SW
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TTY: 360-586-8203 or
1-800-416-5289
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APPLICATION FOR CHARTER AND EXCURSION CARRIER SERVICES CERTIFICATE

(For Official Use Only) 111 0268 232 01	Company ID:	Docket TE- 160510
111 0268 232 02	Date Filed: 5/16/16	Safety Inspection:
111 0268 232 03	Reg Fees: \$200 Pd	Insurance: <input checked="" type="checkbox"/>
111 0268	DOL: <input checked="" type="checkbox"/>	SOS: <input checked="" type="checkbox"/>
Receipt ID:	Payment ID: STAY 516104	CH - 000472

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.	
<input type="checkbox"/> 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 _____ x \$25 per vehicle	= \$ _____
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: _____	

SECTION 1 – APPLICANT INFORMATION

Legal Name: Jimmy's Discount Muffler Brake and Radiator
The legal name must match your registration with Department of Revenue

Trade Name(s) (if any): Jimmy's Limousine
Trade name(s) must be registered under your UBI number

Mailing Address:

Physical Address:

Street 4524 Pacific Ave SE Street _____

City Lacey City _____

State/Zip wa 98503 State/Zip _____

Phone Number: 3604597113 Fax Number: _____

UBI #: 602188336 E-Mail: JDPalmer89@yahoo.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>Jim Palmer</u>	<u>owner</u>	<u>50%</u>
<u>Donna Palmer</u>	<u>owner</u>	<u>50%</u>

List other certificates or permits held with the commission: _____

USDOT # 2076522 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: Limousine

SECTION 2 – EQUIPMENT

(Attach additional sheets if necessary)

License Number	Year And Make Of Vehicle	Vehicle ID Number	Seating Capacity
	2005 Hummer		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 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: J. Pal 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:	Position:
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> <u>Department of Labor and Industries</u> , <u>Department of Licensing</u> , <u>Secretary of State</u> , <u>Department of Revenue</u> , <u>Internal Revenue Service</u> and <u>Employment Security</u> .	
Name:	Position:

SECTION 4 – DECLARATION OF APPLICANT

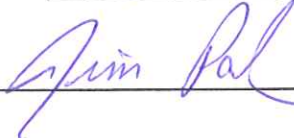
I understand that filing this application does not in itself constitute authority to operate as a passenger charter and excursion carrier.

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 Jim Palmer

Signature of applicant 

Date 5-16-14 County, State Wa

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: 516104
 Payment Date: Monday, May 16, 2016
 Payment Time: 01:40PM PT

Payer Information

First Name: Jim Palmer
 Street Address: 4524 Pacific Ave. SE
 Town/City: Lacey, WA 98503
 Country: United States
 Daytime Phone Number: (360) 459 - 7113
 E-mail Address: JDPalmer89@yahoo.com
 Company Name-If not a Company, provide name of Payee: Jimmys Discount Muffler Brake and Radiator, LLP
 Payment Menu : Application Fees
 Payment Menu - Additional Payment: Application Fees
 Application Types (If Applicable): Charter & Excursion
 UBI Number: 602188336

Card Information

Card Type: Visa
 Card Number: *****3890
 Card Verification Number: ****

Payment Information

Payment Type: Utilities & Transportation Commission POS
 Payment Amount: \$200.00
 Convenience Fee: \$5.00
 Total Payment: \$205.00

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CERTIFICATE OF LIABILITY INSURANCE

OP ID: DM

DATE (MM/DD/YYYY)

05/16/2016

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 Dave Johnson Insurance Agency 1502 Sumner Ave Aberdeen, WA 98520 Dave W Johnson	CONTACT NAME: Joni Cowan	PHONE (A/C, No, Ext): 360-533-1741	FAX (A/C, No): 360-533-6656
	E-MAIL ADDRESS: Joni@davejohnsoninsurance.com		
PRODUCER CUSTOMER ID #: JIMMY-1			
INSURED Jimmys Discount Muffler Brake & Radiator LLP & Jimmy's Limousine 4524 Pacific Ave SE Lacey, WA 98503	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A : Columbia Insurance Company		
	INSURER B : National Fire & Marine Ins Co		
	INSURER C :		
	INSURER D :		
	INSURER E :		
INSURER F :			

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY						EACH OCCURRENCE \$
	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$
							MED EXP (Any one person) \$
							PERSONAL & ADV INJURY \$
							GENERAL AGGREGATE \$
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMPI/OP AGG \$
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						\$
A	AUTOMOBILE LIABILITY			71APR333414	03/28/2016	03/28/2017	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> SCHEDULED AUTOS						PROPERTY DAMAGE (PER ACCIDENT) \$
	<input type="checkbox"/> HIRED AUTOS						\$
	<input type="checkbox"/> NON-OWNED AUTOS						\$
B	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR			72XAS003177	03/28/2016	03/28/2017	EACH OCCURRENCE \$ 4,000,000
	<input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						AGGREGATE \$ 4,000,000
	DEDUCTIBLE						\$
	RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATU-TORY LIMITS
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		<input type="checkbox"/> Y/N <input type="checkbox"/> N/A				OTH-ER
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. EACH ACCIDENT \$
A	Uninsured / Underinsured			71APR333414	03/28/2016	03/28/2017	E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
							CSL 1,000,000

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

2005 Hummer VIN# 5GRGN23095H118100
 2001 Lincoln Town Car VIN# 1L1FM81W41Y636372
 2005 Lincoln Town Car VIN# 1L1FM88W95Y671209

CERTIFICATE HOLDER

CANCELLATION

WASH003 Washington Utility & Tranp. Commission P O Box 47250 1300 S. Evergreen Park Dr SW Olympia, WA 98504-7250	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 <i>Debi Mark</i>

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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 Columbia Insurance Company
(Name of Company)

(hereinafter called Company) of 1314 Douglas Street, Suite 1400, Omaha, NE 68102-1944
(Home Office Address of Company)

has issued to JIMMYS DISCOUNT BRAKE MUFFLER AND RADIATOR LLC DBA JIMMY'S LIMOUSINE
(Name of Motor Carrier)

of 4524 PACIFIC AVE SE, LACEY, WA 98503
(Address of Motor Carrier)

a policy or policies of insurance effective from 05/16/2016 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 1314 Douglas Street, Suite 1400 Omaha NE 68102-1944
(Street Address) (City) (State) (ZIP Code)

this 16th day of May, 2016

Handwritten signature of Tom Y...

Authorized Representative

Insurance Company File No. 71APR333414
(Policy Number)

5,000,000 CSL