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JUN 10 2016

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

APPLICATION FOR
CHARTER AND EXCURSION CARRIER SERVICES CERTIFICATE

Table with 3 columns: (For Official Use Only), Company ID, Docket TE-. Includes handwritten entries like 17689, 6/10/16, and 160803.

Passenger Charter and Excursion Carrier Services WAC 480-30 Fee Required
List of options with checkboxes: New Authority (\$200.00), Transfer (\$200.00), Reinstate (\$200.00). Plus Regulatory Fee section with calculations for 1 vehicle. Name Change section for \$35.00. Company Name: JJ'S BEST LIMOUSINE SVCS.

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: \$ _____

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: JO'S BEST LIMOUSINE SVS

Name (printed): JEET S. SHUKLA Date: 06/07/16

Signature:  Title: 06/07/16

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



SECTION 1 – APPLICANT INFORMATION

Legal Name: ~~JJ'S BEST LIMOUSINE SVCS~~ Ject. S Sid Co
The legal name must match your registration with Department of Revenue

Trade Name(s) (if any): JJ'S Best Limousine Service
Trade name(s) must be registered under your UBI number

Mailing Address:

Physical Address:

Street 15127 NE 24th ST #268 Street _____

City Redmond City _____

State/Zip WA 98052 State/Zip _____

Phone Number: 4254548053 Fax Number: NA

UBI #: 603 545 868 E-Mail: Ject@jllimous.com

Website: www.jllimous.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>
_____	_____	_____
_____	_____	_____
_____	_____	_____

List other certificates or permits held with the commission: _____

USDOT # 2060747 If you don't have a USDOT #, go online at www.fmcsa.dot.gov/online-registration or contact the Washington State Patrol at 360-596-3812 for assistance.

Business Operations

Describe the type of tours/excursions you plan on providing: Limousine + Charter Bus

SECTION 2 – EQUIPMENT

(Attach additional sheets if necessary)

License Number	Year And Make Of Vehicle	Vehicle ID Number	Seating Capacity
AWF9394	2001 ELDERADO	1N9EHAC87HC084131	2409

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	
<ul style="list-style-type: none"> ▪ 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: JEEI S. SINDHU	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: JEE S. SJAH	Position: OWNER,
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: JEE S. SJAH	Position: OWNER.

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 JEE S. SJAH

Signature of applicant 

Date 06/07/16 **County, State** WA USA