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## APPLICATION FOR CHARTER AND EXCURSION CARRIER SERVICES CERTIFICATE

(For Official Use Only) 111 0268 232 01	Company ID: <u>17734</u>	Docket TE- <u>160403</u>
111 0268 232 02	Date Filed: <u>11/16</u>	Safety Inspection:
111 0268 232 03	Reg Fees: <u>MD</u>	Insurance:
111 0268	DOL: <u>MD</u>	SOS:
Receipt ID:	Payment ID: <u>640664</u>	CH -

Passenger Charter and Excursion Carrier Services <u>WAC 480-30</u>	<u>Fee Required</u>
<input checked="" type="checkbox"/> <b>New Authority</b>	<b>\$200.00</b>
<input type="checkbox"/> <b>Transfer an existing certificate to a new owner or business structure.</b> ○ If transfer, complete Attachment A.	<b>\$200.00</b>
<input type="checkbox"/> <b>Reinstate a previously cancelled certificate; <u>WAC-480-30-121.</u></b>	<b>\$200.00</b>
<b>Plus,</b>	
<input checked="" type="checkbox"/> <b>Regulatory Fee</b> - 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>5</u> x \$25 per vehicle	= \$ <u>125</u>
Total due (\$200, plus, \$25 per vehicle)	= \$ <u>325</u>
<input type="checkbox"/> <b>Name Change</b> - <u>WAC 480-30-146</u>	<b>\$ 35.00</b>
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>Lion Roof LLC</u>	

**SECTION 1 – APPLICANT INFORMATION**

Legal Name: Lion Tear LLC.  
The legal name must match your registration with Department of Revenue

Trade Name(s) (if any): Jade Holiday Travel  
Trade name(s) must be registered under your UBI number

**Mailing Address:**

**Physical Address:**

Street 18230 E. Valley HWY #128 Street

City Kent City

State/Zip WA, 98032 State/Zip

Phone Number: 253-236-9588 Fax Number: \_\_\_\_\_

UBI #: 603-617-636 E-Mail: jadeholiday@gmail.com

Website: jadeholidaytravel.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
<u>Wing Kai Chan</u>	<u>President</u>	<u>100%</u>
_____	_____	_____
_____	_____	_____

List other certificates or permits held with the commission: \_\_\_\_\_

USDOT # 2900022 If you don't have a USDOT #, go online at [www.fmcsa.dot.gov/online-registration](http://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: Providing charter services to local tourist companies.

**SECTION 2 – EQUIPMENT**  
(Attach additional sheets if necessary)

License Number	Year And Make Of Vehicle	Vehicle ID Number	Seating Capacity
	2013 Ford F950	1FDGF5GY2DEA70545	28
	2016 Ford Bus	1FDXE4FS4GDC06548	25
	2014 Ford Bus	1FDXE4FS5EDA21972	25
	2016 Mercedes	WDAPF4CB6GP17505	16
	2005 MCI	2M193JMDA05W062921	55

**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: *Wing Kai Chan*

Position: *President*

**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: Wing Kai Chan Position: President.

**STATE OF WASHINGTON GENERAL LAWS, RULES AND REGULATIONS.** You must comply with the regulations of local, state, and federal agencies such as, but not limited to: Department of Labor and Industries, Department of Licensing, Secretary of State, Department of Revenue, Internal Revenue Service and Employment Security.

Name: Wing Kai Chan Position: President.

**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 Wing Kai Chan

Signature of applicant [Signature]

Date 6/20/2016 County, State King, WA

ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MWDD/YYYY)  
07/08/2016

HIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. HIS 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  Pacific Crest Services, Inc. 2920 Hewitt Ave Ste A Everett, WA 98201	CONTACT <b>Berkshire Hathaway Homestate Companies</b>		
	NAME:		
	PHONE A/C. No. Ext.	FAC A/C. No	
	E-MAIL ADDRESS:		
	INSURER(S) AFFORDING COVERAGE		NAC #
	INSURER A: CONTINENTAL DIVIDE INSURANCE		35939
INSURED  LION TOUR LLC 4020 FACTORIA SQUARE MALL SE BELLEVUE, WA 98006	INSURER B: COMPANY		
	INSURER C:		
	INSURER D:		
	INSURER E:		
	INSURER F:		
	INSURER F:		

COVERAGES CERTIFICATE NUMBER<sup>1</sup> EVISION NUMBER<sup>1</sup>

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	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY						EACH OCCURRENCE
	COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES Ea occurrence
	CLAIMS-MADE OCCUR						MED EXP (Any one person) PERSONAL & ADV INJURY
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE
	POLICY PROJECT LOC						PRODUCTS - COMP/OP AGG
	AUTOMOBILE AUTHORITY						COMBINED SINGLE LIMIT (Ea accident) <b>5,000,000</b>
	ANY AUTO						BODILY INJURY (Per Person) IA
	ALL OWNED AUTOS X SCHEDULED AUTOS NON-OWNED AUTOS			05APM000919-05	06/06/2016	06/06/2017	BODILY INJURY (Per accident)
	HIRED AUTOS						PROPERTY DAMAGE Per accident