TECEIVED



1300 S. Evergreen Park Dr. SW

WASH. UT. & TP. COMM Olympia, WA 98504-7250

Docket TE-

Insurance:

SOS:

Safety Inspection:

P.O. Box 47250

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

Company ID:

Date Filed:

Reg Fees:

DOL:

WASHINGTON

UTILITIES AND TRANSPORTATION

COMMISSION

(For Official Use Only)

111 0268 232 01 111 0268 232 02

111 0268 232 03

111 0268

Re	ceipt ID:	Payment ID:	HOL	CH -			
Pa	ssenger Charter and Excu	ırsion Carri	er Services	WAC 480-30	<u>)</u>	<u>Fee</u>	Required
	New Authority Transfer an existing certific If transfer, complete Reinstate a previously can	e Attachmer	nt A.		icture.		\$200.00 \$200.00 \$200.00
Plu							7200.00
	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 t	o be operat	ed <u> </u>	525 per vehic	cle	= \$_	25.00
	Total due (\$200, plus, \$25	per vehicle)				= \$_	225,00
	Name Change - WAC 480-3 Application to change a component change the surname of an incompany Name:	any's corpor			name, add a new	rtrade i	\$ 35.00 name or

Four Stor Enterprises LLC

TYPE OF PAYMENT

	convenience fee of 2.5% (mining credit card payments.	num fee of \$3.95) is charged	l by Offic	cial Paym	ients for
M -Check	☐ Money Order		Amount: \$	279	5 100	
	·		Expiration 1	Date:		
☐ Discove	r □ Mastercard □ Visa	CCV #	(tl	hree digit cod	de on back o	f card)
Credit Card		, , , , , ,			Also Coll	
informatio	FION: I, the undersigned, under p n is true and correct, that I am au int, and that all information on fil	thorized to exec	ute and file			
Company N	Name: FOUR STAP	Enterprises	LLC	DBA M	S FOUR S	Star 15002
Name (prir	Name: FOUR STAP nted): PATRICK L. Col	we l	Date:	8/19/	2016	
	Jahrick h. Cheel			•		
	y credit card, fax your application tion@utc.wa.gov	to 360-586-1183	l or scan and	d email to)	
If paying b	y check or money order, mail the	completed appli	cation with	fees and a	attachme	nts to:
		and Transportat .O. Box 47250 pia, WA 98504-7		ssion		

WASHINGTON

UTILITIES AND TRANSPORTATION

COMMISSION

SECTION 1 – APPLICANT INFORMATION

The legal name must match your registrat	tion with Department of Revenue	
Trade Name(s) (if any): Fore STAR	LIMOSINE SERVICE pe registered under your UBI number	
Mailing Address:	Physical Address:	
Street 95608 E SAGEHOUSH ST	treetSIME	
City Kessewak C	city Syme	
State/Zip <u>WA 94338</u> St	tate/Zip	
Phone Number: 509-521-7849	Fax Number: NON 9	
UBI#: 462 647 349	E-Mail: fourstara fourstarlings. co	M
Website: fourstar limes, com		
Type of business structure		
☐ Individual ☐ Partnership ☐	Corporation # Øther (LP, LLP, LLC)	
	ne, title, and percentage of partner's share or stock	
distribution for major stockholders:	Stock Distributions	
Name PHRUK L Culoell Durpe	or Percentage of Shares	
List other certificates or permits held with the c	commission:	
	If you don't have a USDOT #, go online at	
www.fmcsa.dot.gov/online-registration or cont	,	
360-596-3812 for assistance.		
Business Operations		
Describe the type of tours/excursions you plan Business TRANSPORTATION - WO	on providing:	

SECTION 2 – EQUIPMENT

(Attach additional sheets if necessary)

License Number	Year And Make Of Vehicle	Vehicle ID Number	Seating Capacity
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-	* * * ;	¥	,
		·	

<u>SECTION 3 – SAFETY AND OPERATIONS</u>

In each of the categories shown below, list the person and position responsible for understanding and complying with the <u>Federal Motor Carrier Safety Regulations (FMCSR)</u> 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: — Position:			
PATRICE L. Chell DWNEL		Position:	

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: PATRICK h'Colorell	Position:					
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: Patrick L. Chul	Position:					

<u>SECTION 4 – DECLARATION OF APPLICANT</u>

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 Prese	rick L. When
Signature of applicant	ch h tolund
Date 8/19/2016	County, State Benton County
	County, State Benton County WASHINGTON STATE



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: P	hone 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?	
	F AUTHORITY
I, the seller have sold or otherwise released int authority CH to the following	
Name of Buyer:	
Trade Name of Buyer:	
We, as applicants, hereby jointly declare and a our knowledge.	ffirm that all information is true to the best of
Seller's signature	Date and Location
Buyer's Signature	Date and Location



CERTIFICATE OF LIABILITY INSURANCE

FOURS-1 OP ID: PS

DATE (MM/DD/YYYY) 08/22/2016

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).

	ertificate holder in lieu of such endo	sem	ent(s)		7 88195	The real of the contract of th		NOON TO THE CONTROL OF THE CONTROL O			
PRO	DUCER singame insurance				NAME:	Dan C. I	Nareham				
1200	N. Argonne Rd				PHONE (A/C, No, Ext): 509-891-1000 FAX (A/C, No): 509-891-1430						31-1430
Spo	okane, WA 99212 a C. Wareham				E-MAIL ADDRESS: DanW@blasingameins.com						
					INSURER(S) AFFORDING COVERAGE NAIC #						NAIC#
	P. A. P. 1.1.A.				INSUR	er a : Northla	ınd İnsuran	ce Companies	;		
INS	INSURED Four Star Enterprises LLC Patrick Culwell			INSURI	ERB:		~~~				
	95608 E Sagebrush Rd				INSUR	ERC:					
	Kennewick, WA 99338				INSURER D:						
						INSURER E:					
					INSUR	ERF:					
CO	VERAGES CEI	RTIFI	CATE	NUMBER:				REVISION NUM	IBER:		
II C	HIS IS TO CERTIFY THAT THE POLICIE: IDICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	PERT POLI	REME TAIN, CIES.	NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF AN ED BY	Y CONTRACT THE POLICIE REDUCED BY	OR OTHER	DOCUMENT WITH D HEREIN IS SUE	RESPEC	Y OT TO	WHICH THIS \
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS)	
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENC	:E	\$	
	CLAIMS-MADE OCCUR							DAMAGE TO RENTE PREMISES (Ea occur	D	\$	
								MED EXP (Any one p		\$	
								PERSONAL & ADV II		\$	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREG		\$	
	POLICY PRO- JECT LOC							PRODUCTS - COMP		s	
	OTHER:									\$	
	AUTOMOBILE LIABILITY						Control Contro	COMBINED SINGLE (Ea accident)	LIMIT	\$	1,500,000
A	ANY AUTO			TP257298		08/22/2016	07/19/2017	BODILY INJURY (Per	r person)	\$	
	ALL OWNED X SCHEDULED AUTOS							BODILY INJURY (Per	r accident)	\$	
	NON-OWNED							PROPERTY DAMAGE	E	\$	
	HIRED AUTOS AUTOS		1					(Per accident)		\$	
	UMBRELLA LIAB OCCUR	-						EACH OCCURRENC	F	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$	
	DED RETENTION\$	1						NOONEONIE		\$	
	WORKERS COMPENSATION	1		<u></u>				PER STATUTE	OTH- ER	<u> </u>	
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDEN		\$	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	NIA						E.L. DISEASE - EA E		\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLI		s	
-drill-rimes						***************************************				- Marian Commission of the Com	5
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) UBI #602047 349001 0001 1938 Pontiac #WA 98203874, 1938 Pontiac Sedan #6478778, 2000 Lincoln #1L1FM81W3YY829154, 2000 Ford E450 Van #1FDXE45F3YHA90421, 2003 Lincoln Towncar #1L1FM81W83Y658006, 2001 Lincoln Towncar #1LNHM85W21Y632354, 2001 Ford Econoline #1FDNS24L31HA79825 forhire@dol.wa.gov REVISED											
CEI	TIEICATE UOI DED	OCCUPATION OF THE PARTY OF THE			CANC	CILATION		de distribute de la companyación de la composição da companyación de la companyación de la companyación de la c			
CERTIFICATE HOLDER State of Washington Dept of Licensing For Hire Program PO Box 9039					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						
	Olympia, WA 98507-9039				Dan C. Wareham						

WASHINGTON STATE PATROL

Inspection Location

Trenvewi

CC/Wel

Exec. Sedan

Min. wheelbase 114.5"

Rear Seating Cap:

(Max. 3 passengers)

City,

Driver Name

Uniform Limousine Vehicle Inspec

County Code

DOB

06/08

Stretch Limo.

Max. wheelbase 285"

Rear Seating Cap:

(Max. 12 passengers)

Time (military)

Finish: / D

Terminal

Dist./Detachment 03//る

10/5

agebrush

Exec. Van

Rear Seating Cap:

(7 to 14 passengers)

State

Time (military)

Start:

Carrier Name (include DBA when applicable)

				L-56773				\$25.00		
Insp	ection	1		FAILED INSPECTION			Additional Fee		е	
e Interstate			- L-				\$			
Yes No (military)			L-				\$			
h: / 0]	0						œ.		\dashv	
inál							\$ \$		_	
CARR	IFR		lotalli	Total Inspections				(Tota	1)	
46	TO DOOR IS AT	<u></u>		UBI# (op	(4 3 a	/ 222	-			
				Phone N	047 lumber - S &/	<u> </u>	9 001 840	1 000	1	
	ZIP Code	> -		301	terstate					
DDU		1338				-	es No			
DRIVI)		1	State .	LEV	rp. Year		4	
		WEF	0651	22H	WA		02)			
VEHIC		OLIV.								
0. 285"	Exec. Min. wheell			etch SU vheelbase			Classic (er 30 yea			
ap:	Rear Seat		Rear	Seating C	Cap:	(**************************************				
ers)	(3 to 6 pas	sengers)	(Max.	(Max. 14 passengers)						
								-	1	
	VIN No.	:E (10	F3Y#	4160	(17)	-	State W-A	M.	1	
sion	Pass			Compone				1	-	
		100	1. Doors/L		ents -		Pass	Fail	-	
	日子	計	2. Floor					片片	+	
	一一	十一	3. Seats			~		믐	$\frac{1}{2}$	
	Pass	Fail	4. Front H	ood Latch	***************************************			旹	1	
	10		5. Trunk L	atch			F	十	1	
			6. Seat Be	lts				一一		
			7. Bumper	s			P	一一	1	
			8. Paint Co	ondition						
	Pass	Fail	9. Body Co	ondition			B			
		$\perp \square$	J Interio	r Cond/Cl	leanlines	s	Pass	Fail		
	14	$ \Box $	1. Seats				W.			
	Pass	Fail	2. Carpet				P		-	
	14		3. Headline				U)			
	14		4. Door Pa	nels			<u>al</u>			
	Pass	Fail	Trunk	5. Trunk						

Posistand Ourse								
Registered Owner								
Year/Make / Lice		Licens	se No. 19266 Y	VIN No.	= 4S	F3YHA90421	State W.A	
A Lights/Signal System	Pass	Fail	D Steering - Suspension	Pass	Fail	I Body Components	Pass	Fail
1. Headlamps	I		Steering Wheel Play			1. Doors/Locks	17055	raii
2. Hazard/Warning System			2. Suspension	一一一		2. Floor		片片
3. Stop Lamps					H	3. Seats		片片
4. Turn Signal	IB		E Wheel System	Pass	Fail	4. Front Hood Latch		片
5. License Lamp	H		1. Tires, Spare	P	\Box	5. Trunk Latch		믐
6. Clearance/Side Marker			2. Wheels	F	一	6. Seat Belts		井
7. Horn	7		3. Lugs	T	一	7. Bumpers		믐
8. Interior Lamp			4. Hubcaps	F	青	8. Paint Condition		믐
			F - Exhaust System	Pass	Fail	9. Body Condition	一片	믐
B Visibility	Pass	Fail	1. Exhaust	A	П	J Interior Cond/Cleanlines	s Pass	Fail
1. Windshield					司	1. Seats		<u> </u>
2. Wipers/Washers			G Fuel System	Pass	Fail	2. Carpet	一岸	믐
3. Side/Rear Windows			1. Fuel Caps	12		3. Headliner		+
4. Defrost/Defogger					而	4. Door Panels	一部	H
5. Tinting	d		H Other	Pass	Fail	5. Trunk	一片	+
C Brake System	Pass	Fail			\Box	6. Amenities	一量	十
Master Cylinder Fluid			Comments:					
2. Pedal	H							
3. Lines/Fittings								
4. Emergency Brake	G-							
Driver/Carrier's Signature	11/2	1	A JUST					
Officers' Signature	1.1.	2/2						
	nu							
				☐ Fail				

Distribution: WHITE - Limousine Owner; YELLOW - CVD Headquarters; PINK - Officer