



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

(For Official Use Only) 111 0268 232 01	Company ID: <u>17900</u>	Docket TE-
111 0268 232 02	Date Filed:	Safety Inspection:
111 0268 232 03	Reg Fees:	Insurance:
111 0268	DOL:	SOS:
Receipt ID:	Payment ID:	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</b> an existing certificate to a new owner or business structure. <ul style="list-style-type: none"> <li><input type="checkbox"/> If transfer, complete Attachment A.</li> </ul>	<b>\$200.00</b>
<input type="checkbox"/> <b>Reinstate</b> a previously cancelled certificate; <u>WAC-480-30-121</u> .	<b>\$200.00</b>
<b>Plus,</b>	
<input 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.	
<b>Total number of vehicles to be operated</b> <u>1</u> x \$25 per vehicle	= \$ <u>25.00</u>
<b>Total due</b> (\$200, plus, \$25 per vehicle)	= \$ <u>225.00</u>
<input type="checkbox"/> <b>Name Change</b> - WAC <u>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.	
<b>Company Name:</b> <u>Troy Richmond Lines on Demand</u>	

**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: \$ 225<sup>00</sup>

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: Limes on Demand

Name (printed): Troy Richmond                      Date: 9/23/16

Signature: Troy Richmond                      Title: Owner

If paying by credit card, fax your application to 360-586-1181 or scan and email to [transportation@utc.wa.gov](mailto: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: Linas OA Demand  
The legal name must match your registration with Department of Revenue

Trade Name(s) (if any): \_\_\_\_\_  
Trade name(s) must be registered under your UBI number

**Mailing Address:**

**Physical Address:**

Street 5506 836<sup>th</sup> Ave  
City Auburn  
State/Zip WA 98001

Street 14251 Salmon LaSoc Rd.  
City Ronald  
State/Zip WA 98940

Phone Number: 253 583 6482

Fax Number: \_\_\_\_\_

UBI #: 602 041 56

E-Mail: troyr9@gmail.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>
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

USDOT # 2931601 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: Transport persons to events and Tours.

## SECTION 2 – EQUIPMENT

(Attach additional sheets if necessary)

License Number	Year And Make Of Vehicle	Vehicle ID Number	Seating Capacity
	2001 Chevrolet		15

## 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: *Tray Richardson*

Position: *Owner*

<b>OPERATIONAL RESPONSIBILITIES</b>	
List the person and position responsible for understanding and complying with the requirements of each category shown below.	
<b>ANNUAL REPORTS AND REGULATORY FEES.</b> You must file an annual safety report and pay regulatory fees by December 31 of each year.	
<b>Name:</b> <u>Troy Richmond</u>	<b>Position:</b> <u>owner</u>
<b>STATE OF WASHINGTON GENERAL LAWS, RULES AND REGULATIONS.</b> 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 and Employment Security.</u>	
<b>Name:</b> <u>Troy Richmond</u>	<b>Position:</b> <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 Troy Richmond

Signature of applicant Troy Richmond

Date \_\_\_\_\_ County, 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: \_\_\_\_\_ 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

**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 TROY RICHMOND DBA LIMOS ON DEMAND  
(Name of Motor Carrier)

of 14251 SALMON LASAC RD, RONALD, WA 98940  
(Address of Motor Carrier)

a policy or policies of insurance effective from 09/30/2016 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 30th day of September, 20 16



Authorized Representative

Insurance Company File No. 71APR341870  
(Policy Number)

1,500,000 CSL