



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:	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 -

\$4798P

Passenger Charter and Excursion Carrier Services WAC 480-30	<u>Fee Required</u>
New Authority	\$200.00
Transfer an existing certificate to a new owner or business structure. <input type="radio"/> If transfer, complete Attachment A.	\$200.00
Reinstate a previously cancelled certificate; WAC-480-30-121	\$200.00
Plus,	
Regulatory Fee - In accordance with RCW 81.70.350 "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)	= \$ _____
Name Change - WAC 480-30-146	\$ 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: <u>Friday Harbor Jolly Trolley Inc.</u>	

Already paid 2016

SECTION 1 - APPLICANT INFORMATION

Legal Name: Friday Harbor Jolly Trolley Inc.
The legal name must match your registration with Department of Revenue

Trade Name(s) (if any): Friday Harbor Jolly Trolley
Trade name(s) must be registered under your UBI number

Mailing Address:

Physical Address:

Street P O box 1024
City Friday Harbor
State/Zip WA 98250

Street 1758 San Juan Dr.
City Friday Harbor
State/Zip WA 98250

Phone Number: 360-298-8873 Fax Number: N/A

UBI #: 603-495-206 E-Mail: FridayHarborJollyTrolley@yahoo.com

Website: www.FridayHarborJollyTrolley.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>Alison Caruso</u>	<u>Owner</u>	<u>100%</u>
_____	_____	_____
_____	_____	_____

List other certificates or permits held with the commission: _____

USDOT # 2858854 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: We will be offering tours around Friday Harbor WA in a Trolley. Stopping @ approximately 10-12 stops and explaining the history of San Juan Island a few times a day. Times and places are subject to change depending on the day/season.

Please Update Records

SECTION 2 – EQUIPMENT

(Attach additional sheets if necessary)

License Number	Year And Make Of Vehicle	Vehicle ID Number	Seating Capacity
Jenne AJ 232 LL	1997 Barth Freightliner Trolley	4VZMM0293VCO22659	29

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: Alison Caruso 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: Alison Caniso Position: Owner

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: Alison Caniso 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 Alison Caniso

Signature of applicant Alison Caniso

Date 11/8/2016 County, State San Juan County, WA
98250

ATTACHMENT A

JOINT APPLICATION FOR TRANSFER OF CHARTER/EXCURSION AUTHORITY

Current Name on Certificate (Seller): Friday Harbor Jolly Trolley Inc.

Current Trade Name on Certificate (Seller): Friday Harbor Jolly Trolley

Address (Seller): 1758 San Juan Drive FH, WA 98250

Certificate Number: CH 67128 Phone Number (Seller) 360-298-8872

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- 67128 to the following:

Name of Buyer: Friday Harbor Jolly Trolley Inc.

Trade Name of Buyer: Friday Harbor Jolly Trolley Inc.

We, as applicants, hereby jointly declare and affirm that all information is true to the best of our knowledge.

Tony Demeo
Seller's signature

11/8/2016 1758 San Juan Dr
Date and Location FH, WA 9825

Olivia Caruso
Buyer's Signature

11/8/2016 1758 San Juan I
Date and Location FH, WA 9825

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 Continental Divide Insurance Company
(Name of Company)

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

has issued to FRIDAY HARBOR JOLLY TROLLEY INC
(Name of Motor Carrier)

of 1758 SAN JUAN DRIVE, FRIDAY HARBOR, WA 98250
(Address of Motor Carrier)

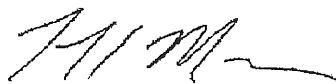
a policy or policies of insurance effective from 03/28/2016 12:01 A.M. standard time at the address of the insured stated in said policy or policies and continuing until cancelled as provided herein, which, by attachment of the Uniform Motor Carrier Bodily Injury and Property Damage Liability Insurance 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 Omaha NE 68102
(Street Address) (City) (State) (ZIP Code)

this 29th day of March, 20 16



Authorized Representative

Insurance Company File No. 05APM009256-01
(Policy Number)

5,000,000 CSL

This form determined by the National Association of Regulatory Utilities Commissioners and promulgated pursuant to the provisions of Section 202(b)(2) of the Interstate Commerce Act (49 U.S.C. § 302(b)(2)) and 49 CFR § 387.301

FRIDAY HARBOR JOLLY TROLLEY INC.

UBI Number	603495206
Category	REG
Profit/Nonprofit	Profit
Active/Inactive	ACTIVE
State Of Incorporation	WA
WA Filing Date	04/07/2015
Expiration Date	04/30/2017
Inactive Date	
Duration	Perpetual
Registered Agent Information	
Agent Name	ALISON CARUSO
Address	1752 SAN JUAN DR
City	FRIDAY HARBOR
State	WA
ZIP	982506985
Special Address Information	
Address	PO BOX 1024
City	FRIDAY HARBOR
State	WA
Zip	982501024

Governing Persons

Title	Name	Address
Other	CARUSO, ALISON	