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APPLICATION FOR CHARTER AND EXCURSION CARRIER SERVICES CERTIFICATE

| | | |
|--|-------------|---------------------------|
| (For Official Use Only) 111 0268 232 01 | Company ID: | Docket TE- <u>161 269</u> |
| 111 0268 232 02 | Date Filed: | Safety Inspection: |
| 111 0268 232 03 | Reg Fees: | Insurance: |
| 111 0268 | DOL: | SOS: |
| Receipt ID: | Payment ID: | CH - |

67 82 85

| Passenger Charter and Excursion Carrier Services | Fee Required |
|---|-----------------|
| New Authority | \$200.00 |
| Transfer an existing certificate to a new owner or business structure. | |
| o If transfer, complete Attachment A. | \$200.00 |
| Reinstate a previously cancelled certificate; <small>WAC 410-100-010</small> | \$200.00 |
| Plus, | |
| Regulatory Fee - In accordance with <small>WAC 410-100-010</small> "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>6</u> x \$25 per vehicle | = \$ <u>150</u> |
| Total due (\$200, plus, \$25 per vehicle) | = \$ <u>200</u> |
| Name Change - <small>WAC 410-100-010</small> | \$ 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>Northwest Shuttle LLC</u> | |

SECTION 1 - APPLICANT INFORMATION

Legal Name: Northwest Shuttle LLC
The legal name must match your registration with Washington State

Trade Name(s) (if any): Seattle Ski Shuttle, Stevens Pass Shuttle, Crystal Mountain Shuttle
Trade name(s) must be registered under you with Washington State

Mailing Address: Street 3010 5th Avenue Way City Seattle State/Zip WA 98126
Physical Address: Street Seattle City Seattle State/Zip Seattle

Phone Number: 206 697-9611 Fax Number: _____

UBI #: 603-243-137 E-Mail: Northwest Shuttle@gmail.com

Website: SeattleSkiShuttle.com Crystal Mountain Shuttle.com
Stevens Pass Shuttle.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>Jonathan Shacter</u> | <u>owner</u> | <u>100</u> |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

List other certificates or permits held with the commission: _____

USDOT # 2866619 If you don't have a USDOT #, go online at www.dmv.com/USDOT or contact the Washington State Patrol at 360-596-3810 for assistance.

Business Operations

Describe the type of tour/excursions you plan on providing: We take people from Seattle + Olympia area to Crystal Stevens Pass Summit for skiing. We use small passenger vans for our service.

SECTION 2 – EQUIPMENT

(Attach additional sheets if necessary)

| License Number | Year And Make Of Vehicle | Vehicle ID Number | Seating Capacity |
|-----------------------|--------------------------|-------------------|------------------|
| [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |
| <i>SEE Attachment</i> | | | |

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 Vehicle Safety Regulations (49 CFR) 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: *J. [Signature]*

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: <u>Jonathan Strecker</u> | Position: <u>Owner</u> |
| 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: <u>Department of Labor and Industries, Department of Social and Health Services, Department of Revenue, Department of Transportation, and Employment Security.</u> | |
| Name: <u>Jonathan Strecker</u> | Position: <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 Jonathan Strecker

Signature of applicant [Handwritten Signature]

Date 11/28/16 County, State King, WA

License Number year make of vehicle ID # seating capacity

1. 905XWM - 2001 FORD E3 WAGON - 1FBSS31L11HB58438 - 15
2. AQK9764 - 2003 FORD E3 WAGON - 1FBSS31S03HA66742 - 15
3. 904XWM - 2001 FORD E3 WAGON - 1FBSS31L01HB56445 - 15
4. B95188K - 2002 FORD E3 WAGON - 1FBSS31S92HB47382 - 15
5. STEVENS - 1998 FORD CLUB WAGON - 1FBSS31S1WHA27842 - 15
6. 02524 - 1999 DODGE RAM WAGON - 2B5WB35Z4XK570839 - 15

Form E has been sent to you.