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 Olympia, WA 98504-7250
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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>10078</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 -

102237

Passenger Charter and Excursion Carrier Services WAC 480-30	Fee Required
<input checked="" type="checkbox"/> New Authority	\$200.00
<input type="checkbox"/> Transfer an existing certificate to a new owner or business structure. <ul style="list-style-type: none"> <input type="checkbox"/> If transfer, complete Attachment A. 	\$200.00
<input type="checkbox"/> Reinstatement a previously cancelled certificate; <u>WAC-480-30-121.</u>	\$200.00
Plus,	
<input checked="" type="checkbox"/> 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 to be operated <u>2</u> x \$25 per vehicle	= \$ <u>50</u>
Total due (\$200, plus, \$25 per vehicle)	= \$ <u>250</u>
<input type="checkbox"/> 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>Sky Bird North America Inc.</u>	

SECTION 1 – APPLICANT INFORMATION

Legal Name: Sky Bird North America Inc
The legal name must match your registration with Department of Revenue

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

Mailing Address:

Physical Address:

Street 3002 31st Ave SE

Street 3002 31st Ave SE

City Puyallup

City Puyallup

State/Zip WA 98374

State/Zip WA 98374

Phone Number: 253-904-8345

Fax Number: 253-904-8345

UBI #: 603-548-940

E-Mail: admin@perfecthd.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:

Name	Title	Stock Distributions or Percentage of Shares
<u>Bing Lu</u>	<u>CEO</u>	<u>100%</u>
_____	_____	_____
_____	_____	_____

List other certificates or permits held with the commission: _____

USDOT # 2892945 If you don't have a USDOT #, go online at www.fmcsa.dot.gov/online-registration or contact the Washington State Patrol at 360-596-3810 for assistance.

Business Operations

Describe the type of tours/excursions you plan on providing:
Charter and excursion buses carrier transporting group of persons for tours within Washington State.

SECTION 2 – EQUIPMENT

(Attach additional sheets if necessary)

License Number	Year And Make Of Vehicle	Vehicle ID Number	Seating Capacity
BAH 0668	2013	WD3PE8CC4D5744367	15
BAH 1253	2015	WD2PE8CC0F5970589	12

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: Bing Lu Position: CEO

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>Bing Lu</u>	Position: <u>CEO</u>
STATE OF WASHINGTON GENERAL LAWS, RULES AND REGULATIONS. 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>	
Name: <u>Bing Lu</u>	Position: <u>CEO</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 Bing Lu

Signature of applicant 

Date 02/01/2017 County, State WA -

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 SKY BIRD NORTH AMERICA INC DBA: PERFECT HOLIDAY AMERICA
(Name of Motor Carrier)

of 9709 THIRD AVE. NE SUITE 200, SEATTLE, WA 98115
(Address of Motor Carrier)

a policy or policies of insurance effective from 01/27/2017 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)

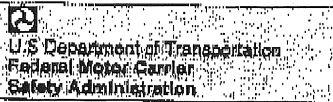
this 27th day of January, 20 17



Authorized Representative

Insurance Company File No. 71APR346144
(Policy Number)

1,500,000 CSL



MOTOR CARRIER IDENTIFICATION REPORT

(Application for U.S. DOT NUMBER)

REASON FOR FILING (Check Only One)
 NEW APPLICATION BIENNIAL UPDATE OR CHANGES OUT OF BUSINESS NOTIFICATION REAPPLICATION (AFTER REVOCATION OF NEW ENTRANT)

1. NAME OF MOTOR CARRIER SKY BIRD NORTH AMERICA INC			2. TRADE OR D.B.A. (DOING BUSINESS AS) NAME PERFECT HOLIDAY AMERICA		
3. PRINCIPAL ADDRESS 3002 31ST AVE SE		4. CITY PUYALLUP	5. STATE/PROVINCE WASHINGTON	6. ZIP CODE + 4 98374	7. COLONIA (MEXICO ONLY)
8. MAILING ADDRESS 9709 THIRD AVENUE NE SUITE 200		9. CITY SEATTLE	10. STATE/PROVINCE WASHINGTON	11. ZIP CODE+4 98115	12. COLONIA (MEXICO ONLY)
13. PRINCIPAL BUSINESS PHONE NUMBER (253) 904-8345		14. PRINCIPAL CONTACT CELL PHONE NUMBER (206) 379-4231		15. PRINCIPAL BUSINESS FAX NUMBER	
16. USDOT NO. 2892945	17. MC OR MX NO. MC996438	18. DUN & BRADSTREET NO.	19. IRS/TAX ID NO. EIN# 475248651 SSN#		
20. INTERNET E-MAIL ADDRESS admin@perfecthol.com			21. CARRIER MILEAGE (to nearest 10,000 miles for Last Calendar Year) YEAR 1 2015		

22. COMPANY OPERATION (Mark all that apply)
A. Interstate Carrier B. Intrastate Hazmat Carrier C. Intrastate Non-Hazmat Carrier D. Interstate Hazmat Shipper E. Intrastate Hazmat Shipper F. Vehicle Registrant On

23. OPERATION CLASSIFICATION (Circle All that Apply)
 A. Authorized For-Hire D. Private Passengers (Business) G. U. S. Mail J. Local Government
B. Exempt For-Hire E. Private Passengers (Non-Business) H. Federal Government K. Indian Tribe
C. Private Property F. Migrant I. State Government L. Other

24. CARGO CLASSIFICATIONS (Circle All that Apply)
A. GENERAL FREIGHT F. LOGS, POLES, BEAMS, LUMBER J. FRESH PRODUCE P. GRAIN, FEED, HAY V. COMMODITIES DRY BULK BB. CONSTRUCTION
B. HOUSEHOLD GOODS G. BUILDING MATERIALS K. LIQUIDS/GASES Q. COAL/COKE W. REFRIGERATED FOOD CC. WATER WELL
C. METAL SHEETS; COILS; ROLLS H. MOBILE HOMES L. INTERMODAL CONT. R. MEAT X. BEVERAGES DD. OTHER PASSENGERS
D. MOTOR VEHICLES I. MACHINERY, LARGE OBJECTS M. PASSENGERS S. GARBAGE, REFUSE, TRASH Y. PAPER PRODUCTS
E. DRIVE AWAY/TOWAWAY O. LIVESTOCK T. U.S. MAIL U. CHEMICALS Z. UTILITY AA. FARM SUPPLIES

25. HAZARDOUS MATERIALS CARRIED OR SHIPPED (Circle All that Apply) C-CARRIED S-SHIPPED B(BULK) - IN CARGO TANKS NB(NON-BULK) - IN PACKAGE

C	S	A. DIV 1.1	B	NB	C	S	K. DIV 2.2A (Ammonia)	B	NB	C	S	U. DIV 4.2	B	NB	C	S	EE. HRCQ	B	NB
C	S	B. DIV 1.2	B	NB	C	S	L. DIV 2.3A	B	NB	C	S	V. DIV 4.3	B	NB	C	S	FF. CLASS 8	B	NB
C	S	C. DIV 1.3	B	NB	C	S	M. DIV 2.3B	B	NB	C	S	W. DIV 5.1	B	NB	C	S	GG. CLASS 8A	B	NB
C	S	D. DIV 1.4	B	NB	C	S	N. DIV 2.3C	B	NB	C	S	X. DIV 5.2	B	NB	C	S	HH. CLASS 8B	B	NB
C	S	E. DIV 1.5	B	NB	C	S	O. DIV 2.3D	B	NB	C	S	Y. DIV 6.2	B	NB	C	S	II. CLASS 9	B	NB
C	S	F. DIV 1.6	B	NB	C	S	P. Class 3	B	NB	C	S	Z. DIV 6.1A	B	NB	C	S	JJ. ELEVATED TEMP MAT.	B	NB
C	S	G. DIV 2.1	B	NB	C	S	Q. Class 3A	B	NB	C	S	AA. DIV 6.1B	B	NB	C	S	KK. INFECTIOUS WASTE	B	NB
C	S	H. DIV 2.1 LPG	B	NB	C	S	R. Class 3B	B	NB	C	S	BB. DIV 6.1 Polson	B	NB	C	S	LL. MARINE POLLUTANTS	B	NB
C	S	I. DIV 2.1 (Methane)	B	NB	C	S	S. COM LIQ	B	NB	C	S	CC. DIV 6.1 SOLID	B	NB	C	S	MM. HAZARDOUS SUB(RQ)	B	NB
C	S	J. DIV 2.2	B	NB	C	S	T. DIV 4.1	B	NB	C	S	DD. CLASS 7	B	NB	C	S	NN. HAZARDOUS WASTE	B	NB
																	OO. ORM	B	NB

26. NUMBER OF VEHICLES THAT CAN BE OPERATED IN THE U.S.

	Straight Trucks	Truck Tractors	Trailers	Hazmat Cargo Tank Trucks	Hazmat Cargo Tank Trailers	Motor Coach	School Bus		Mini-bus	Van		Limousine	
							1-8	9-15	16+	16+	1-8	9-15	1-8
OWNED													
TERM LEASED												2	
TRIP LEASED													

27. DRIVER INFORMATION
Within 100-Mile Radius INTERSTATE INTRASTATE TOTAL DRIVERS TOTAL CDL DRIVERS
Beyond 100-Mile Radius 1 1

28. IS YOUR U.S. DOT NUMBER REGISTRATION CURRENTLY REVOKED BY THE FEDERAL MOTOR CARRIER SAFETY ADMINISTRATION? Yes No X
If Yes, enter your U.S. DOT Number.

29. PLEASE ENTER NAME(S) OF SOLE PROPRIETOR(S), OFFICERS OR PARTNERS AND TITLES (e.g. PRESIDENT, TREASURER, GENERAL PARTNER, LIMITED PARTNER)
1. BING LV, CEO (Please print Name) 2. (Please print Name)

30. CERTIFICATION STATEMENT (to be completed by an authorized official)
I, BING LV (Please print Name) certify that I am familiar with the Federal Motor Carrier Safety Regulations and/or Federal Hazardous Materials Regulations. Under penalties of perjury, I declare that the information entered on this report is, to the best of my knowledge and belief, true, correct, and complete.
Signature: BING LV Date: 02/01/2017 Title: CEO



U.S. Department of Transportation
Federal Motor Carrier Safety Administration
FMCSA Registration

Confirmation Screen

USDOT Number:	2892945	Company Type:	CARRIER	Status:	ACTIVE
Legal Name / DBA Name:	SKY BIRD NORTH AMERICA INC / PERFECT HOLIDAY AMERICA				
Physical Address:	3002 31ST AVE SE, PUYALLUP, WA 98374				

Your Update to MCMIS has been received

Generate MCS-150 

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You may obtain this free plug-in at: <http://www.adobe.com/products/acrobat/readstep2.html>

February 01, 2017



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Federal Motor Carrier Safety Administration

1200 New Jersey Avenue SE, Washington, DC 20590 - 1-800-832-5660 - TTY: 1-800-877-8339 - Field Office Contacts