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WASH. UT. & TP. COMM

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APPLICATION FOR CHARTER AND EXCURSION CARRIER SERVICES CERTIFICATE

(For Official Use Only) 111 0268 232 01	Company ID: <u>18744</u>	Docket TE- <u>170182</u>
111 0268 232 02	Date Filed:	Safety Inspection:
111 0268 232 03	Reg Fees:	Insurance:
111 0268	DOL:	SOS:
Receipt ID: 061337	Payment ID: <u>Check # 20529</u> <u>\$ 200.00</u>	CH -

Passenger Charter and Excursion Carrier Services WAC 480-30

Fee Required

- New Authority** **\$200.00**
- Transfer** an existing certificate to a new owner or business structure.
 - 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) \$ 200.00 = \$ _____

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: Inland Empire TOURS CORP

SECTION 1 – APPLICANT INFORMATION

Legal Name: INLAND Empire TOURS CORP
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 PO BOX 30935

Street 3140 E 28TH AVE

City SPOKANE WA

City SPOKANE

State/Zip WA 99223

State/Zip WA 99223

Phone Number: 509 747 1335

Fax Number: 509 744 8905

UBI #: 603-610-604

E-Mail: INLANDempireTOURS@hotmail.com

Website: WWW.IE.TOURS.NET

IE TOURS@Live.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:

<u>Name</u>	<u>Title</u>	<u>Stock Distributions or Percentage of Shares</u>
<u>DICK JENSEN</u>	<u>President</u>	<u>100%</u>
_____	_____	_____
_____	_____	_____

List other certificates or permits held with the commission: _____

USDOT # 699431 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: TOUR OPERATOR:
ARRANGES, ORGANIZES, DAY TRIPS AND OVERNIGHT TOURS
for sightseeing customers, mostly SENIOR CITIZEN

SECTION 2 – EQUIPMENT

(Attach additional sheets if necessary)

License Number	Year And Make Of Vehicle	Vehicle ID Number	Seating Capacity
25613RP	2006 GMC C5500	1GDESV1256F413305	30 includes driver

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: DICK JENSEN

Position: President

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:

DICK JENSEN

Position:

President

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:

DICK JENSEN

Position:

President

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 DICK JENSEN

Signature of applicant Dick Jensen

Date 3/13/17 County, State SPOKANE, WA

ATTACHMENT A

JOINT APPLICATION FOR TRANSFER OF CHARTER/EXCURSION AUTHORITY

Current Name on Certificate (Seller): DICK JENSEN

Current Trade Name on Certificate (Seller): dba INLAND EMPIRE TOURS

Address (Seller): 3140 E 28TH AVE Spokane WA 99223

Certificate Number: _____ Phone Number (Seller) 509 7471335

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- 64128 to the following:

Name of Buyer: INLAND EMPIRE TOURS CORP

Trade Name of Buyer: _____

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

Dick Jensen
Seller's signature

3/13/17 Spokane WA
Date and Location

Dick Jensen
Buyer's Signature

3/13/17 Spokane WA
Date and Location