



RECEIVED
 APR 18 2017
 WASH. UT. & TP. COMM

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: 061590	Payment ID: <i>Check # 2788</i>	CH -

\$ 275.00

Passenger Charter and Excursion Carrier Services <u>WAC 480-30</u>	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"/> Reinstate a previously cancelled certificate; <u>WAC-480-30-121</u> .	\$200.00
Plus,	
<input 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>3</u> x \$25 per vehicle	= \$ <u>75.00</u>
Total due (\$200, plus, \$25 per vehicle)	= \$ <u>200.00</u>
<input type="checkbox"/> Name Change - <u>WAC 480-30-146</u>	\$ 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>Fife Maritime Inc</u>	

SECTION 1 – APPLICANT INFORMATION

Legal Name: Fife Maritime
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

<u>Mailing Address:</u>		<u>Physical Address:</u>	
Street	<u>2917 SW 332nd PL</u>	Street	_____
City	<u>Federal Way</u>	City	_____
State/Zip	<u>WA 98023</u>	State/Zip	_____

Phone Number: 253-661-5518 Fax Number: _____

UBI #: 602 122 606 E-Mail: Jon@FifeMaritime.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>
<u>Jon Fife</u>	<u>President</u>	<u>50%</u>
<u>Marti Fife</u>	<u>CEO</u>	<u>50%</u>
_____	_____	_____

List other certificates or permits held with the commission: _____

USDOT # 299 2789 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: Provide maritime merchant mariners with ground transport from seatac to ship at ports within Washington. OR from ship to seatac. ALSO provide transport from ship to shopping malls

SECTION 2 – EQUIPMENT

(Attach additional sheets if necessary)

License Number	Year And Make Of Vehicle	Vehicle ID Number	Seating Capacity
AZE 4940	2003 Ford	1FBSS31L03H89024	11 PAS
AUY 3232	2014 Ford	1FBSS3BLOEDBD01118	11 PAS
AHA 6962	2009 Ford	1FBSS31L49DA10067	14 PAS

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: <u>Jon Fife</u>	Position: <u>President</u>
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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: JON FIFE	Position: PRESIDENT
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:</u> <u>Department of Labor and Industries, Department of Licensing, Secretary of State, Department of Revenue, Internal Revenue Service</u> and Employment Security.	
Name: Jon Fife	Position: President

SECTION 4 – DECLARATION OF APPLICANT

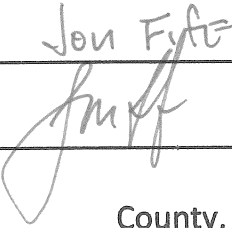
I understand that filing this application does not in itself constitute authority to operate as a passenger charter and excursion carrier.

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 Jon Fife

Signature of applicant 

Date 4.5.17 County, State King / Washington

Form E
UNIFORM MOTOR CARRIER BODILY INJURY AND PROPERTY
DAMAGE LIABILITY CERTIFICATE OF INSURANCE

Liability Limit: \$1,000,000

Filed with the WASHINGTON UTILITIES & TRANSPORTATION COMMISSION-OPERATIONS DIVISION (hereinafter called Commission) of PO BOX 47250, OLYMPIA, WA 98504

This is to certify, that the United Financial Cas Co (hereinafter called Company) of PO BOX 94739, CLEVELAND, OH 44101 has issued to FIFE MARITIME, INC of 2917 SW 332ND PL, FEDERAL WAY, WA 98023 a policy or policies of insurance effective from 04/17/2017 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 Commission.

Countersigned at 6300 WILSON MILLS, MAYFIELD VILLAGE, OH 44143
this 11th day of April, 2017

Insurance Company File No. CA 02164884
(Policy Number)



(Authorized Company Representative)

MC1633a(08/99)

IRB3539B

PROGRESSIVE[®]
COMMERCIAL

Customer Service
800-444-4487
800-556-0014 (fax)

Mailing address
Progressive
P.O. Box 94739
Cleveland, OH 44101-4739

Tuesday, April 11, 2017 1:09:52 PM
Total Number of Pages:02

Requested policy documents

To: JON@FIFEMARITIME.COM
Fax number:

Message:

PROGRESSIVE[®]

04/11/2017

Policy Number: 021648844

Underwritten by

United Financial Casualty Co.

Certificate of Insurance

<u>Certificate Holder</u>	<u>Insured</u>	<u>Agent</u>
WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION PO BOX 47250 OLYMPIA WA 98504-7250	FIFE MARITIME, INC 2917 SW 332ND PL FEDERAL WAY WA 98023	PATH INS SOLUTIONS 17530 NE UNION HILL R STE 160 REDMOND WA98052

This document certifies that insurance policies identified below have been issued by the designated insurer to the insured named above for the period(s) indicated. This certificate is issued for information purposes only. It confers no rights upon the certificate holder and does not change, alter, modify, or extend the coverages afforded by the policies listed below. The coverages afforded by the policies listed below are subject to all the terms, exclusions, limitations, endorsements, and conditions of these policies.

Policy Effective Date:	Policy Expiration Date:
04/17/2017	04/17/2018

<u>Insurance Coverage(s)</u>	<u>Limits</u>
BI-PD	\$1,000,000 CSL
UIM	\$1,000,000 CSL
UMPD	50W/100=50,000 W \$100 DED
PIP	\$10,000
COMP	\$1,000 DED
COLL	\$1,000 DED

Description of Location/Vehicles/Special Items

Scheduled autos only

09 FORD ECONO/CLUB WGN	1FBSS31L49DA10067
07 CHEVROLET SUBURBAN C1500/	1GNFK16387J168380
04 FORD TAURUS	1FAHP59S94A113130
14 FORD ECONO/CLUB WGN	1FBSS3BL0EDB01118
15 FORD TRANSIT CONNECT	NM0GE9F72F1198203

Certificate Number

0411RF34884

Please be advised we will not notify certificate holders in the event of mid-term cancellation.

Form COI

