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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: 062267	Payment ID: <i>check # 7007</i>	CH -

Passenger Charter and Excursion Carrier Services <u>WAC 480-30</u>	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; <u>WAC-480-30-121</u> .	\$200.00
Plus,	
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>1</u> x \$25 per vehicle	= \$ <u>25.00</u>
Total due (\$200, plus, \$25 per vehicle)	= \$ <u>225.00</u>
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>Ride The Wave Tours, Inc</u>	

SECTION 1 – APPLICANT INFORMATION

*Ride The Waves
Tours Inc.*

Legal Name: ROUNDUP SQUARE, Inc
The legal name must match your registration with Department of Revenue

Trade Name(s) (if any): N/A
Trade name(s) must be registered under your UBI number

Mailing Address:

Physical Address:

Street P.O. Box 2246
 City OCEAN SHORES
 State/Zip WA 98569

Street 732 Pt. BROWN AVE NE
 City OCEAN SHORES, WA 98569
 State/Zip WA 98569

Phone Number: ~~200-313-8866~~

Fax Number: 360-500-5859
360-940-7446

UBI #: 604-01115
200-509-979

E-Mail: june.bongirno@gmail.com

Website: www.RideTheWavesTours.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>JUNE BONGIRNO</u>	<u>PRESIDENT</u>	<u>100%</u>

List other certificates or permits held with the commission: _____

USDOT # 2989039 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: Taking passengers to various locations from Ocean Shores to places like Westport Winery, Lake Quinault Lodge, museums, fun centers, Bars, Restaurants and Electric Boat company.

SECTION 2 – EQUIPMENT

(Attach additional sheets if necessary)

*Temp
License
Plate
#*

License Number	Year And Make Of Vehicle	Vehicle ID Number	Seating Capacity
A2630393	2010 / Ford	1FDWE3FL1ADB01410	14

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 a 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: June Bongirno

Position: President / Owner 100%

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: JUNE BONGIRNO	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: <u>Department of Labor and Industries</u> , <u>Department of Licensing</u> , <u>Secretary of State</u> , <u>Department of Revenue</u> , <u>Internal Revenue Service</u> and <u>Employment Security</u> .	
Name: JUNE BONGIRNO	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 JUNE BONGIRNO

Signature of applicant *June Bongirno*

Date 5/8/17 County, State Grays Harbor County
Washington