



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:	Payment ID:	CH -

Passenger Charter and Excursion Carrier Services <u>WAC 480-30</u>	<u>Fee Required</u>
<input 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="radio"/> If transfer, complete Attachment A. 	\$200.00
<input checked="" type="checkbox"/> Reinstate 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> 50.00 </u>
Total due (\$200, plus, \$25 per vehicle)	= \$ <u> </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> Sky Bird North America </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 9709 Third Ave Street 3002 31ST AVE, SE

City Seattle City PUYALLUP

State/Zip WA, 98115 State/Zip WA, 98374

Phone Number: 253-904-8345 Fax Number: _____

UBI #: 603544940 E-Mail: ADMIN@PERFECTHOL.COM

Website: WWW.PERFECTHOL.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>BO LV</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: _____
AIRPORT TO HOTEL TRANSPORTATION. LOCAL WA TOURS.

SECTION 2 – EQUIPMENT

(Attach additional sheets if necessary)

License Number	Year And Make Of Vehicle	Vehicle ID Number	Seating Capacity
BAH0668	2013 MERCEDES BENZ	WD3PE8CC4D5744367	15
BAH1253	2015 MERCEDES BENZ	WDZPE8CC0F5970589	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 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: BIN LV

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:	Position:
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</u> , <u>Department of Licensing</u> , <u>Secretary of State</u> , Department of Revenue, <u>Internal Revenue Service</u> and Employment Security.	
Name: BIN LV	Position: CEO

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 the applicant or I am authorized to execute and file this document on behalf of the applicant.

Printed name of applicant BIN LV

Signature of applicant _____

Date Bing Lu County, State PIERCE, WA



Risk Placement Services, Inc.

Knowledge. Relationships.
Trust. Confidence.

Risk Placement Services, Inc. - Scottsdale

8800 E. Raintree Drive, Suite 250
Scottsdale, AZ 85260

Retail Producer:

Tara Tu
Taos Insurance Agency
2167 B S. China Place
Chicago, IL 60616
Phone: (312) 842-9891
Fax: (312) 842-9890
Email: insurance@taosglobalgroup.com

INSURANCE BINDER

Proposal Information

Insured Name: Sky Bird North America Inc DBA: Perfect Holiday America
Policy Period: 6/14/2017 to 6/14/2018
Policy Number: 70APS073588
Insurance Carrier: National Indemnity Company NAIC #: 20087
Admitted / Non-Admitted: Admitted
A. M. Best Rating: A++ XV

Physical Location

3002 31st Ave SE,
Puyallup, WA 98374

Limits of Insurance

Coverage: Business Auto
Claim Form:
\$1,500,000 Auto Liability
\$50,000 UIM (BI only)
Included UM (BI only)

Deductible

Deductible
2,500 Comprehensive
2,500 Collision

Risk/Rating Information

Premium Summary

Premium \$20,865.00

(All applicable taxes and fees are Fully Earned at binding unless otherwise specified.)

Fees:

TRIA: NOT APPLICABLE

Jun 19, 2017

RPS Submission #: 1576294C

SURPLUS LINES TAXES: Tax State (or home state): WA

The State Surplus Lines Notice applies only if Insurance Carrier is shown as Non-Admitted in the Binder Information Section.

This contract is registered and delivered as a surplus line coverage under the insurance code of the state of Washington, Title 48 RCW. It is not protected by any Washington state guaranty association law.

Ronda Lofton - Risk Placement Services, Inc.

TOTAL CHARGES \$20,865.00

Coverage Notes

After binding, flat cancellation is not permitted.

Forms / Endorsements

See attached for terms, conditions and exclusions.
Specifically Described Autos only (Symbol 7)
Stated Amount Physical Damage (or Actual Cash Value if less)

Terms & Conditions

Subject to covering all owned and operated units
Subject to New Venture with no prior or related entities

Subject to clean MVR(s), any citations will increase premium.

Drivers Must Have 2 Years Experience in Similar Units, Be 25+ Years old

Drivers must be reported on date of hire

EARLIEST DATE CARRIER WILL EXECUTE FILINGS IS THE DAY AFTER BIND REQUEST IS RECEIVED IN OUR OFFICE.

→ When requesting a policy change, addition, cancellation, endorsement, etc., you must provide every policy number/coverage to which the request applies.