



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: 18942	Docket TE- 170732
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>Fee Required</u>
<input checked="" type="checkbox"/> <b>New Authority</b>	<b>\$200.00</b>
<input type="checkbox"/> <b>Transfer an existing certificate to a new owner or business structure.</b>	
<input type="checkbox"/> If transfer, complete Attachment A.	\$200.00
<input type="checkbox"/> <b>Reinstate a previously cancelled certificate;</b>	<b>\$200.00</b>
<b>Plus,</b>	
<input checked="" type="checkbox"/> <b>Regulatory Fee</b> - In accordance with "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>
<input type="checkbox"/> <b>Name Change - WAC</b>	<b>\$ 35.00</b>
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>Ascor Travel Lines</u>	

**SECTION 1 – APPLICANT INFORMATION**

Legal Name: Discover Travel Lines LLC  
The legal name must match your registration with

Trade Name(s) (if any): \_\_\_\_\_  
Trade name(s) must be registered under your

**Mailing Address:**

**Physical Address:**

Street 1082 NW Elm St, Apt 4 Street 6309 Summerwood Dr E

City CAMAS City Puyallup

State/Zip WA 98607 State/Zip WA 98373

Phone Number: 425-226-8158 Fax Number: \_\_\_\_\_

UBI #: 604-121-478 E-Mail: Discovertravellines@gmail.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>Jian Feng Xu</u>	<u>owner</u>	<u>50%</u>
<u>Zhi Ming Liu</u>	<u>Member</u>	<u>50%</u>

List other certificates or permits held with the commission: N/A

USDOT # 3008170 If you don't have a USDOT #, go online at  
or contact the Washington State Patrol at  
360-596-3810 for assistance.

**Business Operations**

Describe the type of tours/excursions you plan on providing: We plan on providing tours to various attractions including Mt. St. Helen, Mt. Rainier, tours in and around the city of Seattle, some of the major casinos in the state of Washington and last but not least across the border to Canada.

**SECTION 2 – EQUIPMENT**

*(Attach additional sheets if necessary)*

License Number	Year And Make Of Vehicle	vin # Vehicle ID Number	Seating Capacity
still waiting for plates	2013 Mercedes-Benz Sprinter	WD3PF4CC3D5743989	11

**SECTION 3 – SAFETY AND OPERATIONS**

In each of the categories shown below, list the person and position responsible for understanding and complying with the \_\_\_\_\_ ) 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: *Jian Kai Teow*

Position: *Manager*

**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: Jian kai Teow

Position: Manager

**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 Revenue,  
and Employment Security.

Name: Jian kai Teow

Position: Manager

**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 Jian kai Teow

Signature of applicant [Handwritten Signature]

Date 06/21/2017 County, State Pierce County, WA