

SECTION 1 – APPLICANT INFORMATION

Legal Name: ELITE PLATINUM TRANSPORTATION INC
The legal name must match your registration with Department of Revenue

Trade Name(s) (if any): ACE Transportation
Trade name(s) must be registered under your UBI number

Mailing Address:

Physical Address:

Street 4301 230th Pl SW Street 230th Pl
 City Mountlake Terrace City _____
 State/Zip WA 98043 State/Zip _____

Phone Number: 206-728-2002 Fax Number: 206-728-2202

UBI #: 602 518 545 001 0001 E-Mail: reserveace@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>Ompr Alaresi</u>	<u>GMANAGER</u>	<u>40%</u>
<u>Rakiba Attaraj</u>	<u>FINANCIAL MANAGER</u>	<u>30%</u>
<u>Manal Attaraj</u>	<u>SECRETARY</u>	<u>30%</u>

List other certificates or permits held with the commission: _____

USDOT # _____ 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:
Pick up from Hotel - to school
" " " " to stadium
" " " " to Amtrak

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: Omar Alansi

Position: B. 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 Labor and Industries, Department of Licensing, Secretary of State, Department of Revenue, Internal Revenue Service and Employment Security.

Name: Omar Alansi

Position: G. 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 authorized to execute and file this document.

Printed name of applicant Omar Alansi

Signature of applicant 

Date Aug 10-17 County, State WA