

(For Official Use Only)

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# APPLICATION FOR CHARTER AND EXCURSION CARRIER SERVICES CERTIFICATE

Docket TE-

Insurance:

Safety Inspection:

Company ID:

Date Filed:

Reg Fees:

| 111 0268    |  | DOL:               |                     | SOS:                |                  |  |
|-------------|--|--------------------|---------------------|---------------------|------------------|--|
| Receipt ID: |  | Payment ID:        |                     | CH -                |                  |  |
|             |  |                    | Ha                  | 5211                |                  |  |
|             |  |                    |                     |                     |                  |  |
| Pa          | assenger Charter and Excu  |                    | <u>Fee Required</u> |                     |                  |  |
| Ą           | New Authority  |                    |                     |                     | \$200.00         |  |
|             | Transfer an existing certificate to a new owner or business structure.   |                    |                     |                     |                  |  |
|             | <ul> <li>If transfer, complete</li> </ul>  | Attachment A.      |                     |                     | \$ <b>200.00</b> |  |
|             | Reinstate a previously cand  | elled certificate; |                     | •                   | \$200.00         |  |
|             |  |                    |                     |                     |                  |  |
| Pli         | us,  | . •                |                     |                     |                  |  |
|             | <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  | o be operated      | _x \$25 per v       | rehicle             | =\$_35           |  |
|             | <b>Total due</b> (\$200, plus, \$25  | per vehicle)       |                     |                     | =\$_\\\\         |  |
| □           | Name Change - WAC  |                    |                     |                     | \$ 35.00         |  |
|             | Application to change a comp change the surname of an ind  | •                  |                     | ade name, add a new | i trade name or  |  |
|             | Company Name: Discoi   | unt Charter LL     | ٠.                  |                     | -                |  |
|             |  |                    |                     |                     |                  |  |

# **SECTION 1 – APPLICANT INFORMATION**

| Legal Name: Discount Charter LLC  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|
| The legal name must match your registration with  |  |  |  |  |  |  |
| Trade Name(s) (if any): Discount charter bus com  Trade name(s) must be registered under your |  |  |  |  |  |  |
| Mailing Address:  | Physical Address:                                      |  |  |  |  |  |
| Street <u>1149 5. 기가 3</u> +  | Street Same  |  |  |  |  |  |
| City Des Moines   | City   |  |  |  |  |  |
| State/Zip WA 94194  | State/Zip  |  |  |  |  |  |
| Phone Number: 306-746-9144  | Fax Number:  |  |  |  |  |  |
| UBI#: <u>604-143-540</u>  | E-Mail: trodhunter@gnoil.com                           |  |  |  |  |  |
| Website: www.discountcharterhus.co  | <u>n</u>   |  |  |  |  |  |
| Type of business structure  |  |  |  |  |  |  |
| ☐ Individual ☐ Partnership  | ☐ Corporation ☑ Other (LP, LLP, LLC)                   |  |  |  |  |  |
|   | ame, title, and percentage of partner's share or stock |  |  |  |  |  |
| distribution for major stockholders:  | Stock Distributions                                    |  |  |  |  |  |
| Name <u>Title</u>   | or Percentage of Shares                                |  |  |  |  |  |
| Tyler Todhunter Mem   | her 100%   |  |  |  |  |  |
| · · · · · · · · · · · · · · · · · · ·   |  |  |  |  |  |  |
| List other certificates or permits held with the commission:                                  |  |  |  |  |  |  |
|   | If you don't have a USDOT #, go online at              |  |  |  |  |  |
| or co<br>360-596-3810 for assistance.   | ontact the Washington State Patrol at                  |  |  |  |  |  |
| Business Operations   |  |  |  |  |  |  |
| Describe the type of tours/excursions you pl  | an on providing: Mainly charter and                    |  |  |  |  |  |
| transfer services with occasional sight-seeing tours and fixed route                          |  |  |  |  |  |  |
| service.  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |

## **SECTION 2 – EQUIPMENT**

(Attach additional sheets if necessary)

| License Number | Year And Make Of<br>Vehicle | Vehicle ID Number | Seating Capacity |
|----------------|-----------------------------|-------------------|------------------|
| TBD            | 1999 Bluebird               | 1BAGNBXALXF091212 | 39               |
|                |                             |                   |                  |
|                |                             |                   |                  |
|                | ·                           |                   |                  |

#### **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: Tyler Tedhunter Position: Member | ye reality / remper |
|--|---------------------|
|--|---------------------|

| ·  |                     |  |  |  |
|--|---------------------|--|--|--|
| 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 May 1 of each year.   |                     |  |  |  |
| Name: Tyler Todhunter  | Position:<br>Member |  |  |  |
| 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:  | Position:           |  |  |  |
| Tyler Todhunter  | Member              |  |  |  |
| 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 certifiy that I am the applicant or I am authorized to execute and file this document on behalf of the applicant.  |                     |  |  |  |
| Printed name of applicant Tyler Todhunter  |                     |  |  |  |
| Signature of applicant   |                     |  |  |  |
| Date 4/11/17 County, State King County, WA   |                     |  |  |  |