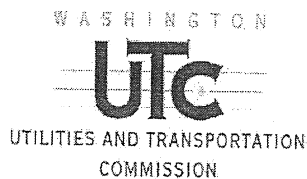


Paid



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: <u>4688</u>	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 checked="" type="checkbox"/> <b>New Authority</b>	<b>\$200.00</b>
<input type="checkbox"/> <b>Transfer</b> an existing certificate to a new owner or business structure. <ul style="list-style-type: none"> <li><input type="checkbox"/> If transfer, complete Attachment A.</li> </ul>	<b>\$200.00</b>
<input type="checkbox"/> <b>Reinstate</b> a previously cancelled certificate; <u>WAC-480-30-121</u> .	<b>\$200.00</b>
<b>Plus,</b>	
<input checked="" type="checkbox"/> <b>Regulatory Fee</b> - 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.	
<b>Total number of vehicles to be operated 2 x \$25 per vehicle</b>	<b>= \$50.00</b>
<b>Total due (\$200, plus, \$25 per vehicle)</b>	<b>= \$250.00</b>
<input type="checkbox"/> <b>Name Change</b> - <u>WAC 480-30-146</u>	<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.	
<b>Company Name:</b> AMBASSADOR BLACKSTAR CHAUFFEURED TRANSPORTATION OF SPOKANE LLC	

**SECTION 1 – APPLICANT INFORMATION**

**Legal Name:** AMBASSADOR BLACKSTAR CHAUFFEURED TRANSPORTATION OF SPOKANE LLC  
The legal name must match your registration with Department of Revenue

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

**Mailing Address:**

**Physical Address:**

Street	<u>9515 N DIVISION #102</u>	Street	<u>99515 N DIVISION #102</u>
City	<u>SPOKANE</u>	City	<u>SPOKANE</u>
State/Zip	<u>WA 99218</u>	State/Zip	<u>WA 99218</u>

Phone Number: 509 466 5466

Fax Number: 509 381 7800

UBI #: 602495692

E-Mail: INFO@AMBASSADORBLACKSTAR.COM

Website: www.ambassadorblackstarchauffeuredtransportation.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>
KATHY R LARGE	MANAGER	100%
_____	_____	_____
_____	_____	_____

List other certificates or permits held with the commission: \_\_\_\_\_

USDOT # 1470031

If you don't have a USDOT #, go online at [www.fmcsa.dot.gov/online-registration](http://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:

WEDDINGS, WINE TOURS, GENERAL TRANSPORT FOR SPECIAL EVENTS, AIRPORT SERVICES, VIP SPECIAL SERVICES

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## SECTION 2 – EQUIPMENT

*(Attach additional sheets if necessary)*

License Number	Year And Make Of Vehicle	Vehicle ID Number	Seating Capacity
C61836K	2012 FORD F450	1FDXE4FS8CDA09313	28
C55653B	2011 FORD F550	1FDGF5GT0BEB77661	26

## 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:** KATHY R. LARGE

**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:** KATHY R. LARGE

**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 Labor and Industries, Department of Licensing, Secretary of State, Department of Revenue, Internal Revenue Service and Employment Security.

**Name:** KATHY R. LARGE

**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.

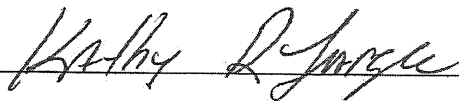
As the applicant for a passenger charter and excursion certificate, I understand the responsibilities of a charter and excursion carrier, and I am in compliance with all local, state, and federal regulations governing business in the State of Washington.

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 authorized to execute and file this document.

Printed name of applicant KATHY R. LARGE

Signature of applicant



Date 9/1/2017

County, State SPOKANE WA



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

8/23/2017

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Geny Insurance Group, LLC 992 Davidson Dr., Ste 108  Nashville TN 37205-1051		<b>CONTACT NAME:</b> Audri Perry <b>PHONE (A/C, No, Ext):</b> (615) 356-3212 <b>E-MAIL ADDRESS:</b> Nathan@Genyinsurance.com <b>FAX (A/C, No):</b> (615) 356-5915	
<b>INSURED</b> AMBASSADOR-BLACKSTAR CHAUFFEURS TRANSPORTATION OF SPOKANE LLC 9002 N Mountain View Lane Spokane WA 99218		<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A: Philadelphia Insurance INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	

**COVERAGES** **CERTIFICATE NUMBER:** CL177518650 **REVISION NUMBER:**

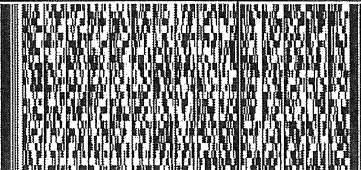
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:		PHPK1680130	07/05/2017	07/05/2018	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS		PHPK1680130	07/05/2017	07/05/2018	COMBINED SINGLE LIMIT (Ea accident) \$ 1,500,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Uninsured Motorist \$ 100,000
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$					<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE EACH OCCURRENCE \$ AGGREGATE \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y <input checked="" type="checkbox"/> N If yes, describe under DESCRIPTION OF OPERATIONS below					PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
 2011 Ford F550  
 1FDGF5GT0BEB77661  
 2007 Lincoln Town Car  
 1LNHM84W27Y618268  
 2005 Ford Excursion  
 1F1NU40S05EB36702  
 2006 Cadillac Escalade

<b>CERTIFICATE HOLDER</b>  WASHINGTON UTILITIES & TRANSPORTATION COM PO BOX 47250 OLYMPIA, WA 98504-7250	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE  Nathan Spears/AMAWAL

# Registration Certificate

Model Year 2011	Make FORD	Model F550	Body Style Cab Chassis	Vehicle identification number (VIN) 1FDGF5GT0BEB77661	Scale Weight 14,500
Plate/Tag no C55653B	Tab/Decal no W137526	Primary vehicle use type For Hire	Issue date 08/24/2017	Exp date 10/06/2018	
Plate/Tag no	Tab/Decal No	Vehicle use type	Issue date	Exp date	
Gross Weight 20,000	Gr wt start date 10/06/2017	Gross weight exp date 10/06/2018	Fleet no	Equip no	

Registered Owner  
 AMBASSADOR CHAUFFEURED TRANSPORTATION  
 9515 N DIVISION ST  
 STE 102  
 SPOKANE WA 99218-1552

Legal Owner  
 NUMERICA CREDIT UNION  
 PO BOX 4000  
 VERADALE WA 99037-4000

**Brands/Comments:** 76900/2014, DOT 1410031, Display tab on back license plate only - front plate is still required

Anyone who knowingly makes a false statement may be guilty of a felony under state law and upon conviction shall be punished by a fine, imprisonment, or both.

I certify under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct and, as owner or authorized agent of the vehicle, it is free of any claim of lien, mortgage, conditional sale or other security interest of any person except the person or persons set forth as legal owners.

X *Ambassador Chauffeured Transportation LLC* *[Signature]*  
 Signature of registered owner

*[Signature]*  
 Signature of registered owner

Date and place signed

Date and place signed

L0017581998

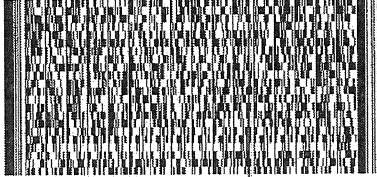
Vehicle Information:	C55653B	1FDGF5GT0BEB77661	2011	FORD	F550	Cab Chassis
Filing	Registration Filing					\$3.00
Registration	Gross Weight					\$169.00
	Freight Project					\$25.00
Service	Registration Service Fee					\$5.00

Fee Total: \$202.00

Issue Date: 08/24/2017 You can get a copy of this cash/fee receipt detail at [www.dol.wa.gov](http://www.dol.wa.gov).

Skip a trip – go online [www.dol.wa.gov](http://www.dol.wa.gov)

# Registration Certificate

Model Year 2012	Make FORD	Model BUS	Body Style Cutaway	Vehicle identification number (VIN) 1FDXE4FS8CDA09313	Scale Weight 5,354
Plate/Tag no C61836K	Tab/Decal no W111832	Primary vehicle use type Commercial	Issue date 08/12/2017	Exp date 08/12/2018	
Plate/Tag no	Tab/Decal No	Vehicle use type	Issue date	Exp date	
Gross Weight 8,000	Gr wt start date 08/12/2017	Gross weight exp date 08/12/2018	Fleet no	Equip no	

Registered Owner  
 AMBASSADOR BLACKSTAR CHAUFFEURED OF SP  
 9515 N DIVISION ST  
 STE 102  
 SPOKANE WA 99218-1552

Legal Owner  
 TCF NATIONAL BANK  
 11100 WAYZATA BLVD  
 STE 801  
 MINNETONKA MN 55305-5503

**Brands/Comments:** 20000/2015, Owner(s) certify, by signature, that this vehicle will not tow a trailer with a GVWR of 10,000 or more, Display tab on back license plate only - front plate is still required, WA Former For Hire

Anyone who knowingly makes a false statement may be guilty of a felony under state law and upon conviction shall be punished by a fine, imprisonment, or both.

I certify under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct and, as owner or authorized agent of the vehicle, it is free of any claim of lien, mortgage, conditional sale or other security interest of any person except the person or persons set forth as legal owners.

X *Ambassador chauffeur of Spokane by [Signature]*  
 Signature of registered owner

*[Signature]*  
 Signature of registered owner

Date and place signed

Date and place signed

L0017198980

Vehicle Information:	C61836K	1FDXE4FS8CDA09313	2012	FORD	BUS	Cutaway
Filing	Registration Filing					\$3.00
	Title Filing					\$4.00
Plate	Plate Replacement					\$20.00
	Plate Reflectivity					\$4.00
Registration	Gross Weight					\$93.00
Service	Title Service Fee					\$12.00
Title	Emergency Medical Services					\$6.50
	Vehicle Title Application					\$15.00

Fee Total: \$157.50

Issue Date: 08/12/2017 You can get a copy of this cash/fee receipt detail at [www.dol.wa.gov](http://www.dol.wa.gov).

Skip a trip – go online [www.dol.wa.gov](http://www.dol.wa.gov)