

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. ○ If transfer, complete Attachment A. | \$200.00 |
| <input type="checkbox"/> Reinstate a previously cancelled certificate; <u>WAC-480-30-121</u> . | \$200.00 |
| Plus, | |
| <input 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> 1 </u> x \$25 per vehicle | = \$ <u> 25 </u> |
| Total due (\$200, plus, \$25 per vehicle) | = \$ <u> 225 </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>Wild Rumpus LLC</u> | |

SECTION 1 – APPLICANT INFORMATION

Legal Name: Wild Rompus, LLC
The legal name must match your registration with Department of Revenue

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

Mailing Address:

Physical Address:

Street 3800A BRIDGPORT WAY W
STE 326

Street 3800A BRIDGPORT WAY W, STE 326

City UNIVERSITY PLACE

City UNIVERSITY PLACE,

State/Zip WA

State/Zip WA

Phone Number: 206-618-9816

Fax Number: N/A

UBI #: 604 217 956

E-Mail: joshuajayhall@gmail.com

Website: N/A

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>Joshua Jay Hall</u> | <u>Sole Member</u> | <u>100% / owner</u> |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

List other certificates or permits held with the commission: _____

USDOT # 3104198 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: Providing tour guide SERVICES FOR GUESTS ON Washington's trails/HIKES. transportation is included. HIKES sourced through Washington Trails Association.

SECTION 2 – EQUIPMENT

(Attach additional sheets if necessary)

| License Number | Year And Make Of Vehicle | Vehicle ID Number | Seating Capacity |
|----------------|--------------------------|-------------------|------------------|
| C98601J | 06 FORD Econoline | 1FBSS31L86DA95748 | 15 |
| | | | |
| | | | |
| | | | |

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: <i>Joshua J. Hall</i> | Position: <i>OWNER/OPERATOR</i> |
|-----------------------------|---------------------------------|

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: <i>Joshua J. Hall</i> | Position: <i>OWNER/OPERATOR</i> |
|---------------------------------------|---|

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: <i>Joshua J. Hall</i> | Position: <i>OWNER/OPERATOR</i> |
|---------------------------------------|---|

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 *Joshua J. Hall, sole member, Wild Rompus LLC*

Signature of applicant 

Date *3/2/2018* County, State *Pierce, WA*



Berkshire Hathaway Berkshire Hathaway Homestate Companies
 1314 Douglas Street
 HOMESTATE COMPANIES Omaha, NE 68102

Commercial Auto Insurance Binder

WILD RUMPUS, LLC
 3800A BRIDGEPORT WAY W STE 326
 TACOMA, WA 98466

Policy Term: 03/01/2018 1:05 PM to 03/01/2019 12:01 AM
 Policy Number: 06APG08141101
 Minimum Earned Premium: \$0
 Business Description: HIKING TOUR GUIDES

Total Policy Premium: \$1,940.00

Issued by: Berkshire Hathaway Homestate Companies (Omaha, NE)

THIS BINDER IS A TEMPORARY CONTRACT, SUBJECT TO THE CONDITIONS SHOWN ON THE BOTTOM OF THIS FORM
 Thank you for your recent order for coverage. We are pleased to bind coverage (FOR 30 DAYS) effective 03/01/2018 1:05 PM
 with Continental Divide Insurance Company.

Coverage Information

| Coverage | Limit |
|---|--|
| Liability (BI & PD) Liability applies to scheduled autos only. | \$25,000 each person / \$50,000 each occ. / \$10,000 each occ. |
| Underinsured Motorist (BI & PD) | \$25,000 each person / \$50,000 each occ. / \$10,000 each occ. |
| Medical Payments | \$500 |
| Personal Injury Protection | |
| Medical & Hospital Expense | Not Covered |
| Funeral Expense | Not Covered |
| Income Continuation | Not Covered |
| Loss of Services | Not Covered |
| Physical Damage | See Vehicle Information. Only covered if a value and deductibles are listed. |

Vehicle Information

| | | |
|--|--|-----------|
| 1. 2006 FORD ECONOLINE Physical Damage Stated Value: \$10,000 | VIN: 1FBSS31L86DA95748 Comprehensive / Collision Deductibles: \$500 / \$500 | with UMPD |
|--|--|-----------|

Special Conditions:

This binder may be cancelled by the Company by notice to the insured in accordance with the policy conditions. This binder is cancelled when replaced by a policy. If this binder is not replaced by a policy, the Company is entitled to charge a premium for the binder according to the Rules and Rates in use by the Company.