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WASH. UT. & TP. COMM

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: 06442	Payment ID: Check # 1053	CH -

\$ 275.00

Passenger Charter and Excursion Carrier Services <u>WAC 480-30</u>	<u>Fee Required</u>
<input checked="" type="checkbox"/> New Authority	\$200.00
<input type="checkbox"/> Transfer an existing certificate to a new owner or business structure. <ul style="list-style-type: none"> <input type="checkbox"/> 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 checked="" 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>3</u> x \$25 per vehicle	= \$ <u>75.00</u>
Total due (\$200, plus, \$25 per vehicle)	= \$ 200.00
	<i>Two hundred seventy five \$</i> → \$ <u>275.00</u>
<input type="checkbox"/> Name Change - <u>WAC 480-30-146</u> 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.	\$ 35.00
Company Name: <u>NW Bus Tours LLC</u>	

FILING YOUR APPLICATION

Select one of the following:

- File and pay electronically at efileapp.utc.wa.gov
- Scan/PDF to transportation@utc.wa.gov and call us at 360-664-1222 to arrange payment
- Fax to 360-586-1181 and call us at 360-664-1222 to arrange payment
- Mail your application *with* your check or money order to the following address:
UTC
PO Box 47250
Olympia, WA 98504-7250

PAYING FOR YOUR APPLICATION

Select one of the following:

- ACH online (no service fee) at payments.utc.wa.gov
- Credit Card online at payments.utc.wa.gov
(2.5% or minimum of \$3.95 is charged by Official Payments for credit card processing)
- Check or Money Order. Mail your check or money order *with* your application to the following:
UTC
PO Box 47250
Olympia, WA 98504-7250

You may also fax your application to 360-586-1181 or scan to transportation@utc.wa.gov and call us with your credit card number. DO NOT EMAIL OR FAX YOUR CREDIT CARD INFORMATION.

SECTION 1 – APPLICANT INFORMATION

Legal Name: NW BUS TOURS 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 9610 NE 87th AVE

Street 9610 NE 87th AVE

City Vancouver

City Vancouver

State/Zip WA 98662

State/Zip WA 98662

Phone Number: 360 200 5562

Fax Number: 360 719 2188

UBI #: 603 492 786

E-Mail: nwbustours@gmail.com

Website: nwbustours.us

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>Nikolay Goryaykov</u>	<u>Owner</u>	<u>100%</u>
_____	_____	_____
_____	_____	_____

List other certificates or permits held with the commission: _____

USDOT # 2595905 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: We offer bus transportation, large group shuttle/transfers services. We transport people.

SECTION 2 – EQUIPMENT

(Attach additional sheets if necessary)

100
101
102

License Number	Year And Make Of Vehicle	Vehicle ID Number	Seating Capacity
49988RP	2000 MCI	LM8TRMPA1YPO61032	56
58525RP	2007 Setra	WKKAZ4CD473000442	56
65555RP	2005 Setra	WKKAZACD653000245	56

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: Nikolay Goryaynov	Position: Owner
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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: Nikolay Goryaynov Position: Owner

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: Nikolay Goryaynov Position: Owner

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 Nikolay Goryaynov

Signature of applicant [Handwritten Signature]

Date 3.9.18 County, State WA Clark County



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

02/22/2018

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 have **ADDITIONAL INSURED** provisions or 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).

PRODUCER Choice One Insurance 9111 SE Saint Helens St Clackamas OR 97015		CONTACT NAME: Customer Service Team PHONE (A/C, No, Ext): (503) 387-5211 FAX (A/C, No): (866) 706-1360 E-MAIL ADDRESS: customerservice@choiceoneinsuranceinc.com	
INSURED NW Bus Tours LLC 9610 NE 87th Ave Vancouver WA 98662		INSURER(S) AFFORDING COVERAGE	
		INSURER A: National Fire & Marine Insurance Co	NAIC # 20079
		INSURER B: National Indeminty Company	20087
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	

COVERAGES

CERTIFICATE NUMBER: AL/XCESS/PD/GL

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 INSD	SUBR 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"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			72LPS028070	02/22/2018	02/22/2019	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 \$
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			70APS063295-03	02/22/2018	02/22/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ UIM BIPD \$ 100,000
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 1,000,000			72XAS003772	02/22/2018	02/22/2019	EACH OCCURRENCE \$ 4,000,000 AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
B	Physical Damage			70APS063295-03	02/22/2018	02/22/2019	Comprehensive Ded \$2,500 Collision Ded \$2,500

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER**CANCELLATION**

To whom it may concern - Proof of insurance
Tel: (503)387-5211
Fax: (503)387-5750

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