

Said



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) | Company ID: | Docket TE- |
| 111 0268 232 01 | | |
| 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> | Fee Required |
|--|------------------------|
| <input type="checkbox"/> New Authority | \$200.00 |
| <input type="checkbox"/> Transfer an existing certificate to a new owner or business structure. | |
| <input type="checkbox"/> If transfer, complete Attachment A. | \$200.00 |
| <input checked="" 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> </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> CRESCENT BAR CHARTERS LLC </u> | |

SECTION 1 - APPLICANT INFORMATION

Legal Name: CRESCENT BAR CHARTERS 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 9119 SEAHAWK LN NW Street SAMIE

City QUINCY City _____

State/Zip WA 98848 State/Zip _____

Phone Number: 360-292-5155 Fax Number: _____

UBI #: 603430258 E-Mail: _____

Website: WWW.CBARCHARTERS.COM

INACTIVE

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>CHRISTINE DAVIS</u> | <u>OWNER</u> | <u>100</u> |
| <u>TROY DAVIS</u> | <u>OWNER</u> | _____ |
| _____ | _____ | _____ |

List other certificates or permits held with the commission: _____

USDOT # 2790381 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: SHUTTLE SERVICE TO THE GORGE AMPHITHEATRE, LOCAL TOURS

SECTION 2 – EQUIPMENT

(Attach additional sheets if necessary)

| License Number | Year And Make Of Vehicle | Vehicle ID Number | Seating Capacity |
|----------------|--------------------------|-------------------|------------------|
| AU44808 | 2008 FORD | 1FD4E455180A93 | 14 |
| | | 539 | |
| | | | |
| | | | |

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 an 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: TROY DAVIS

Position: OWNER

| 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: <u>TROY DAVIS</u> | Position: <u>OWNER</u> |
| STATE OF WASHINGTON GENERAL LAWS, RULES AND REGULATIONS. You must comply with the regulations of local, state, and federal agencies such as, <u>but not limited to: Department of Labor and Industries, Department of Licensing, Secretary of State, Department of Revenue, Internal Revenue Service and Employment Security.</u> | |
| Name: <u>TROY DAVIS</u> | Position: <u>OWNER</u> |

SECTION 4 – DECLARATION OF APPLICANT

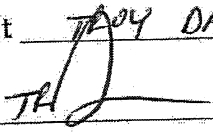
I understand that filing this application does not in itself constitute authority to operate as a passenger charter and excursion carrier.

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 TROY DAVIS

Signature of applicant 

Date 3-25-18 County, State GRANT, WA

**MOTOR VEHICLE LIABILITY INSURANCE
IDENTIFICATION CARD**

COMPANY NUMBER 71 COMPANY Columbia Insurance Company
POLICY NUMBER 71 APR 349412 EFFECTIVE DATE 04/21/2017 12:01 AM EXPIRATION DATE 04/21/2018 12:01 AM
YEAR 2008 MAKE/MODEL FORD PASSENGERVAN VEHICLE IDENTIFICATION NUMBER 1FD4E45S18DA98539
GENERAL AGENCY ISSUING CARD
Pacific International Underwriters, Inc.
627 Dayton St
Edmonds, WA 98020
INSURED
CRESCENT BAR CHARTERS LLC
9119 SEAHAWK LN NW
QUINCY, WA 98848

**THIS CARD MUST BE CARRIED
IN THE INSURED VEHICLE FOR
PRODUCTION UPON DEMAND**

Report All Accidents To:

1-800-356-5750

24 Hour Toll Free

Claims may also be reported at:
claims@nationalindemnity.com

M-4566a (11/1999) SEE IMPORTANT NOTICE ON REVERSE SIDE

CUT ALONG THIS LINE

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