



1300 S. Evergreen Park Dr. SW
 P.O. Box 47250
 Olympia, WA 98504-7250
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 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- 180552 CH67687
111 0268 232 02	Date Filed:	Safety Inspection:
111 0268 232 03	Reg Fees:	Insurance:
111 0268	DOL:	SOS:
Receipt ID: 065678	Payment ID: 4464	CH -

Passenger Charter and Excursion Carrier Services	Fee Required
<input 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="radio"/> If transfer, complete Attachment A. 	\$200.00
<input checked="" type="checkbox"/> Reinstate a previously cancelled certificate;	\$200.00
Plus,	
<input type="checkbox"/> Regulatory Fee - 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 be operated 1 x \$25 per vehicle	= \$ 25 -
Total due (\$200, plus, \$25 per vehicle)	= \$ 225 -
<input type="checkbox"/> Name Change - WAC	\$ 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>Ride The Wave Tours, inc</u>	

please correct- Waves is NOT Plural
 s/be no extra charge

SECTION 1 – APPLICANT INFORMATION

Legal Name: June Bongirno
The legal name must match your registration with

Trade Name(s) (if any): Ride the Wave Tours
Trade name(s) must be registered under your

Mailing Address:

Physical Address:

Street PO Box 2246
City Ocean Shores
State/Zip WA

Street 732 Point Brown Ave NE
City Ocean Shores
State/Zip WA 98569

Phone Number: (206)313-8866

Fax Number: 360 940-7446

UBI #: 604097915

E-Mail: june.bongirno@gmail.com

Website: www.RideTheWaveTours.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:

Name	Title	Stock Distributions or Percentage of Shares
<u>June Bongirno</u>	<u>owner, president</u>	<u>100%</u>
_____	_____	_____
_____	_____	_____

List other certificates or permits held with the commission: _____

USDOT # 2989039 If you don't have a USDOT #, go online at
or contact the Washington State Patrol at
360-596-3810 for assistance.

Business Operations

Describe the type of tours/excursions you plan on providing: Local historical
trails in Ocean Shores, Westport and Lake Quinalt.

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. ⁷ *BEN 360-664-1157*

Name: *June Bongiorno* **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 Revenue,
and Employment Security.

Name: *JUNE BONGIORNO* **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 *June Bongiorno*

Signature of applicant *June Bongiorno*

Date *6/6/18* **County, State** *Ocean Shores, WA*