



1300 S. Evergreen Park Dr. SW
 P.O. Box 47250
 Olympia, WA 98504-7250
 Phone: 360-664-1222
 e-mail: Transportation@utc.wa.gov

DOR- ✓
 SOS- ✓
 SAFER- ✓
 UCR- ✓
 INS- ✗
 PAID- ✗

APPLICATION FOR CHARTER AND EXCURSION CARRIER SERVICES CERTIFICATE

| | | |
|--|----------------------------------|--------------------------|
| (For Official Use Only) 111 0268 232 01 | Company ID: <u>20301</u> | Docket TE- <u>190415</u> |
| 111 0268 232 02 | Date Filed: <u>5/20/19</u> | Safety Inspection: |
| 111 0268 232 03 | Reg Fees: ✓ | Insurance: |
| 111 0268 | DOL: - | SOS: - |
| Receipt ID: | Payment ID: <u>Pd \$225 s/po</u> | CH - |

| 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 "Regulatory Fees"</u> , 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 | = \$ 25 |
| Total due (\$200, plus, \$25 per vehicle) | = \$ 225 |
| <input type="checkbox"/> Name Change - WAC 480-30-146 | \$ 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: _____ | |

FILING YOUR APPLICATION

Select one of the following:

- Scan/PDF your application to efileapp.utc.wa.gov and pay online at payments.utc.wa.gov, or,
- Mail your application with your check or money order to the following address:
UTC, PO Box 47250, Olympia, WA 98504-7250

ACH online (no service fee) or credit card online at payments.utc.wa.gov (2.5% or minimum of \$3.95 is charged by Official Payments for credit card processing).

DO NOT EMAIL YOUR CREDIT CARD INFORMATION

SECTION 1 – APPLICANT INFORMATION

Legal Name: Walla Walla Wine Limo LLC
The legal name must match your registration with Department of Revenue

Trade Name(s) (if any): PNW Charter Bus
Trade name(s) must be registered under your UBI number

Mailing Address: _____ **Physical Address:** _____

Street 1209 Southview Dr Street 1209 Southview Dr

City Walla Walla City Walla Walla

State/Zip WA 99362 State/Zip WA 99362

Phone Number: 509-520-5064 Fax Number: _____

UBI #: 603600954 E-Mail: info@wallawallawinelimo.com

Website: www.wallawallawinelimo.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>Jon Wells</u> | <u>Owner</u> | <u>100%</u> |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

List other certificates or permits held with the commission: _____

USDOT # 3275110 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: _____
Wedding Charter, Corporate Charter, Wine Tours, Team Travel

SECTION 2 – EQUIPMENT

(Attach additional sheets if necessary)

| License Number | Year And Make Of Vehicle | Vehicle ID Number | Seating Capacity |
|--|--------------------------|-------------------|------------------|
| Not available until we complete UTC registration | 2010 Temsa | NLTRPPN73A1000052 | 40 |
| | | | |
| | | | |

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 | |
|--|------------------|
| <ul style="list-style-type: none"> ▪ 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: | Position: |
| Jon Wells | 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: Jon Wells 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: Jon Wells Position: Owner

SECTION 4 – DECLARATION OF APPLICANT

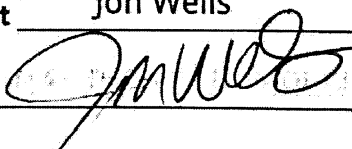
I understand that filing this application does not in itself constitute authority to operate as a passenger charter and excursion carrier.

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 Jon Wells

Signature of applicant 

Date 5/15/2019 County, State USA, Washington

ANNUAL VEHICLE INSPECTION REPORT

| VEHICLE HISTORY RECORD | |
|--|-------------------|
| REPORT NUMBER | FLEET UNIT NUMBER |
| | |
| DATE 5-1-2019 | |

| | |
|---|---|
| MOTOR CARRIER OPERATOR Walla Walla Wine Limo LLC | INSPECTOR'S NAME (PRINT OR TYPE) Steve Kvalhim |
| ADDRESS 1209 South View Drive | THIS INSPECTOR MEETS THE QUALIFICATION REQUIREMENTS IN SECTION 396.19. <input checked="" type="checkbox"/> YES |
| CITY, STATE, ZIP CODE Walla Walla WA. 99362 | VEHICLE IDENTIFICATION (✓ AND COMPLETE) <input type="checkbox"/> LIC. PLATE NO. <input checked="" type="checkbox"/> VIN <input type="checkbox"/> OTHER A1000052 |
| VEHICLE TYPE <input type="checkbox"/> TRACTOR <input type="checkbox"/> TRAILER <input type="checkbox"/> TRUCK <input checked="" type="checkbox"/> BUS <input type="checkbox"/> (OTHER) | INSPECTION AGENCY/LOCATION (OPTIONAL) |

| VEHICLE COMPONENTS INSPECTED | | | | | | | | | | | |
|------------------------------|--------------|---------------|---|----|--------------|---------------|--|----|--------------|---------------|---|
| OK | NEEDS REPAIR | REPAIRED DATE | ITEM | OK | NEEDS REPAIR | REPAIRED DATE | ITEM | OK | NEEDS REPAIR | REPAIRED DATE | ITEM |
| | | | 1. BRAKE SYSTEM | | | | 6. SAFE LOADING | | | | 10. TIRES |
| ✓ | | | a. Service Brakes | | | | a. Part(s) of vehicle or condition of loading such that the spare tire or any part of the load or dunnage can fall onto the roadway. | ✓ | | | a. Tires on any steering axle of a power unit. |
| ✓ | | | b. Parking Brake System | NA | | | b. Protection against shifting cargo. | ✓ | | | b. All other tires. |
| ✓ | | | c. Brake Drums or Rotors | | | | c. Container securement devices on intermodal equipment. | NA | | | c. Installation of speed-restricted tires unless specifically designated by motor carrier. |
| ✓ | | | d. Brake Hose | | | | | | | | |
| ✓ | | | e. Brake Tubing | | | | | | | | |
| ✓ | | | f. Low Pressure Warning Device | NA | | | | | | | |
| ✓ | | | g. Tractor Protection Valve | | | | | | | | |
| ✓ | | | h. Air Compressor | NA | | | | | | | |
| NA | | | i. Electric Brakes | | | | | | | | |
| NA | | | j. Hydraulic Brakes | | | | | | | | |
| NA | | | k. Vacuum Systems | | | | | | | | |
| ✓ | | | l. Antilock Brake System | ✓ | | | | | | | |
| ✓ | | | m. Automatic Brake Adjusters | ✓ | | | | | | | |
| | | | 2. COUPLING DEVICES | | | | 7. STEERING MECHANISM | | | | 11. WHEELS AND RIMS |
| NA | | | a. Fifth Wheels | ✓ | | | a. Steering Wheel Free Play | NA | | | a. Lock or Side Ring |
| NA | | | b. Pintle Hooks | ✓ | | | b. Steering Column | ✓ | | | b. Wheels and Rims |
| NA | | | c. Drawbar/Towbar Eye | ✓ | | | c. Front Axle Beam and All Steering Components Other Than Steering Column | ✓ | | | c. Fasteners |
| NA | | | d. Drawbar/Towbar Tongue | ✓ | | | d. Steering Gear Box | NA | | | d. Welds |
| NA | | | e. Safety Devices | ✓ | | | e. Pitman Arm | | | | |
| NA | | | f. Saddle-Mounts | ✓ | | | f. Power Steering | | | | |
| | | | 3. EXHAUST SYSTEM | | | | 8. SUSPENSION | | | | 12. WINDSHIELD GLAZING |
| ✓ | | | a. Exhaust system leaking forward of or directly below the driver/sleeper compartment. | ✓ | | | a. Any U-bolt(s), spring hanger(s), or other axle positioning part(s) cracked, broken, loose or missing resulting in shifting of an axle from its normal position. | ✓ | | | Requirements and exceptions as stated pertaining to any crack, discoloration or vision reducing matter (reference 393.60 for exceptions). |
| ✓ | | | b. Bus exhaust system leaking or discharging in violation of standard. | ✓ | | | b. Spring Assembly | | | | |
| ✓ | | | c. Exhaust system likely to burn, char, or damage the electrical wiring, fuel supply, or any combustible part of the motor vehicle. | ✓ | | | c. Torque, Radius or Tracking Components | | | | |
| | | | 4. FUEL SYSTEM | | | | 9. FRAME | | | | 13. WINDSHIELD WIPERS |
| ✓ | | | a. Visible leak. | ✓ | | | a. Frame Members | ✓ | | | Any power unit that has an inoperative wiper, or missing or damaged parts that render it ineffective. |
| ✓ | | | b. Fuel tank filler cap missing. | ✓ | | | b. Tire and Wheel Clearance | | | | |
| ✓ | | | c. Fuel tank securely attached. | ✓ | | | c. Adjustable Axle Assemblies (Sliding Subframes) | | | | |
| | | | 5. LIGHTING DEVICES | | | | | | | | 14. MOTORCOACH SEATS |
| ✓ | | | All lighting devices and reflectors required by Part 393 shall be operable. | NA | | | | ✓ | | | Any passenger seat that is not securely fastened to the vehicle structure. |
| | | | | | | | | | | | 15. OTHER |
| | | | | | | | | | | | List any other condition(s) which may prevent safe operation of this vehicle. |

INSTRUCTIONS: MARK COLUMN ENTRIES TO VERIFY INSPECTION: ✓ OK, X NEEDS REPAIR, NA IF ITEMS DO NOT APPLY. _____ REPAIRED DATE

CERTIFICATION: THIS VEHICLE HAS PASSED ALL THE INSPECTION ITEMS FOR THE ANNUAL VEHICLE INSPECTION IN ACCORDANCE WITH 49 CFR PART 396.

