



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

**TE-190838**

621 Woodland Square Loop SE  
 Lacey, WA 98503  
 P.O. Box 47250  
 Olympia, WA 98504-7250  
 Phone: 360-664-1222  
 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>	Fee Required
<input checked="" type="checkbox"/> <b>New Authority</b>	<b>\$200.00</b>
<input type="checkbox"/> <b>Transfer</b> an existing certificate to a new owner or business structure. ○ If transfer, complete Attachment A.	<b>\$200.00</b>
<input type="checkbox"/> <b>Reinstate</b> a previously cancelled certificate; <u>WAC-480-30-121</u> .	<b>\$200.00</b>
<b>Plus,</b>	
<input checked="" type="checkbox"/> <b>Regulatory Fee</b> - 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.	
<b>Total number of vehicles to be operated</b> <u>  2  </u> x \$25 per vehicle	= \$ <u>  50.00  </u>
<b>Total due</b> (\$200, plus, \$25 per vehicle)	= \$ <u>  250.00  </u>
<input type="checkbox"/> <b>Name Change</b> - <u>WAC 480-30-146</u>	<b>\$ 35.00</b>
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>  Best Travel Inc  </u>	

## FILING YOUR APPLICATION

Select one of the following:

- Scan/PDF your application to [efileapp.utc.wa.gov](http://efileapp.utc.wa.gov) and pay online at [payments.utc.wa.gov](http://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](http://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: Best Travel Inc  
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 3002 31st Ave SE  
City puuyallup WA  
State/Zip WA 98374

Street 500 Mercer st Suite C202-124  
City Seattle  
State/Zip WA 98109

Phone Number: 206-823-6888

Fax Number: \_\_\_\_\_

UBI #: 604 258 486

E-Mail: usbesttravel@gmail.com

Website: \_\_\_\_\_

**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>Jingti Jin</u>	<u>Owner</u>	<u>100%</u>
_____	_____	_____
_____	_____	_____

List other certificates or permits held with the commission: \_\_\_\_\_

USDOT # 289 2945 If you don't have a USDOT #, go online at [www.fmcsa.dot.gov/online-registration](http://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  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_





### 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:

Position:

**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:

Position:

### 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 Jiaxing Lyu

Signature of applicant 吕家兴

Date 10/04 / 2019 County, State WA USA





**ATTACHMENT A**

**JOINT APPLICATION FOR TRANSFER OF CHARTER/EXCURSION AUTHORITY**

Current Name on Certificate (Seller): \_\_\_\_\_

Current Trade Name on Certificate (Seller): \_\_\_\_\_

Address (Seller): \_\_\_\_\_

Certificate Number: \_\_\_\_\_ Phone Number (Seller) \_\_\_\_\_

Have all fines or penalties owed to the Commission been paid?  No  Yes

Has the closing safety report been filed with the Commission?  No  Yes

Does the buyer agree to begin service as soon as the Commission authorizes the transfer?

↑  
 Yes  No, If no, then when? \_\_\_\_\_

**RELEASE OF AUTHORITY**

I, the seller have sold or otherwise released interest in my Charter/Excursion Certificate authority CH-\_\_\_\_\_ to the following:

Name of Buyer: \_\_\_\_\_

Trade Name of Buyer: \_\_\_\_\_

We, as applicants, hereby jointly declare and affirm that all information is true to the best of our knowledge.

\_\_\_\_\_  
Seller's signature

\_\_\_\_\_  
Date and Location

\_\_\_\_\_  
Buyer's Signature

\_\_\_\_\_  
Date and Location