

(For Official Use Only)

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DOR - ✓
SOS - ✓
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UCR - ✓
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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

Docket TE-

Insurance:

Safety Inspection:

Company ID:

Date Filed:

Reg Fees:

111 0268	DOL:	SOS:	
Receipt ID:	Payment ID:	CH -	
			- Control of the Cont
Passenger Charter a	and Excursion Carrier Service	es WAC 480-30	Fee Required
/			
☑ New Authority			\$200.00
☐ <b>Transfer</b> an existing	g certificate to a new owner	or business structure.	
	complete Attachment A.		\$200.00
☐ <b>Reinstate</b> a previo	usly cancelled certificate; WA	C-480-30-121.	\$200.00
Plus,			
Regulatory Fee - In	n accordance with <u>RCW 81.70.35</u>	0 "Regulatory Fees", the C	ommission requires
Charter and Excursion	on companies to file reports of t	he number of vehicles oper	rated by the company
and pay the sum of	\$25 for each vehicle operated. T	here is a minimum fee of \$	25.
Total number of w	ehicles to be operated 2	. ćor	50 ar
rotal number of v	enicies to be operated	x \$25 per vehicle	= \$
Total due (\$200 n	lus, \$25 per vehicle)		= \$ 50.00 = \$ 250.00
10ται απε (\$200, β	rius, \$25 per verricie)		= \$
☐ Name Change - W	/AC 480-30-146		¢ 25 00
	ge a company's corporate name,	change a trade name and	\$ 35.00
change the surname	of an individual owner or partn	er	a new trade name or
		G.,	
Company Name:	Best Travel Inc		

#### **FILING YOUR APPLICATION**

Select one of the following:

Scan/PDF your application to <u>efileapp.utc.wa.gov</u> and pay online at <u>payments.utc.wa.gov</u>, 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 <u>payments.utc.wa.gov</u> (2.5% or minimum of \$3.95 is charged by Official Payments for credit card processing).

#### DO NOT EMAIL YOUR CREDIT CARD INFORMATION

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## SECTION 1 – APPLICANT INFORMATION

Legal Name: Best Travel I	
The legal name must match your regis	stration with <u>Department of Revenue</u>
Trade Name(s) (if any):	
Mailing Address:	ist be registered under your <u>UBI number</u> <u>Physical Address</u> :
Street 3002 31st Ave SE	Street 500 Mercer st Suite C202-18
City payallap vot	City Seattle
State/Zip WA 98374	State/Zip WA 93109
Phone Number: 206 - 823 - 6383	Fax Number:
UBI#: 604 258 486	E-Mail: Us besttravel @ gmail. com
Website:	n ( - 1998) telli (
Type of business structure	
The second secon	Corporation
	a tale plant the Mark Total County of the Mark Total County of the San Tale County of the S
If a Partnership, Corporation, or Other, list the r distribution for major stockholders:	name, title, and percentage of partner's share or stock
Nama	Stock Distributions
Name TingLi Jin	Owner or Percentage of Shares
	ere some contract and so to a dominant accompact the
List other certificates or permits held with t	the commission:
USDOT# 289 2945	The action of the social states and the second states and the second states and the second states are second states ar
www.fmcsa.dot.gov/online-registration or o	If you don't have a USDOT #, go online at contact the Washington State Patrol at
360-596-3810 for assistance.	
<b>Business Operations</b>	
Describe the type of tours/excursions you p	plan on providing: Shuttle service

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Have you or your company ever been cited for business-related violation of state laws or commission rule or any other federal or state agency?

✓ No ☐ Yes If yes, please explain\_\_\_\_\_\_

#### SECTION 2 – EQUIPMENT

(Attach additional sheets if necessary)

License Number	Year And Make Of Vehicle				Vehicle ID Number	Seating Capacity	
IFACWDUOFHGD70	12	2015	Freighthiner	1 52 4	37		
WKK34DD2930005		2008	Setra	2	56		
W KK 3 4 DU 2030003	10		-0.110				

#### SECTION 3 – SAFETY AND OPERATIONS

In each of the categories shown below, list the person and position responsible for understanding and complying with the <u>Federal Motor Carrier Safety Regulations (FMCSR)</u> 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: Jiaxing Lyw	Position: Manager		
			J

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 certifiy that I am the applicant or I am authorized to execute and file this document on behalf of the applicant.

Printed name of applicant <u>Jiaxing</u> Lyn				
Signature of applicant なる。				_
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):		
Address (Seller)		
Certificate Number:P	hone Numb	er (Seller)
Have all fines or penalties owed to the	Commissior	n been paid? □No □ Yes
Has the closing safety report been filed	with the Co	ommission? 🗆 No 🏗 Yes
Does the buyer agree to begin service as soon	as the Com	mission authorizes the transfer?
☐ Yes1☐ No, If no, then when?		
RELEASE O	E ALITHOI	
<u>KELEASE O</u>	r AUTHOI	MII
I, the seller have sold or otherwise released in authority CH to the following Name of Buyer:	g:	
Trade Name of Buyer:		
We, as applicants, hereby jointly declare and a our knowledge.	affirm that a	all information is true to the best of
		preparations and he makes no street
Seller's signature	N KA	Date and Location
•		X-8 E managazinas
Buyer's Signature		Date and Location