



**DOR-** ✓  
**SOS-** ✓  
**SAFER-** ✓  
**UCR-** n/a  
**INS-** ✗  
**PAID-** ✓

**TE-190923**

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 <a href="#">WAC 480-30</a>	<u>Fee Required</u>
✓ <b>New Authority</b> <b>\$200.00</b> <b>Transfer</b> an existing certificate to a new owner or business structure. <ul style="list-style-type: none"> <li>○ If transfer, complete Attachment A. <span style="float: right;"><b>\$200.00</b></span></li> </ul> <b>Reinstate</b> a previously cancelled certificate; <a href="#">WAC-480-30-121</a> . <span style="float: right;"><b>\$200.00</b></span>	
<b>Plus,</b> ✓ <b>Regulatory Fee</b> - In accordance with <a href="#">RCW 81.70.350</a> "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>  3  </u> x \$25 per vehicle	= \$ <u>  75.00  </u>
<b>Total due</b> (\$200, plus, \$25 per vehicle)	= \$ <u>  275.00  </u>
<b>Name Change</b> - WAC <a href="#">480-30-146</a>	<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.	
<b>Company Name:</b> _____	

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: GI GO Shuttle 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	<u>771 N Hayford Rd. Suite D-1</u>	Street	<u>771 N Hayford Rd. Suite D-1</u>
City	<u>Airway Heights</u>	City	<u>Airway Heights</u>
State/Zip	<u>WA, 99001</u>	State/Zip	<u>WA, 99001</u>

Phone Number: 509-217-7580 Fax Number: \_\_\_\_\_

UBI #: 604346972 E-Mail: gigoshuttle@gmail.com

Website: http://www.gigologistics.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:

<u>Name</u>	<u>Title</u>	<u>Stock Distributions or Percentage of Shares</u>
<u>Glenn Blackmore</u>	<u>owner</u>	<u>100%</u>
_____	_____	_____
_____	_____	_____

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

USDOT # 3209594 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: Leisure and outdoor trips  
originating in Washington state.

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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**

Describe the equipment that will be used (attach additional sheet if necessary). All vehicles must pass a Commercial Vehicle Safety Alliance inspection before an application is granted. All fields are required. Per [WAC 480-30-036 \(2\)](#), "Party bus" means any motor vehicle whose interior enables passengers to stand and circulate throughout the vehicle because seating is placed around the perimeter of the bus or is nonexistent and in which food, beverages, or entertainment may be provided. A motor vehicle configured in the traditional manner of forward-facing seating with a center aisle is not a party bus.

Year	Make	License Number	Vehicle ID number	Seating Capacity	Party Bus Vehicle (Y/N)
2013	Ford E350	C01584R	1FDEE3FS5DDA72744	8+ driver	N
2009	Chevy C5500		1GBJ5V1939F401170	27+ driver	N
2006	Ford E450	BQM6006	1FDXE45P06HB07228	14+ driver	N

### 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 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:** Glenn Blackmore

**Position:** Owner

<b>OPERATIONAL RESPONSIBILITIES</b>	
List the person and position responsible for understanding and complying with the requirements of each category shown below.	
<b>ANNUAL REPORTS AND REGULATORY FEES.</b> You must file an annual safety report and pay regulatory fees by May 1 of each year.	
<b>Name:</b> Glenn Blackmore	<b>Position:</b> Owner
<b>STATE OF WASHINGTON GENERAL LAWS, RULES AND REGULATIONS.</b> You must comply with the regulations of local, state, and federal agencies such as, <u>but not limited to:</u> <a href="#">Department of Labor and Industries</a> , <a href="#">Department of Licensing</a> , <a href="#">Secretary of State</a> , Department of Revenue, <a href="#">Internal Revenue Service</a> and Employment Security.	
<b>Name:</b> Glenn Blackmore	<b>Position:</b> 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** Glenn Blackmore

**Signature of applicant** Glenn Blackmore

Date 11/07/2019 County, State Spokane county, WA

## 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