# TE-190966



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)	Company ID:	Docket TE-
111 0268 232 01 25,55		
111 0268 232 02	Date Filed:	Safety Inspection:
111 0268 232 03	Reg Fees:	Insurance:
111 0268	DOL:	SOS:
Receipt ID: \$ 225	Payment ID:	СН -
· ·		

Pa	ssenger Charter and Excursion Carrier Services WAC 480-30 Fee Require	ьd
1 4	isseriger charter and execusion carrier services wae 400 50	
V	New Authority \$200.0	00
П	<b>Transfer</b> an existing certificate to a new owner or business structure.	
	o If transfer, complete Attachment A. \$200.0	00
_		
	<b>Reinstate</b> a previously cancelled certificate; <u>WAC-480-30-121</u> . \$200.0	00
Plu	ys,	
1	<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.	
	Total number of vehicles to be operated	_
	<b>Total due</b> (\$200, plus, \$25 per vehicle) = \$ 225	_
	Name Change - WAC <u>480-30-146</u> \$ 35.06  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: High Suciety Transportation IIC	_

### **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

10-2019 Page 4 of 9

# SECTION 1 – APPLICANT INFORMATION

<b>Business Ope</b>	erations
---------------------	----------

Describe the ty wine for Corporate			you plan on p	providing: <u>V</u>	rivate p festivals	arties,	lings
						,	
Have you or yo commission ru		and the second second second second			l violation of	state laws o	ir
₩ 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 <a href="WAC 480-30-036">WAC 480-30-036</a> (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	Party Bus
0.000	C 1	BIEISZZ	1PDAF56PX6EA71	Capacity	Vehicle (Ŷ/N)
2006	vora	12/612972	TI DULDON COR II	332 26	(Y)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 <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:	Position:

OPERATIONAL RESPONSIBILITIES			
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.			
Name: Russell	Position:		
STATE OF WASHINGTON GENERAL LAWS, RULES AND REGULATIONS. You must comply with the regulations of local, state, and federal agencies such as, <u>but not limited to</u> : <u>Department of Labor and Industries</u> , <u>Department of Licensing</u> , <u>Secretary of State</u> , Department of Revenue, <u>Internal Revenue Service</u> and Employment Security.			
Name: Brandon Russell	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 Save	ion Russoll
Signature of applicant	24
Date 11/14/19	County, State WA