

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: 15367	Docket TE- 200043
111 0268 232 02	Date Filed: 1/17/2020	Safety Inspection:
111 0268 232 03	Reg Fees:	Insurance:
111 0268	DOL:	SOS:
Receipt ID:	Payment ID: 10764	CH -

Pa	ssenger Charter and Excursion Carrier Services WAC 480-30	Fee Required
	New Authority	\$200.00
	Transfer an existing certificate to a new owner or business structure.	
	 If transfer, complete Attachment A. 	\$ 200.00
X	Reinstate a previously cancelled certificate; WAC-480-30-121.	\$200.00
	,	·
PΙι	JS,	
	Regulatory Fee - In accordance with <u>RCW 81.70.350</u> "Regulatory Fees", the Commis Charter and Excursion companies to file reports of the number of vehicles operated 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>4</u> x \$25 per vehicle	= \$ _\$100
	Total due (\$200, plus, \$25 per vehicle)	= \$
	Name Change - WAC <u>480-30-146</u> Application to change a company's corporate name, change a trade name, add a new change the surname of an individual owner or partner.	\$ 35.00 trade name or
	Company Name:	

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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:_	Presidential Transpor			
	The legal name must match yo	ur registration with <u>Depar</u>	tment of Revenue	
Trade Name(s) (if any):			
riade riame(s	Trade nam	e(s) must be registered un	der your <u>UBI numbe</u>	<u> </u>
<u>N</u>	lailing Address:		<u>Physi</u>	cal Address:
Street 918	S S Horton St. STE. 1010	Street	Same	
City <u>Sea</u>	ttle	City		
State/Zip WA		State/Zip		
Phone Numbe	r: 425-610-9757	Fax N	umber:	
UBI #:603	3-324-608	E-Ma	il: <u>admin@pre</u>	esidential transpo.com
Website: <u>Pre</u>	sidential transpo.com			
Type of busin	ness structure			
□ Individual	☐ Partnership	☐ Corporation	on ဩ Oth	ner (LP, LLP, LLC)
•	, Corporation, or Other, lis major stockholders:	st the name, title, and	percentage of pa	artner's share or stock
	•			Stock Distributions
<u>Name</u>	_	<u>itle</u>		or Percentage of Shares
				90%
Cherie Zeledor	1 	Office Manager		10%
List other cert	ificates or permits held	with the commissio	n:	
USDOT #06	5230	If you do	n't have a USD(OT #, go online at
www.fmcsa.do	ot.gov/online-registration	on or contact the W	ashington State	Patrol at
360-596-3810	for assistance.			

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Business Operations

Describe the type of tours/excursions you plan on providing:	
Passenger shuttle bus services to custom destinations locally	
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 <u>WAC 480-30-036 (2)</u>, "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)
2000	Ford	BBY3207	Exec28	18	Υ
2006	EZ Rider	C51248K	Air 1	30	Υ
2012	Ford	C47281S	Exec 2	28	N
2000	MCI	2407553	Air48	56	N

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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.

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OPERATIONAL R	ESPONSIBILITIES		
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:		
Keith Asphy	President		
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: Keith Asphy	Position: President		

<u>SECTION 4 – DECLARATION OF APPLICANT</u>

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	l name of applica	ant <u>Keith Asphy</u>	
Signatu	re of applicant_	La Keith Chapty	
Date	1/16/2020	County, State King County, WA	

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