



621 Woodland Square Loop SE
 Lacey, WA 98503
 P.O. Box 47250
 Olympia, WA 98504-7250
 Phone: 360-664-1222
 Email: transportation@utc.wa.gov

APPLICATION FOR CHARTER AND EXCURSION CARRIER SERVICES CERTIFICATE

FOR OFFICAL USE ONLY

Date Filed:	Company:	Docket #:	
Receipt ID:	Payment ID:	App Fee:	Reg Fee: Total Paid:
111 0268	111 0268 232 01	111 0268 232 02	111 0268 232 03

Application Fee may be waived under blanket order in Docket TE-200456 - pending

Passenger Charter and Excursion Carrier Services WAC 480-30	Fee Required
<p>New Authority – Complete this application.</p> <p>Transfer an existing certificate to a new owner or business structure. Complete this application in addition to Attachment A – Joint Application for Transfer of Charter/Excursion Authority.</p> <p>Reinstate a previously cancelled certificate; WAC-480-30-121.</p> <p style="text-align: center;">Additional Fees</p> <p>Regulatory Fee - In accordance with RCW 81.70.350 “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.</p> <p>Total number of vehicles to be operated x \$25 per vehicle = \$</p> <p>Total due (\$200, plus, \$25 per vehicle) = \$</p>	<p>\$200</p>
<p>Name Change - WAC 480-30-146 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.</p> <p>New Company Name:</p>	<p>\$35</p>

FILING YOUR APPLICATION

Select **one** of the following:

- Scan/PDF your application to efileapp.utc.wa.gov and pay online at 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 on-line (no service fee) or credit card on-line at 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



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Section 1 - APPLICATION

Legal Name:

Trade Name, if applicable:

Physical Address:

Mailing Address:

Telephone Number:

Email:

Contact Name:

Website:

USDOT#: If you do not have a USDOT number, go online at <https://cms8.fmcsa.dot.gov>
to apply or call 360-596-3812 for assistance.

Is your business registered with the **Department of Revenue**? No Yes

Business License/UBI#:

Business Structure

Individual Partnership Corporation Other (LP, LLP, LLC) State of Incorporation

List the name, title and percentage of all partner's share or stock distribution for major stockholders:

Name Title Stock Distribution/% of Shares

Business Operations

- 1. Describe the type of tours/excursions you plan on providing:

- 2. Have you or your company ever been cited for business-related violations of state laws or commission rules by the UTC or any other federal or state agency? No Yes If yes, please explain:



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3. Will you be employing CDL drivers? Yes No If "yes" you must submit proof of enrollment in a drug and alcohol testing program.

Section 2 - EQUIPMENT LIST

Describe the equipment that will be used (attach additional sheets if necessary). All vehicles must pass a Commercial Vehicle Safety Alliance inspection before a permit 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 (VIN)	Seating Capacity	Party Bus

**attach additional pages if necessary*

Section 3 - SAFETY

Identify 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 the publication "[Your Guide to Achieving a Satisfactory Safety Rating](#)" for assistance with requirements.

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. **Please attach evidence of your enrollment in a drug and alcohol testing program if your company has commercial vehicles and employs CDL drivers.**

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:
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Section 4- OPERATIONAL RESPONSIBILITIES

Identify 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 financial report with the commission and pay regulatory fees by May 1 of each year.

Name:	Position:
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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:
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Section 5 - DECLARATION OF APPLICANT

INITIAL

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.

Name:	Date:
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Section 6 – ADDITIONAL REQUIRED ATTACHMENTS

For Transfer an existing certificate to a new owner or business structure: include *“attachment A – JOINT APPLICATION FOR TRANSFER OF CHARTER/EXCURSION AUTHORITY”*.



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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 WAC 480-30	<u>Fee Required</u>
<input type="checkbox"/> New Authority	\$200.00
<input type="checkbox"/> Transfer an existing certificate to a new owner or business structure. <ul style="list-style-type: none"> <input type="radio"/> If transfer, complete Attachment A. 	\$200.00
<input checked="" type="checkbox"/> Reinstate a previously cancelled certificate; WAC-480-30-121 .	\$200.00
Plus,	
<input checked="" type="checkbox"/> Regulatory Fee - In accordance with RCW 81.70.350 "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 <u>2</u> x \$25 per vehicle	= \$ <u>50.00</u>
Total due (\$200, plus, \$25 per vehicle)	= \$ <u>250.00</u>
<input type="checkbox"/> Name Change - WAC 480-30-146	\$ 35.00
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>TRANSPORTES Y MAS LLC DBA CHARTER PLUS SERVICES</u>	

FILING YOUR APPLICATION

Select one of the following:

- Scan/PDF your application to efileapp.utc.wa.gov and pay online at 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 (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: TRANSPORTES Y MAS LLC
The legal name must match your registration with [Department of Revenue](#)

Trade Name(s) (if any): CHARTER PLUS SERVICES
Trade name(s) must be registered under your [UBI number](#)

Mailing Address:

Physical Address:

Street PO BOX 5258

Street 1530 W. CLARK ST #D

City PASCO

City PASCO

State/Zip WA, 99302

State/Zip WA, 99301

Phone Number: (509) 572-6513

Fax Number: NA

UBI #: 604339724

E-Mail: charterplusservices@gmail.com

Website: NA

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>LORENZO GALVAN</u>	<u>PRESIDENT / OWNER</u>	<u>100</u>
_____	_____	_____
_____	_____	_____

List other certificates or permits held with the commission: NONE

USDOT # 3207354 If you don't have a USDOT #, go online at 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: TRANSPORTATION OF H1, H2 USAS (AGRICULTURAL WORKERS) TO PASSENGERS TO LOCAL FARMS & ORCHARDS

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
BLW 2387	2012 FORD EC.	1FB5S3BL3CD300445	14
BTJ4261	2012 FORD EC.	1FB5S3BL3CD300445	14

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 an 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: FRANCO CAMARILLO
POWER OF ATTORNEY LONZENO GALVAN Position: BOOK KEEPER & POA

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:

FRANCO CAMARILLO

Position:

BOOK KEEPER & POA

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:

FRANCO CAMARILLO

Position:

BOOK KEEPER & POA

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 LORENZO GALVA

Signature of applicant



FRANCO CAMARILLO
POA LORENZO GALVA

Date

5/21/20

County, State

FRANKLIN WA