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COMMISSION

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: 12/04/2020 Company: Hallcon Corporation Docket #:						
Receipt ID:	Payment ID: 15206	App Fee: \$200   Reg Fee: \$	325 Total Paid: \$525			
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Passenger Charter and Excursion Carrier Services WAC 480-30	Fee Required
<ul> <li>✓ New Authority – Complete this application.</li> <li>☐ 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.</li> <li>☐ Reinstate a previously cancelled certificate; WAC-480-30-121.</li> </ul>	\$200
Additional Fees  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 13 x \$25 per vehicle	= \$ 325
Total due (\$200, plus, \$25 per vehícle)	= \$ 525
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.  New Company Name:	\$35

## 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 Na	Section 1 - APPLICATION  agal Name: Hallcon Corporation rade Name, if applicable: hysical Address: 14325 W 95th St., Lenexa, KS 66215 elephone Number: 913-890-6195 Email: mknickerbocker@hallcon.com ontact Name: Mark Knickerbocker Website: hallcon.com  SDOT#: 3529664 If you do not have a USDOT number, go online at https://cms8.fmcsa.dot.gov oapply or call 360-596-3812 for assistance. s your business registered with the Department of Revenue? No Yes Business License/UBI#: 602792162  Business Structure  Individual Partnership Corporation Other (LP, LLP, LLC) State of incorporation Delaware  List the name, title and percentage of all partner's share or stock distribution for major stockholders:  Name Title Stock Distribution/% of Shares Hallcon Crew Transport, Inc. Stockholder  Business Operations  1. Describe the type of tours/excursions you plan on providing:  On-demand shuttle service for contracted companies. Our service is not open to the public for hire.				
Trade Na	ame, if applicable:				
Physical	Address: 14325W/9585	<b>XXXXXXXXX</b>	<b>\$ 8024\$</b> 801 4th Ave S	, Seattle V	VA 98104
Mailing .	Address: <b>14325 W 95th St.</b>	, Lenexa, KՏ	S 66215		
Telepho	ne Number: <b>913-890-6195</b>		Email: mknickerbock	er@hallc	on.com
Contact	Name: Mark Knickerbock	er	Website: hallcon	com	
USDOT#	: 3529664 If you do not	: have a USDOT	number, go online at <b>http</b>	s://cms8.fr	ncsa.dot.gov
to apply	or call 360-596-3812 for assistar	ice.			
Is your b	ousiness registered with the <b>C</b>	epartment o	f Revenue?	Yes	
E	Business License/UBI#: 60279	92162			
		Bus	siness Structure		
lr	ndividual Partnership	Corporati	ion Other (LP, LLP,	LLC)	State of Incorporation
					Delaware
List the	e name, title and percentage	of all partner's	s share or stock distribut	ion for ma	jor stockholders:
Name	POL-PEGON INITIAL DISCOSTORIO MERIPIELA PARAMETERA PARAMETERA DE SENTINO DE LA CONTRACTORIO DE LA CONTRACTOR	Title		Stock Dist	ribution/% of Shares
Hallc	on Crew Transport, Inc.	Stockhold	ler	Описания	100 %
				recommended. Inter-	
				i i i i i i i i i i i i i i i i i i i	
		Pusi	inoss Operations	and a second	and the second relative second
4	Describe the true of towns/s		•		
The second secon			gestat saining voorgesigs autonommente meeste meeste voor ook voor ook voor voor die keiste vo	docioso	t appropriate the public for
i	emand shuttle service to	contracted	companies. Our ser	vice is no	t open to the public for
		Macrosonan revocadores de Alba (1864-1882) (1888-1888) (1888-1888) (1888-1888) (1888-1888) (1888-1888) (1888-1	107-117-117-117-117-117-117-117-117-117-		
2.	Have you or your company or rules by the UTC or any other				state laws or commission If yes, please explain:
Care and the second		Alle A 1993 Marie Ma		rg gg general <del>(1000-te</del> nth meant 1000-tenth (1000-tenth debit che viii 1000-te <sup>1</sup> V	The second secon



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3.	Will you be employing CDL drivers?		res 🗸	No
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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 alse is not a party bus.

Year	Make	License Number	Vehicle ID (VIN)	Seating Capacity	Party Bus
	SEE ATTACHED				
					***********
ļ			***************************************		
				***************************************	***************************************

<sup>\*</sup>attach additional pages if necessory

#### 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: Mark Knickerbocker	Position: Director, Safety & RM
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Position: Director, Finance

Position: Director, Safety & RM

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: Michael Stiles

applicant.

Name:

INITIAL

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: Mark Knickerbocker

Section 5 - DECLARATION OF APPLICANT I understand that filing this application <u>does not</u> 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

## 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".		

VIN Number	License Plate#	Year	Make	Capacity	Party Bus?
1FADP5BU0GL102326	BEE9717	2016	Ford	5	No
1FADP5BU1GL108152	BEE9719	2016	Ford	5	No
1FADP5BU2GL101792	BEE9715	2016	Ford	5	No
1FADP5BU3GL104328	BEE9718	2016	Ford	5	No
1FADP5BU9GL116208	BEE9720	2016	Ford	5	No
1FADP5BUXGL105816	BEE9716	2016	Ford	5	No
2C7WDGBG1HR784078	BJG7528	2017	Dodge	7	No
2C7WDGBG3JR255284	BMZ0607	2018	Dodge	7	No
2C7WDGBG4JR255035	BMZ0608	2018	Dodge	7	No
2C7WDGBG5JR203543	BMJ4111	2018	Dodge	7	No
2C7WDGBG7JR203544	BMJ4109	2018	Dodge	7	No
5TDKK3DC6GS761373	BFS4341	2016	Toyota	7	No
5TDKK3DC9ES518721	BFS4342	2014	Toyota	7	No



# CERTIFICATE OF LIABILITY INSURANCE

1/1/2021

DATE (MM/DD/YYYY) 11/24/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PROD	UCER Lockton Companies 444 W. 47th Street, Suite 900				CONTAC NAME: PHONE	Т		FAX		
	Kansas City MO 64112-1906				PHONE FAX (A/C, No. Ext): (A/C, No.):  E-MAIL ADDRESS:					
	(816) 960-9000				ADDRES					
								DING COVERAGE		NAIC#
44.001.11					INSURER	a : Nationa	Interstate I	nsurance Company		32620
INSUI 1 // Or	1040 HALLCON CORPORATION				INSURER	RB:				
1400	14325 W. 951H STREET					INSURER C:				
	LENEXA KS 66215				INSURER	RD:				
					INSURER	RE:				
	BOTTO TO THE STATE OF THE STATE				INSURE	RF:				
				NUMBER: 1716178				REVISION NUMBER:		XXXXX
IN CE	IIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY F (CLUSIONS AND CONDITIONS OF SUCH F	QUIR PERT POLIC	EMEI AIN, CIES.	NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF ANY ED BY T BEEN R	CONTRACT THE POLICIES EDUCED BY I	OR OTHER I DESCRIBED PAID CLAIMS.	DOCUMENT WITH RESPEC	CT TO V	VHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
	COMMERCIAL GENERAL LIABILITY			NOT APPLICABLE				EACH OCCURRENCE	\$ XX	XXXXX
	CLAIMS-MADE OCCUR			1101 MILLIONDE				DAMAGE TO RENTED PREMISES (Ea occurrence)		XXXXX
								MED EXP (Any one person)		XXXXX
								PERSONAL & ADV INJURY		XXXXX
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$ XX	XXXXX
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG		XXXXX
	OTHER:								\$	
Α	AUTOMOBILE LIABILITY	N	N	SFO8199800-05		1/1/2020	1/1/2021	COMBINED SINGLE LIMIT (Ea accident)	\$ 5,00	00,000
	X ANY AUTO	• •	1					BODILY INJURY (Per person)		XXXXX
	OWNED SCHEDULED							BODILY INJURY (Per accident)		XXXXX
	AUTOS ONLY AUTOS NON-OWNED							PROPERTY DAMAGE (Per accident)		XXXXX
	AUTOS ONLY AUTOS ONLY				-			(Per accident)		XXXXX
	UMBRELLA LIAB OCCUR			NOT APPLICABLE				EACH OCCURRENCE	s XX	XXXXX
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		XXXXX
	DED RETENTION\$									XXXXX
	WORKERS COMPENSATION			NOT APPLICABLE				PER OTH- STATUTE ER	V 7171.	
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDENT	s XX	XXXXX
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE		
	If yes, describe under				Į			E.L. DISEASE - POLICY LIMIT		
	DÉSCRIPTION OF OPERATIONS below							E.L. DIGEAGE - FOLIOT CHAIT	VAA	илил
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL	FS U	CORD	101. Additional Remarks Schedu	ule, may be	attached if mor	e space is regulr	ed)		
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	17161781 WASHINGTON UTILITIES &							ESCRIBED POLICIES BE C		
	TRANSPORTATION COMMIS	SIO	V		THE	EXPIRATION	N DATE TH	EREOF, NOTICE WILL I	BE DE	LIVERED IN
	621 WOODLAND SQUARE LC				ACC	OKDANCE W	IN THE POLIC	T FRUVISIONS.		
	LACEY WA 98503				AUTHO	RIZED REPRESE	NTATIVE/			
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