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UTIL. AND TRANSP.  
COMMISSION  
06/29/21 14:50  
Records Management  
Received

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

## CHECKLIST

**Please complete and/or include the following items with your Passenger Charter and Excursion Carrier Services application:**

Indicate the type of Application

- If applying for a new certificate, complete entire application and pay applicable fee along with the regulatory fee for each vehicle.
- If applying for a transfer, complete the entire application, pay applicable fees and include Attachment A.

### **Section 1 – Applicant Information**

- Legal name must match your registered name with **Business Licensing Services**.
- Trade name(s) if any. If you plan on using other names than your legal name, include them on the application. They also must be registered with Business Licensing Services.
- Include mailing address and physical address, if different.
- Record your Unified Business Identifier (UBI# / business license number).
- If corporation or LLC, you must be registered with the **Secretary of State's Office**. Also list the names, titles, and percentages of ownership/members of business.
- Record your **USDOT number**. This is a requirement for intrastate passenger carriers. The legal name and trade name must match exactly.
- Describe the type of tours/excursions you plan on providing (attach additional sheets if needed).

### **Section 2 - Equipment**

- List all vehicles that will be used to transport passengers. The equipment will be inspected once all requirements are met and we have insurance on file.

### **Section 3 – Safety and Operations**

- Indicate the name and position of the person that will be responsible for these requirements.

### **Section 4 – Declaration of Applicant**

- Sign and date.

### **Insurance**

- Contact your insurance agent and request a **Form E filing** (combined single limit of public liability and property damage). The insurance must be in your **legal name**. We will accept a Binder or Certificate of Liability (COI) for up to 60 days or until the Form E is received. The Binder or COI must show the Washington Utilities & Transportation Commission as the certificate holder. Mail, or email to the above address or email address. **See insurance requirements.**

**Once all requirements are met and insurance is received, we will set up an inspection of your vehicles.**

## APPLICATION FOR CHARTER AND EXCURSION CARRIER SERVICES CERTIFICATE

FOR OFFICAL USE ONLY				
Date Filed: <b>06/29/2021</b>	Company: <b>Pacific Northwest Distributing Inc</b>	Docket #: <b>TE-210488</b>		
Receipt ID:	Payment ID:	App Fee:	Reg Fee:	Total Paid:
111 0268	111 0268 232 01	111 0268 232 02		111 0268 232 03

### COVID FEE EXEMPT - For CH000359

Passenger Charter and Excursion Carrier Services <a href="#">WAC 480-30</a>	Fee Required
<input type="checkbox"/> <b>New Authority</b> – Complete this application. <input type="checkbox"/> <b>Transfer</b> an existing certificate to a new owner or business structure. Complete this application in addition to <b>Attachment A – Joint Application for Transfer of Charter/Excursion Authority</b> . <input checked="" type="checkbox"/> <b>Reinstate</b> a previously cancelled certificate; <a href="#">WAC-480-30-121</a> .  <p style="text-align: center;"><b>Additional Fees</b></p> <p><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.</p> <p><b>Total number of vehicles to be operated</b>      x \$25 per vehicle      = \$ 0</p> <p><b>Total due</b> (\$200, plus, \$25 per vehicle)      = \$ 200</p>	<b>\$200</b>
<input type="checkbox"/> <b>Name Change - WAC <a href="#">480-30-146</a></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>New Company Name:</b>	<b>\$35</b>

### FILING YOUR APPLICATION

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 on-line (no service fee) or credit card on-line 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**



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**Section 1 - APPLICATION**

Legal Name: **Pacific Northwest Distributing, llc**

Trade Name, if applicable: **Vashon Shuttle**

Physical Address: **10908 sw Cemetery rd Vashon WA 98070**

Mailing Address: **POB 1813 Vashon WA 98070**

Telephone Number: **206-463-2664** Email: **vashonshuttle@gmail.com**

Contact Name: **Danette Stoner** Website: **vashonshuttle.com**

USDOT#: **586109** 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#: **601846905**

**Business Structure**

Individual  Partnership  Corporation  Other (LP, LLP, LLC)

State of Incorporation  
**Washington** ▼

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

Name	Title	Stock Distribution/% of Shares
<b>Danette Stoner</b>	<b>owner</b>	<b>100</b>

**Business Operations**

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

**Island**

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: **Danette Stoner**

Position: **owner**



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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: **Danette Stoner**

Position: **owner**

**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: **Danette Stoner**

Position: **owner**

**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: **Danette Stoner**

Date: **06/29/2021**

**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*”.