

Hello -  
I'm adding a  
DBA name -  
IF this is NOT  
the RIGHT FORM  
Please call !!)



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WASH. UT. & TP. COMM

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 OFFICIAL USE ONLY					
Date Filed:	Company:	Docket #:			
Receipt ID: <b>070184</b>	Payment ID: <b>1045</b>	App Fee:	Reg Fee:	Total Paid:	
111 0268	111 0268 232 01	111 0268 232 02	<b>35.00</b>	111 0268 232 03	

Passenger Charter and Excursion Carrier Services WAC 480-30	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 type="checkbox"/> <b>Reinstate</b> a previously cancelled certificate; <b>WAC-480-30-121</b> .  <p style="text-align: center;"><b>Additional Fees</b></p> <p>Regulatory Fee - In accordance with <b>RCW 81.70.350</b> "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>	\$200
<input checked="" type="checkbox"/> <b>Name Change - WAC 480-30-146</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> <u>DBA</u> <b>* Additional Name -</b> <u>Roche Harbor Express</u>	\$35

### 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: Friday Harbor Jolly Trolley  
 Trade Name, if applicable: Roche Harbor Express  
 Physical Address: 85 Front Street Friday Harbor, WA 98250  
 Mailing Address: PO Box 1024 Friday Harbor, WA 98250  
 Telephone Number: 360 298 8873 Email: Friday Harbor Jolly Trolley@yahoo.com  
 Contact Name: Alison Canuso Website: www.Fridayharborjollytrolley.com  
 USDOT#: 2058854 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#: 603-495-206

**Business Structure**

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

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

Name	Title	Stock Distribution/% of Shares
<u>Alison Canuso</u>	<u>Owner</u>	<u>100</u>

**Business Operations**

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

We do tours of San Juan 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
1997	Bath	J0114 01	4V2MM029B1C020659	31	
1989	SWMC	J0114 2	1S9BR25G7KC143312	35	
1988	SWMC	J0114 3	1S9BR25G1JC143224	26	
1995	Chery	4 Bella	D116BK P37N7S331741	14	
1984	Chery	J0114 5	D116BK P37W8E3307182	14	
2008	GMC	C25759U	D116BE5V1978F40823	14	

\*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.**

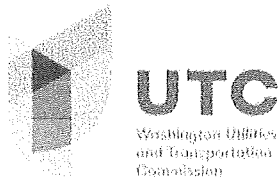
**Inspection, Repair and Maintenance** (Title 49, Code of Federal Regulations Part 396). You must systematically inspect, repair and maintain all motor vehicles.

**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: Alison Canuso 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: <i>Alison Canuso</i>	Position: <i>Owner</i>
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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: <i>Alison Canuso</i>	Position: <i>Owner</i>
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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: <i>Alison Canuso</i>	Date: <i>10/10/21</i>
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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*”.