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 05/11/22 14:51

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: 5/11/2022	Company: Louisiana Motor Coach Inc		Docket #: TV-220330	
Receipt ID:	Payment ID:	App Fee: \$200	Reg Fee: \$400	Total Paid:
111 0268	111 0268 232 01	111 0268 232 02		111 0268 232 03

Passenger Charter and Excursion Carrier Services WAC 480-30	Fee Required
<input checked="" type="checkbox"/> New Authority – Complete this application. <input type="checkbox"/> 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 . <input type="checkbox"/> Reinstate a previously cancelled certificate; WAC-480-30-121 . <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 16 x \$25 per vehicle = \$ 400</p> <p>Total due (\$200, plus, \$25 per vehicle) = \$ 600</p>	<p>\$200</p>
<input type="checkbox"/> 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:	<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
 - PROCESSING MAILED APPLICATIONS WILL BE SIGNIFICANTLY DELAYED

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: **Louisiana Motor Coach, Inc.**

Trade Name, if applicable: **Motor Coach West**

Physical Address: **10350 N Vancouver Way #343 Portland, OR 97217**

Mailing Address:

Telephone Number: **844-343-1400** Email: **sales@motorcoachwest.com**

Contact Name: **Ryan Sanders** Website:

USDOT#: **1833528** 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#: **604-816-250**

Business Structure

Individual Partnership Corporation Other (LP, LLP, LLC)

State of Incorporation

Louisiana

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

Name	Title	Stock Distribution/% of Shares
Mary Sanders	President	51
Louis Sanders	VP	0
Jeffrey Celeste	Sec/Trea	49

Business Operations

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

Charter Bus Service

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
See	Attached				

**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.	
<p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>Inspection, Repair and Maintenance (Title 49, Code of Federal Regulations Part 396). You must systematically inspect, repair and maintain all motor vehicles.</p> <p>Safety Regulations, General (Title 49, Code of Federal Regulations Part 390). You must follow safety regulations.</p> <p>Driving Commercial Motor Vehicles (Title 49, Code of Federal Regulations Part 392). You must follow regulations for driving commercial motor vehicles.</p> <p>Parts and Accessories Necessary for Safe Operation (Title 49, Code of Federal Regulations Part 393). You must maintain parts and accessories in safe condition.</p>	
Name: Louis Sanders	Position: Vice President



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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: **Louis Sanders**

Position: **Vice 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: **Louis Sanders**

Position: **Vice President**

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: **Louis Sanders**

Date: **04/19/2022**

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*”.



**DOT DRUG & ALCOHOL TESTING PROGRAM
CERTIFICATE OF ENROLLMENT**

Louisiana Motor Coach, Inc / DBA Motor Coach West

In accordance with Federal Motor Carrier Safety Regulations, Part 382, the above named employer is a member and full participant in a managed drug and alcohol testing program operated by Transportation Compliance Services, USA, a Consortium/Third Party Administrator (C/TPA) operating in compliance with 49 CFR Part 40 & 382.

Membership validated from January 1, 2022, through December 31, 2022

Consortium Service Providers:

C/TPA: Transportation Compliance Services, USA, Phone 228.872.7160, Fax 228.872.7881

MRO: Dr. Nahin, Phone 877.585.7366, Fax 855.253.5666

Labs: Quest Diagnostics 800.877.7484; Clinical Reference Labs (CRL) 913.492.3652

A handwritten signature in black ink, appearing to read 'Eric Shackelford', is written over a horizontal line.

January 2, 2022

Eric Shackelford, Support Services Administrator
Transportation Compliance Services, USA

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 any rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Louisiana Companies 801 North Blvd. Baton Rouge, LA 70802 225 383-4761	CONTACT NAME: Jennifer C. Broussard, CIC, CISR
	PHONE (A/C, No, Ext): 225 381-3318 FAX (A/C, No): 225-387-4336 E-MAIL ADDRESS: jbroussard@lacompanies.com
INSURED Louisiana Motor Coach, Inc. DBA Motor Coach West 3912 Fourth Street Marrero, LA 70072	INSURER(S) AFFORDING COVERAGE INSURER A : R L I Insurance Company NAIC # 13056
	INSURER B : Louisiana Workers Compensation Corp. 22350
	INSURER C : Benchmark Insurance Company
	INSURER D :
	INSURER E :
	INSURER F :

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			LGB0016534	09/10/2021	09/10/2022	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			LFB0019524	09/10/2021	09/10/2022	COMBINED SINGLE LIMIT (Ea accident) \$5,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ EACH OCCURRENCE \$ AGGREGATE \$ \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE/OFFICER/MEMBER EXCLUDED? <input checked="" type="checkbox"/> N N/A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			156909B (LA)	06/28/2021	06/28/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Other States Workers Compensation/Employers Liability Coverage (GA, ID, OR)

Insurer C

Policy #: LCTB21389100

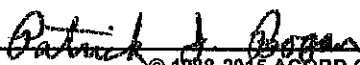
Eff Date: 06/30/2021 Exp Date: 06/30/2022

WC Each Accident Limit: \$1,000,000

(See Attached Descriptions)

CERTIFICATE HOLDER

CANCELLATION

Washington Utilities and Transportation Commission P.O. Box 47250 Olympia, WA 98504	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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DESCRIPTIONS (Continued from Page 1)

WC Policy Limit: \$1,000,000

WC Each Employee Limit: \$1,000,000

Blanket additional Insured in favor of certificate holder with respect to the general liability and auto liability policies as required by written contract when executed prior to a loss, subject to policy terms, conditions and exclusions.

Blanket waiver of subrogation is provided in favor of certificate holder with respect to the Louisiana workers compensation, general liability and auto liability policies as required by written contract when executed prior to a loss, subject to policy terms, conditions and exclusions.

MOTOR COACH WEST

Vehicle #	Number of Seats	Make	Model	Year	VIN#	Plate #	State
LM427	56	MCI	J4500	2019	2MG3JMBA6KW069427	P002355	LA
LM459	56	MCI	J4500	2019	2MG3JMBA8KW069459	P002357	LA
LM460	56	MCI	J4500	2019	2MG3JMBA4KW069460	P002358	LA
LM484	56	MCI	J4500	2019	2MG3JMBA7KW069484	P002413	LA
LM485	56	MCI	J4500	2019	2MG3JMBA9KW069485	P002414	LA
LM486	56	MCI	J4500	2019	2MG3JMBA0KW069486	P002415	LA
LM501	56	MCI	J4500	2019	2MG3JMBA3KW069501	P002416	LA
LM505	56	MCI	J4500	2019	2MG3JMBA0KW069505	P002356	LA
LM557	56 ADA	MCI	J4500	2020	2MG3JMNA1LW069557	P002417	LA
LM559	56 ADA	MCI	J4500	2020	2MG3JMNA5LW069559	P002418	LA
LM560	56 ADA	MCI	J4500	2020	2MG3JMNA1LW069560	P002419	LA
LM563	56 ADA	MCI	J4500	2020	2MG3JMNA7LW069563	P002420	LA
LM564	56 ADA	MCI	J4500	2020	2MG3JMNA9LW069564	P002421	LA
LM566	56 ADA	MCI	J4500	2020	2MG3JMNA2LW069566	P002422	LA
LM798	56 ADA	MCI	J4500	2020	2MG3JMNA1LW069798	P002359	LA
LM519	56 ADA	MCI	J4500	2023	2MGD1W91XPW105519	P630123	IL

As of

4/27/2022 (16) Coaches

USDOT Number MC/MX Number Name

Enter Value: 1833528

Company Snapshot
LOUISIANA MOTOR COACH INC
 USDOT Number: 1833528

[ID/Operations](#) | [Inspections/Crashes In US](#) | [Inspections/Crashes In Canada](#) | [Safety Rating](#)

Carriers: If you would like to update the following ID/Operations information, please complete and submit form [MCS-150](#) which can be obtained [online](#) or from your State FMCSA office. If you would like to challenge the accuracy of your company's safety data, you can do so using FMCSA's [DataQs](#) system.

Carrier and other users: FMCSA provides the Company Safety Profile (CSP) to motor carriers and the general public interested in obtaining greater detail on a particular motor carrier's safety performance than what is captured in the Company Snapshot. To obtain a CSP please visit the [CSP order page](#) or call (800)832-5660 or (703)280-4001 (Fee Required).

For help on the explanation of individual data fields, click on any field name or for help of a general nature go to [SAFER General Help](#).

The information below reflects the content of the FMCSA management information systems as of **04/18/2022**. **Carrier VMT Outdated.**

To find out if this entity has a pending insurance cancellation, please [click here](#).

Other Information for this Carrier

[SMS Results](#)

[Licensing & Insurance](#)

Entity Type:	CARRIER		
Operating Status:	AUTHORIZED FOR Passenger	Out of Service Date:	None
Legal Name:	LOUISIANA MOTOR COACH INC		
DBA Name:	MOTOR COACH WEST		
Physical Address:	3912 4TH STREET MARRERO, LA 70072		
Phone:	(504) 343-1400		
Mailing Address:	3912 4TH STREET MARRERO, LA 70072		
USDOT Number:	1833528	State Carrier ID Number:	
MC/MX/FF Number(s):	MC-664804	DUNS Number:	--
Power Units:	45	Drivers:	44
MCS-150 Form Date:	12/29/2021	MCS-150 Mileage (Year):	1,100,463 (2019)
Operation Classification:			
	<input checked="" type="checkbox"/> Auth. For Hire Exempt For Hire Private(Property) Priv. Pass. (Business)	<input type="checkbox"/> Priv. Pass.(Non-business) Migrant U.S. Mail Fed. Gov't	<input type="checkbox"/> State Gov't <input type="checkbox"/> Local Gov't <input type="checkbox"/> Indian Nation
Carrier Operation:			
	<input checked="" type="checkbox"/> Interstate	<input type="checkbox"/> Intrastate Only (HM)	<input type="checkbox"/> Intrastate Only (Non-HM)
Cargo Carried:			
	<input type="checkbox"/> General Freight <input type="checkbox"/> Household Goods <input type="checkbox"/> Metal: sheets, coils, rolls <input type="checkbox"/> Motor Vehicles <input type="checkbox"/> Drive/Tow away <input type="checkbox"/> Logs, Poles, Beams, Lumber <input type="checkbox"/> Building Materials <input type="checkbox"/> Mobile Homes <input type="checkbox"/> Machinery, Large Objects <input type="checkbox"/> Fresh Produce	<input type="checkbox"/> Liquids/Gases <input type="checkbox"/> Intermodal Cont. <input checked="" type="checkbox"/> Passengers <input type="checkbox"/> Oilfield Equipment <input type="checkbox"/> Livestock <input type="checkbox"/> Grain, Feed, Hay <input type="checkbox"/> Coal/Coke <input type="checkbox"/> Meat <input type="checkbox"/> Garbage/Refuse <input type="checkbox"/> US Mail	<input type="checkbox"/> Chemicals <input type="checkbox"/> Commodities Dry Bulk <input type="checkbox"/> Refrigerated Food <input type="checkbox"/> Beverages <input type="checkbox"/> Paper Products <input type="checkbox"/> Utilities <input type="checkbox"/> Agricultural/Farm Supplies <input type="checkbox"/> Construction <input type="checkbox"/> Water Well

[ID/Operations](#) | [Inspections/Crashes In US](#) | [Inspections/Crashes In Canada](#) | [Safety Rating](#)

US Inspection results for 24 months prior to: 04/18/2022

Total Inspections: 18
Total IEP Inspections: 0

Note: Total inspections may be less than the sum of vehicle, driver, and hazmat inspections. Go to [Inspections Help](#) for further information.

Inspections:				
Inspection Type	Vehicle	Driver	Hazmat	IEP
Inspections	18	0	0	0
Out of Service	0	0	0	0
Out of Service %	0%	%	%	0%
Nat'l Average % as of DATE 03/25/2022*	21.26%	5.9%	4.44%	N/A

*OOS rates calculated based on the most recent 24 months of inspection data per the latest monthly SAFER Snapshot.

Crashes reported to FMCSA by states for 24 months prior to: 04/18/2022

Note: Crashes listed represent a motor carrier's involvement in reportable crashes, without any determination as to responsibility.

Crashes:				
Type	Fatal	Injury	Tow	Total
Crashes	0	1	0	1

[ID/Operations](#) | [Inspections/Crashes In US](#) | [Inspections/Crashes In Canada](#) | [Safety Rating](#)

Canadian Inspection results for 24 months prior to: 04/18/2022

Total inspections: 0

Note: Total inspections may be less than the sum of vehicle and driver inspections. Go to [Inspections Help](#) for further information.

Inspections:		
Inspection Type	Vehicle	Driver
Inspections	0	0
Out of Service	0	0
Out of Service %	0%	0%

Crashes results for 24 months prior to: 04/18/2022

Note: Crashes listed represent a motor carrier's involvement in reportable crashes, without any determination as to responsibility.

Crashes:				
Type	Fatal	Injury	Tow	Total
Crashes	0	0	0	0

[ID/Operations](#) | [Inspections/Crashes In US](#) | [Inspections/Crashes In Canada](#) | [Safety Rating](#)

The Federal safety rating does not necessarily reflect the safety of the carrier when operating in intrastate commerce.

[Carrier Safety Rating:](#)

The rating below is current as of: 04/18/2022

Review Information:

Rating Date:	02/14/2020	Review Date:	02/14/2020
Rating:	Satisfactory	Type:	Compliance Review



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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.