



621 Woodland Square Loop St  
 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: 7/28/2022	Company: Zum Services Inc	Docket #: <b>TE-220583</b>
Receipt ID: 111 0268	Payment ID: 19674 111 0268 232 01	App Fee: \$200 111 0268 232 02
		Reg Fee: \$25 111 0268 232 03
		Total Paid: \$225

Passenger Charter and Excursion Carrier Services <a href="#">WAC 480-30</a>	Fee Required
<input checked="" 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; <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>	\$200
<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>	\$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



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

**Section 1 - APPLICATION**

Legal Name: **Zum Services Inc.**

Trade Name, if applicable:

Physical Address: **9600 Martin Luther King Jr Way, Seattle WA, 98118**

Mailing Address: **9600 Martin Luther King Jr Way, Seattle WA, 98118**

Telephone Number: **408-921-0896** Email: **compliance@ridezum.com**

Contact Name: **Lily Wang** Website: **https://www.ridezum.com/**

USDOT#: **3373523** 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#: **604474307**

**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
<b>Sequoia Capital U.S. Venture Fund XV, L.P.</b>		<b>16.13%</b>
<b>Spark Capital V, L.P.</b>		<b>13.13%</b>
<b>SVF II AIV (DE) LLC</b>		<b>12.07%</b>
<b>BMW i Ventures SCS, SICAV RAIF</b>		<b>5.41%</b>

**Business Operations**

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

**Transportation to-and-from school, athletic events, field trips, special education, more. Safe & reliable rides. Vetted drivers with background checks and childcare experience.**

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:



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

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
2012	IC Corporation - Navistar	A0896C - (exempt Plate)	4DRBUSKN2DB306818	48	NO

*\*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: **Victoria Plummer**

Position: **Director**



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

**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.

<b>Name:</b> Victoria Plummer	<b>Position:</b> Director
-------------------------------	---------------------------

**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](#).

<b>Name:</b> Victoria Plummer	<b>Position:</b> Director
-------------------------------	---------------------------

**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.

<b>Name:</b> Lily Wang	<b>Date:</b> 07/25
------------------------	--------------------

**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*”.

## CERTIFICATE OF DRUG AND ALCOHOL PROGRAM ENROLLMENT

Zum SF - CDL

The Employer listed above has enrolled in a Drug and Alcohol Testing Program with Foley Carrier Services that meets the following requirements:  
DOT Regulations as described in 49 CFR Parts 40 and 382

Zum SF - CDL

275 Shoreline Drive

Suite 200

Redwood City, CA 94065

Scott Mogensen, CSAPA,  
Director, Compliance Operations

Program Date: 04/01/2021

Enrollment Date: 04/12/2021

Program is current through: 04/01/2023

Client Code: 0000132764

P: 800.253.5506 | F: 860.913.2456 | 140 Huyshope Avenue 2nd Floor, Hartford, CT 06106

## CERTIFICATE OF DRUG AND ALCOHOL PROGRAM ENROLLMENT

Zum SF - CDL

The Employer listed above has enrolled in a Drug Free Workplace Testing Program with Foley Carrier Services.

Zum SF - CDL

275 Shoreline Drive

Suite 200

Redwood City, CA 94065

Scott Mogensen, CSAPA,  
Director, Compliance Operations

Program Date: 04/01/2021

Enrollment Date: 04/21/2021

Program is current through: 04/01/2022

Client Code: 0000132764

P: 800.253.5506 | F: 860.913.2456 | 140 Huyshope Avenue 2nd Floor, Hartford, CT 06106