

Phone: 360-664-1222

Email: transportation@utc.wa.gov

# PASSENGER CHARTER AND EXCURSION CARRIER SERVICES

This application packet contains the following information:

- Application Forms
- Checklist
- WAC 480-30 Passenger Transportation Rules
- "Your Guide to Achieving a Satisfactory Safety Record"

You may not begin operations as a charter and excursion carrier service until you are granted authority and a certificate is issued to you by the Utilities & Transportation Commission (UTC). You must also obtain a USDOT number from the Federal Motor Carrier Safety Administration (FMCSA).

**Insurance/Bond:** Contact your insurance agent to provide verification of bodily injury and property damage insurance (Form E) or surety bond (Form G) covering each motor vehicle you operate in Washington. The insurance or a surety bond must be at the following minimum levels:

Motor vehicles that:	Must have insurance or a surety bond at the following minimum levels:
Have a passenger seating capacity of fifteen or less (including the driver)	\$1,500,000 combined single limit coverage
Have a passenger seating capacity of sixteen or more (including the driver)	\$5,000,000 combined single limit coverage

**Regulatory Fees:** Initial regulatory fees of \$25 per vehicle are due at the time application is submitted. Thereafter, annual regulatory fees of \$25 per vehicle are due by May 1 of each year.

**Equipment List/Inspection:** Describe the equipment that will be used. Once all application and insurance requirements are met, our compliance staff will contact you to make arrangements to have your vehicles inspected. Vehicles must be inspected and have a valid Commercial Vehicle Safety Alliance (CVSA) decal attached before a charter and excursion carrier service certificate will be issued.

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621 Woodland Square Loop SE Lacey, WA 98503 P.O. Box 47250

> Olympia, WA 98504-7250 Phone: 360-664-1222

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### **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

#### S

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

 $|\mathbf{v}|$  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.

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# APPLICATION FOR CHARTER AND EXCURSION CARRIER SERVICES CERTIFICATE

FOR OFFICAL USE ONLY						
Date Filed: 4/25/2023	O23 Company: Lux Bus America Co			Do	Docket #:	
Receipt ID:	Payment ID: 2 09858	App Fee:	Reg Fee:		Total Paid: \$225	
111 0268	111 0268 232 01	111 0268 232	111 0268 232 02 111 0268 232 03		1 0268 232 03	

Passenger Charter and Excursion Carrier Services WAC 480-30	Fee Required
New Authority – Complete this application.  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.  Reinstate a previously cancelled certificate; WAC-480-30-121.	\$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 1 x \$25 per vehicle	= \$ 25
Total due (\$200, plus, \$25 per vehicle)	= \$ 225
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
  - 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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Philadelphia Andrews (Alberta)	Section	1 - APPLICATION			Server.
Legal Name: Lux Bus America Co.					
Trade Name, if applicable:					
Physical Address: 300 Deschutes W	/ay SW, Ste	208 MC-CSC1, Tumv	water, W	A 98501	
Mailing Address: 851 E Cerritos Av	e. Anaheim	i, CA 92805			
Telephone Number: (714)678-1868		Email: kenglish@lu	uxbusar	merica.com	
Contact Name: Kayla English		Website: www.lux	xbusame	erica.com	
USDOT#: 1125439 If you do not	have a USDOT	number, go online at http	os://cms8.f	fmcsa.dot.gov	
to apply or call 360-596-3812 for assistan	ce.				
Is your business registered with the D	epartment o	f Revenue? No	Yes		
Business License/UBI#: 604-9	36-311				
	Bus	siness Structure			
Individual Partnership	Corporati			State of Incorpora  California	tion
List the name, title and percentage of		s snare or stock distribut			
Name Matthew Brown	Title CEO		Stock DIS	tribution/% of Share	25
Matthew Austin	CFO			1	
William Trimarco	President			2	
Doug Dossey	Director			84	
	Busi	ness Operations			
1. Describe the type of tours/ex	cursions you	plan on providing:			
Charter services across the Se	attle metro	area.			
2. Have you or your company extra rules by the UTC or any other		P1		f state laws or comi If yes, please expla	



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3. Will you be employing CDL drivers? 🕡 Yes	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 aisle is not a party bus.

Year	Make	License Number	Vehicle ID (VIN)	Seating Capacity	Party Bus	
2018	Prevost	EP01971	2PCH3349XJC710120	56	NO	<b>T</b>
			A.			

<sup>\*</sup>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: Adan Valdez **Position: Director of Safety** 

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Concentra Medical Compliance Administration (CMCA) 118 Portsmouth Ave. Stratham, NH 03885 Tel - 800-775-5447

# **Random Drug Testing Program Enrollment Certificate**

Member Since: January 1,2022 Certificate Created: April 18, 2023

Member: Lux Bus America

851 East Cerritos Avenue Anaheim, CA 92805 Random Pool: LUXBUSDANA

Regulatory Mode: FMCSA

Random Rates: 60% Drug 20% Alcohol

Per DOT regulation, the above-named employer has enrolled in a random testing program for controlled substances. As part of a random testing pool, selections are made based on the average number of members in the pool using a scientifically valid computerized random selection process in which each covered individual has an equal probability of selection, in accordance with CFR 49 § 382.305.

The above-named employer has an independent pool, consisting of all eligible employees. The testing process follows CFR 49 regulations and certifications at all levels (clinics, labs, and MRO review).

Printing of this certificate is proof of membership with Concentra (CMCA) and is not to be construed as a guarantee of an operator's compliance with all regulations.



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Position: Office Manager

# **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: Kayla English

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: Kayla English Position: Office Manager

T NAME	Section 5 - DECLARATION OF APPLICANT	The same of the last			
INITIAL <i>KE</i>	I understand that filing this application does not in itself constitute authority to charter and excursion carrier.	operate as a passenger			
KE	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.				
KE	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.				
KE	I certify that I am the applicant, or I am authorized to execute and file this docum applicant.	nent on behalf of the			
Nam	e: James	Date: <b>04/25/2023</b>			
Section 6 – ADDITIONAL REQUIRED ATTACHMENTS					
	For Transfer an existing certificate to a new owner or business structure: incl  JOINT APPLICATION FOR TRANSFER OF CHARTER/EXCURSION AUTHORITY".	ude "attachment A –			

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