



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:	Company:	Docket #:		
Receipt ID:	Payment ID:	App Fee:	Reg Fee:	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 type="checkbox"/> New Authority – Complete this application. <input checked="" 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 .	\$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 9 x \$25 per vehicle	= \$ 225
Total due (\$200, plus, \$25 per vehicle)	= \$ 425
<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:	\$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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Section 1 - APPLICATION

Legal Name: **Jayhawk Enterprises Inc.**

Trade Name, if applicable: **Puget Sound Excursions**

Physical Address: **172 S Bayview Ave, Port Angeles, WA 98362**

Mailing Address: **PO Box 99, Port Angeles, WA 98362**

Telephone Number: **3604522328** Email: **eric@pugetsoundtransfer.com**

Contact Name: **Eric Flodstrom** Website: **pugetsoundexcursions.com**

USDOT#: **430203** 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#: **600334384**

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
Eric Flodstrom	President	100

Business Operations

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

Cruise ship passenger excursions, private group charters, college athletics transport, K-12 student charter transport.

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
	List 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.

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: **Eric Flodstrom**

Position: **manager**

Vehicle Schedule:

Unit #	Year	Make	License #	VIN	Seating Capacity	Party Bus
5601	2007	Setra S417	C88363L	WKKA34CD973000484	56	no
5301	2003	MCIN D4500	C87870L	1M8PDMPAX3P055576	53	no
5701	1997	MCIN 102DL3	C87871L	1M8PDMPAXVP049148	57	no
3001	2000	Ford Krystal Koach	C87872L	1FDAF56F1YEB96178	30	no
2801	2001	Ford Krystal Koach	C87842L	1FDAF56F81EC33250	28	no
2701	1999	Ford Krystal Koach	C14492N	1FDAF57F4XED43638	27	no
2702	1999	Ford Krystal Koach	C14493N	1FDAF56F4XED13380	27	no
1301	2005	Ford E350 Goshen	C65165M	1FDWE35L55HA56083	13	no
GFB	2006	Chevy Mid Bus	C65132M	1GBJG31U161229717	20	no

Drug and alcohol testing program

HealthForce Partners Inc.

11810 North Creek Pkwy N
Suite 105
Bothell, WA 98011



Invoice

Bill To
Puget Sound Transfer Eric Flodstrom PO Box 99 Port Angeles, WA 98362

Date	Invoice #
7/27/2023	24218
Terms	
Net 30	

P.O. Number

Service Dates	Description	Quantity	Price Each	Amount
4/1/23-6/30/23	Breath Alcohol Test - Fed: BAT - Fed	1	50.00	50.00
4/1/23-6/30/23	Drug Screen - Fed: Collection - Fed UDS	2	80.00	160.00
4/1/23-6/30/23	Drug Screen - Fed: Lab - Fed UDS	2	0.00	0.00
4/1/23-6/30/23	Drug Screen - Fed: MRO - Fed UDS	2	0.00	0.00
4/1/23-6/30/23	Program Administration - Substance Abuse Testing: MIS Report - Annual	1	350.00	350.00
4/1/23-6/30/23	Program Administration - Substance Abuse Testing: SAT Random Selection - Primary	1	50.00	50.00
4/1/23-6/30/23	Program Administration - Substance Abuse Testing: SAT Random Selection - Secondary	1	0.00	0.00
4/1/23-6/30/23	Program Administration - Substance Abuse Testing: SAT Reporting & Storage	3	10.00	30.00

Subtotal		\$640.00
Payments/Credits		\$0.00
Balance Due		\$640.00



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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: **Eric Flodstrom**

Position: **manager**

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: **Eric Flodstrom**

Position: **manager**

Section 5 - DECLARATION OF APPLICANT

INITIAL

EF I understand that filing this application **does not** in itself constitute authority to operate as a passenger charter and excursion carrier.

EF 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.

EF 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.

EF I certify that I am the applicant, or I am authorized to execute and file this document on behalf of the applicant.

Name: **Eric Flodstrom**

Date: **11/10/2023**

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*”.



**ATTACHMENT A – JOINT APPLICATION FOR
TRANSFER OF CHARTER/EXCURSION AUTHORITY**

***THIS FORM MUST BE WET SIGNED/SCAN/PDF AND UPLOADED THROUGH THE RECORDS CENTER PORTAL
OR EMAILED TO TRANSPORTATION@UTC.WA.GOV***

SELLER INFORMATION
Current Name on Certificate: Black Ball Transport Inc.
Current Trade Name (dba) on Certificate:
Address: 101 E. Railroad Ave
Phone Number: 360-457-4491
Email Address: randerson@cohoferry.com
Certificate Number: CH068200
Does the buyer agree to begin service as soon as the commission authorizes the transfer? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If no then when?

RELEASE OF AUTHORITY		
I, Rian Anderson the seller have sold or otherwise released interest in my Charter/Excursion Certificate authority CH- 068200 to the following:		
Name of Buyer: Jayhawk Enterprises Inc.		
Trade Name of Buyer: Puget Sound Excursions		
We, as applicants, hereby jointly declare and affirm that all information is true to the best of our knowledge.		
Rian Anderson Print Name of Seller	 Seller's signature	11/13/23 Date
Eric Flodstrom Print Name of Buyer	 Buyer's signature	 Date



STATE OF WASHINGTON

BUSINESS LICENSE

Profit Corporation

JAYHAWK ENTERPRISES, INC.
PUGET SOUND TRANSFER
172 S BAYVIEW AVE
PORT ANGELES WA 98362-8605

Issue Date: Nov 09, 2023

Unified Business ID #: 600334384

Business ID #: 001

Location: 0001

UNEMPLOYMENT INSURANCE - ACTIVE

TAX REGISTRATION - ACTIVE

REGISTERED TRADE NAMES:

- LOAD & GO MOBILE STORAGE
- PUGET SOUND EXCURSIONS
- PUGET SOUND TRANSFER
- SOUND MOVING & STORAGE

This document lists the registrations, endorsements, and licenses authorized for the business named above. By accepting this document, the licensee certifies the information on the application was complete, true, and accurate to the best of his or her knowledge, and that business will be conducted in compliance with all applicable Washington state, county, and city regulations.

Director, Department of Revenue

UBI: 600334384 001 0001

STATE OF WASHINGTON

JAYHAWK ENTERPRISES, INC.
PUGET SOUND TRANSFER
172 S BAYVIEW AVE
PORT ANGELES WA 98362-8605

UNEMPLOYMENT INSURANCE -
ACTIVE
TAX REGISTRATION - ACTIVE

Director, Department of Revenue

This is a "printer friendly" page. Please use the "print" option in your browser to print this screen.

ACI PAYMENTS, INC.SM

Washington, State of - Utilities & Transportation Commission Utilities & Transportation Commission Payment

Confirmation Number

413165

Date & Time

Monday, November 13, 2023 12:56PM PT

Payment Method	Amount	Service Fee	Total
VISA Ending in 2876	\$425.00	\$10.63	\$435.63

Account Information

Name	Eric Flodstrom
Street Address	PO Box 99
City	Port Angeles
State	WA
Zip code	98362
Country	United States
Daytime phone	(360) 461 - 2191
Email	eric@pugetsoundtransfer.com
Payment ID	22337

Thank you for using ACI Payments, Inc. If you have a question regarding your payment, please call us toll free at 1-866-621-4109. To make payments in the future, please visit our website at acipayonline.com.

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**ATTACHMENT A – JOINT APPLICATION FOR
TRANSFER OF CHARTER/EXCURSION AUTHORITY**

****THIS FORM MUST BE WET SIGNED/SCAN/PDF AND UPLOADED THROUGH THE RECORDS CENTER PORTAL
OR EMAILED TO TRANSPORTATION@UTC.WA.GOV****

SELLER INFORMATION
Current Name on Certificate: Black Ball Transport Inc.
Current Trade Name (dba) on Certificate:
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Phone Number: 360-457-4491
Email Address: randerson@cohoferry.com
Certificate Number: CH068200
Does the buyer agree to begin service as soon as the commission authorizes the transfer? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If no then when?

RELEASE OF AUTHORITY		
I, Rian Anderson	the seller have sold or otherwise released interest in my	
Charter/Excursion Certificate authority CH- 068200	to the following:	
Name of Buyer: Jayhawk Enterprises Inc.		
Trade Name of Buyer: Puget Sound Excursions		
We, as applicants, hereby jointly declare and affirm that all information is true to the best of our knowledge.		
Rian Anderson		11/13/23
Print Name of Seller	Seller's signature	Date
Eric Flodstrom		11/13/23
Print Name of Buyer	Buyer's signature	Date