

> 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:			Dod	cket #:
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
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.	
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 x \$25 per vehicle	= \$
Total due (\$200, plus, \$25 per vehicle)	= \$
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:	

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 Na	ame:						
Trade N	ame, if applica	able:					
Physical	Address:						
Mailing	Address:						
Telepho	ne Number:		Email:				
Contact	Name:		W	ebsite:			
USDOT#	# :	If you do not ha	ve a USDOT numbei	, go online	at https://d	cms8.fı	mcsa.dot.gov
to apply	or call 360-596-	-3812 for assistance.					
Is your b	ousiness regist	ered with the Dep	artment of Reven	ue? N	lo Ye	S	
E	Business Licens	se/UBI#:					
			Business St	ructure			
Ir	ndividual	Partnership	Corporation	Other (L	P, LLP, LLC)	State of Incorporation
List the	e name, title a	nd percentage of a	Il partner's share	or stock di	stribution	for ma	jor stockholders:
Name		Tit	tle		Sto	k Dist	ribution/% of Shares
			Business Op	erations			
1.	Describe the	type of tours/excu			:		
		, p = 0		h			
2.							state laws or commission
	rules by the l	JTC or any other fe	ederal or state age	ncy?	No	Yes	If yes, please explain:

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3. Will you be employing CDL drivers?

No

Yes

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

^{*}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: Position:

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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.

regulatory fees by May 1 of each year.				
Name:	Position:			
State of Washington General Laws, Rules and Regulations. You me state, and federal agencies such as, but not limited to: Department Licensing, Secretary of State, Department of Revenue, Internal Reve	of Labor and Industries, Department of			
Name:	Position:			

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:	Date:

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".

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