



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
<p>New Authority – Complete this application.</p> <p>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.</p> <p>Reinstate a previously cancelled certificate; WAC-480-30-121.</p> <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 x \$25 per vehicle = \$</p> <p>Total due (\$200, plus, \$25 per vehicle) = \$</p>	<p>\$200</p>
<p>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.</p> <p>New Company Name:</p>	<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:

Trade Name, if applicable:

Physical Address:

Mailing Address:

Telephone Number:

Email:

Contact Name:

Website:

USDOT#: 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#:

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

Business Operations

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

- 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

**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.

Name:	Position:
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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:	Position:
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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:
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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*”.



10940 SW. Barnes Rd. #115
Portland, OR 92775
customer.service@labworksusa.com
www.labworksusa.com

TO THE MOUNTAIN SHUTTLE LLC

Dear TO THE MOUNTAIN SHUTTLE LLC,

DOT Mandated Drug and Alcohol Testing Consortium Certificate of Enrollment

Labworks USA, a C/TPA operating in compliance with 49 CFR Parts 40 and 382, actively assists the above named employer by providing the following services:

Random selection program including quarterly computer generated selections with a completed testing target of no less than 50% drug and 10% alcohol. Actual selection rates vary to reach the specific targets.

SAMHSA certified lab testing provided by QUEST DIAGNOSTICS.

Qualified MRO review of all results provided by Dr. Janelle Jaworski M.D.

Documentation including Certificate of Enrollment, DOT Consortium ID Cards, Federal Chain of Custody Drug Test Forms and drivers' lists.

Notification of results with all results sent via email plus telephone notification for positives, substituted specimens or temperature failures.

Also available upon request are DOT qualified SAP referrals; Supervisor Training (additional charge); MIS Reports; audit support including all semi-annual or annual summary reports.

The above named employer is directly responsible for all aspects of compliance with 49 CFR Parts 40 and 382 including but not limited to; ensuring every employee has: received and signed a company drug and alcohol testing policy, completed a negative pre-employment drug test; verification of prior violations (including the FMCSA Clearinghouse full Query), notification to employees of random selection, reasonable suspicion, follow-up, return to duty or post-accident testing as required, and mandated record retention.

Consortium Services Provided by:

C/TPA - Labworks USA Voice (503)941-5493

MRO - Dr. Janelle Jaworski M.D. 9501 Northfield Blvd., Denver, CO 80238, Phone: 877-585-7366

Testing Laboratory -

QUEST DIAGNOSTICS, 799 HIGHWAY 287 SUITE FBROOMFIELD, CO 80020

Phone 303-466-2391, FAX: 303-460-0271

This membership will be valid for 12 months from the date below

Yours sincerely,

Walter Ford
President

Dec 26, 2024