

APPLICATION FOR CHARTER AND EXCURSION CARRIER SERVICES CERTIFICATE

FOR OFFICIAL USE ONLY

Date Filed:	Company:	Docket #:
Receipt ID:	Payment ID:	App Fee: Reg Fee: Total Paid:
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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</p> <p>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



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 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
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List the name, title and percentage of all partner's share or stock distribution for major stockholders:

Name	Title	Stock Distribution/% of Shares
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Business Operations

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

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:

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:

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:

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


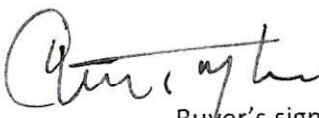
For Transfer an existing certificate to a new owner or business structure: include “*attachment A – JOINT APPLICATION FOR TRANSFER OF CHARTER/EXCURSION AUTHORITY*”.




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: Friday Harbor Jolly Trolley
Current Trade Name (dba) on Certificate: Friday Harbor Jolly Trolley
Address: 85 Front Street
Phone Number: 3602988873
Email Address: fridayharborjollytrolley@yahoo.com
Certificate Number: CH067128
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, Alison Caruso	the seller have sold or otherwise released interest in my	
Charter/Excursion Certificate authority CH- CH067128	to the following:	
Name of Buyer: Aaron and Susan Taylor		
Trade Name of Buyer:		
We, as applicants, hereby jointly declare and affirm that all information is true to the best of our knowledge.		
Alison Caruso		5/14/25
Print Name of Seller	Seller's signature	Date
Aaron Taylor		05/14/2025
Print Name of Buyer	Buyer's signature	Date

Drug Free Business active participation and continual enrollment.



DFB Dashboard

Hello, Aaron Taylor
5/26/2025 3:28 PM


Test Results

Workers

Selections

Resources

Reports







Log Out

Export Roster

Show

20

 entries

Name ▲	SSN	Employee ID	Driver's License	Group	Employment Status	Change Employment Status To	Effective Date	Active	Actions
Boyd, Anthony		#####FF0S	*****F0SB	Friday Harbor Jolly Trolley (FTA)	Hired	<div>Terminated</div>	6/13/2023	✓	
Johnson, James M		#####400M	*****00ME	Friday Harbor Jolly Trolley (FTA)	Hired	<div>Terminated</div>	12/17/2023	✓	
King, James H		####795A		Friday Harbor Jolly Trolley (FTA)	Hired	<div>Terminated</div>	5/7/2025	✓	
Paoli, Justine		#####743B		Friday Harbor Jolly Trolley (FTA)	Pending	<div>Hired</div> <div>Not Hired</div>	4/25/2025	□	
Wallard, Richard B	###-##-4670			Friday Harbor Jolly Trolley (FTA)	Hired	<div>Terminated</div>	5/26/2025	✓	