TE-070970. Priguere, William

| Type of business                   | structure:               |   |   | - /         |
|------------------------------------|--------------------------|---|---|-------------|
| □ Individual                       | □ Partnership            | ☐ Corporation                                 | ☐ Other (LP, LI                               | .P, LLC)    |
| List the name, title stockholders: | , and percentage of par  | rtner's share or stock o                      | listribution for major                        |             |
| Name                               | <u>Titl</u>              | e Stock Dist                                  | ribution or Percentage                        | e of Shares |
|                                    |                          |   |   |             |
|                                    |                          |   |   |             |
|                                    |                          |   | -   |             |
| List other certificat              | tes or permits held with | n the commission                              |   |             |
| ,                                  |                          |   |   | •           |
|                                    |                          | ON-2:EQUIPMEN<br>Iditional sheets if necessar |   | -           |
| License Numbe                      | Year And Mak             | e Of  |   | Conscity    |
| License Numbe                      | r Vehicle                | Vehicle ID 3                                  |   | g Capacity  |
|                                    | 1110119                  | 586515  | ) <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u> |             |
|                                    |                          |   |   |             |

### SECTION 3 – SAFETY AND OPERATIONS

In each of the categories shown below, list 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 publication "Your Guide to Achieving a Satisfactory Safety Rating" for assistance with requirements.

P.O. Box 47250 1300 S. Evergreen Park Dr. SW.,

E-mail: Transportation@wutc.wa.gov

1-800-416-5289

Olympia, WA 98504-7250

TTY: 360-586-8203 Fax: 360-586-1181 Phone: 360-664-1222

UTILITIES AND TRANSPORTATION

NOLONIHSVM

VPPLICATION FOR CHARTER AND EXCURSION CARRIER SERVICE

# CEKLIEICATE

Application Fee and Initial Regulatory Fees due at time of application:

# \$500 LUUS \$11 PER VEHICLE

| :SOS               | DOF  | 111 0568   |
|--------------------|--|--|
|                    | 22 W 102 P 20 1  |  |
| insurance:         | Keg Fees:  | 111 0798 737 03  |
|                    |  | Tree and the second sec |
| Safety Inspection: | Date Eiled:  | 111 0268 232 02  |
|                    | Constitution of the second sec |  |
| Docket IE-         | Company ID:  | 111 0788 535 01  |
|                    | 200 (200 (200 (200 (200 (200 (200 (200   | (For Commission Use Only)  |

## **SECLION I – VIBTICANT INFORMATION**

| UBI #:                         | H-Mail:     |                                       |
|--------------------------------|-------------|---------------------------------------|
| Phone Number:                  | Fax Number: | · · · · · · · · · · · · · · · · · · · |
| State/Zip                      | State/Zip   |                                       |
| City                           | City        |                                       |
| Street                         | Street      |                                       |
| Mailing Address:               |             | Physical Address:                     |
| Trade Name(s) (if applicable): | <u> </u>    |                                       |
| Name of Applicant:             |             |                                       |

#### SAFETY RESPONSIBILITIES

- 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. You must have a alcohol and controlled substances testing program.
- 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.

Position:

| - CONTRACT TYTHOUT   | aver   |
|--|--|
| OPERATIONAL  | L RESPONSIBILITIES                                       |
| List the person and position responsible for u of each category shown below. | anderstanding and complying with the requirements        |
| ANNUAL REPORTS AND REGULATOR pay regulatory fees by December 31 of each y    | RY FEES. You must file an annual safety report and year. |
| Name: William Prigmore   | Position: auux   |
| , J  |  |

STATE OF WASHINGTON GENERAL LAWS, RULES AND REGULATIONS. You must comply with the regulations of local, state, and federal agencies such as, <u>but not limited to</u>: Department of Labor and Industries, Department of Licensing, Secretary of State, Department of Revenue and Internal Revenue Service and Employment Security.

| Name: $l$ | Vij | lliam | Pri | gmore | Position: | direct |
|-----------|-----|-------|-----|-------|-----------|--------|
|           |     |       |     |       |           |        |

Name: Lilliam Plantale

### **SECLION 4 - DECTYBYLION OF APPLICANT**

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 authorized to execute and file this document.

| County, State King County, UM             |
|---|
| Date 5-20-07                              |
| Signature of applicant                    |
| Printed name of applicant Milligh Highled |