

SECTION 1 - APPLICANT INFORMATION

Name of Applicant: ~~Gary Davis~~ Racing Limo of Tri-Cities LLC

Trade Name(s) (if applicable): Racing Limos of Tri-Cities plus #

Mailing Address:

Physical Address:

Street 317 Tieton ST
City Richland
State/Zip WA 99352

Street 317 Tieton ST
City Richland
State/Zip WA 99352

Phone Number: 509 628 2201

Fax Number: 509 627 0112

UBI #: 602-793-923

E-Mail: racinglimosoftc@charter.net

Type of business structure:

- Individual Partnership Corporation [x] Other (LP, LLP, LLC)

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

Table with 3 columns: Name, Title, Stock Distributions or Percentage of Shares. Rows for Gary Davis (Owner, 50%) and Karen Davis (Owner, 50%).

List other certificates or permits held with the commission:

SECTION 2 - EQUIPMENT (Attach additional sheets if necessary)

Table with 4 columns: License Number, Year And Make Of Vehicle, Vehicle ID Number, Seating Capacity. Row 1: RACE-01, 2006 Dodge Charger, 2B3KA43G36H335328, 8-10.

Special Project: \_\_\_\_\_  
1225462

PERSONNEL NO. 3540 DIST / DET \_\_\_\_\_ LEVEL: 1 \_\_\_ 2 \_\_\_ 3 \_\_\_ 4 \_\_\_ 5 X

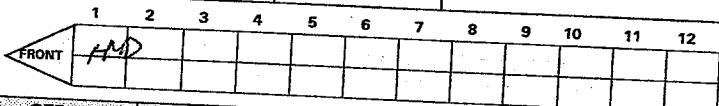
**GENERAL**  
DATE: 040408 TIME (MILITARY) BEGUN: 10:30 TIME (MILITARY) FINISHED: 10:50 HAZARDOUS MATERIALS: \_\_\_\_\_  
HAZARD CLASS / DIVISION NO. \_\_\_\_\_  
LOCATION: SR/MP: RICHLAND SCALEHOUSE NO. / CNTY CODE: 03 REPORTABLE QTY? Y N HAZARDOUS WASTE? Y N  
PLACARD REQUIRED? Y N CARGO TANKS? Y N

**CARRIER**  
CARRIER NAME (Include DBA when applicable): RACING LIMOS of TRI CITIES LLC  
ADDRESS: 317 TIERN ST  
CITY: RICHLAND STATE: WA ZIP CODE: 98352 INTERSTATE YES ( ) NO (X) DOT NO. \_\_\_\_\_ ICC NO. \_\_\_\_\_

**DRIVER**  
DRIVER NAME: \_\_\_\_\_ LICENSE NO. \_\_\_\_\_ STATE: \_\_\_\_\_ EXP. YEAR: \_\_\_\_\_  
DATE OF BIRTH: \_\_\_\_\_ MED. CERT. Y N SHIPPER NAME: \_\_\_\_\_ SHIPPING NO. \_\_\_\_\_  
WAIVER Y N

**VEHICLE**  
REGISTERED OWNER NAME/ADDRESS: DAVIS, GAORA, RICHLAND WA G.V.W. \_\_\_\_\_ PBT RATE \_\_\_\_\_  
UNIT TYPE YEAR/MAKE CO. UNIT NO. LICENSE NO. / VIN NO. STATE

UNIT	TYPE	YEAR/MAKE	CO. UNIT NO.	LICENSE NO. / VIN NO.	STATE
1	<del>MINI</del>	<del>COOPER</del>		<u>484XLP</u>	<u>WA</u>
2		<u>COOPER</u>			
3					
4					



VIN 1ZB3KA3636433531X

CFR	VIOLATIONS	D	Units #s				Completed
			1	2	3	4	

CVSA DECALS UNF-1 UNIT 2 \_\_\_\_\_ UNIT 3 \_\_\_\_\_ UNIT 4 \_\_\_\_\_ NOIC NO. \_\_\_\_\_

8213201

DRIVER SIGNATURE: [Signature]  
OFFICER SIGNATURE: [Signature]

Vehicle may not be operated until O/S defects noted above are repaired.  
Driver may not drive until in compliance.