



**Replacement Page**

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P.O. Box 47250  
Olympia, WA 98504-7250  
Phone: 360-664-1222  
Fax: 360-586-1181  
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or  
1-800-416-5289  
e-mail: Transportation@utc.wa.gov

**APPLICATION FOR CHARTER AND EXCURSION CARRIER SERVICE  
CERTIFICATE**

Application Fee and Initial Regulatory Fees due at time of application:  
**\$200 PLUS \$25 PER VEHICLE**

Passenger Charter and Excursion Carrier Services	Fee Required
<b>Application fee</b> (Application for new certificate, to reinstate a previously canceled certificate, to transfer an existing certificate to a new owner or business structure)	<b>\$200.00</b>
<b>Name Change</b> (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)	<b>\$ 35.00</b>
<b>Regulatory Fee (per vehicle)</b>	<b>\$ 25.00</b>
<b>TYPE OF PAYMENT</b>	
<input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> AMEX <input type="checkbox"/> MasterCard <input checked="" type="checkbox"/> Visa	
Credit Card Information (if applicable) <span style="float: right;">Exp Date Month/Year</span>	
Amount \$ <u>165.00</u> <sup>PREPAID</sup> Company Name: <u>Triangle CHARTER SERVICE LLC</u>	
CERTIFICATION: I, the undersigned, under penalty for false statement, certify that the following information is true and correct, that I am authorized to execute and file this document on behalf of the applicant, and that all information on file is current and valid.	
Cardholder's signature: _____	Date: <u>11.25.09</u>

(For Commission Use Only) 111 0268 232 01	Company ID:	Docket TE-
111 0268 232 02 <u>165.00</u>	Date Filed:	Safety Inspection:
111 0268 232 03	Reg Fees:	Insurance:
111 0268	DOL:	SOS:

*#3500 paid  
11/30/09  
Rec # 19597  
add to 19597*

**SECTION 1 - APPLICANT INFORMATION**

Name of Applicant: TRIANGLE CHARTER SERVICE LLC

Trade Name(s) (if applicable): \_\_\_\_\_

Mailing Address:

Physical Address:

Street P.O. BOX 1870

Street 12557 CHRISTIANSON RD

City MOUNT VERNON

City ANACOSTES

State/Zip WA. 98273

State/Zip WA. 98221

Phone Number: 360 293-4496

Fax Number: 360-299 0319

UBI #: 602 868 2190

E-Mail: TRIANGLE CHARTERS @ GMAIL.COM

Type of business structure:

- Individual       Partnership       Corporation       Other (LP, LLP, LLC)

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

Name	Title	Stock Distributions or Percentage of Shares
<u>DAN D WILDER</u>	<u>MEMBER</u>	<u>52%</u>
<u>BARBARA DEMeyer</u>	<u>MEMBER</u>	<u>48%</u>

List other certificates or permits held with the commission: TRIANGIC R61 CHARTER SRV CH 470 HELD BY DAN WILDER VANS ONLY

List your USDOT # 1767297 (If you don't have one you can go online at [www.fmcsa.dot.gov/online-registration](http://www.fmcsa.dot.gov/online-registration) or contact the Washington State Patrol at 360-596-3816 or 360-596-3803 for assistance.)

**SECTION 2 - EQUIPMENT**

(Attach additional sheets if necessary)

License Number	Year And Make Of Vehicle	Vehicle ID Number	Seating Capacity
<u>329 YUR WA</u>	<u>1990 PREVOST</u>	<u>2P9L3340361001562</u>	<u>47</u>
<u>340 WWF</u>	<u>1992 M.C.I.</u>	<u>1M0RCM7ARNPD4H885</u>	<u>48</u>
<u>---</u>	<u>1998 PREVOST</u>	<u>2PCH33492W1012233</u>	<u>58</u>
<u>877 XNH</u>	<u>1998 M.C.I.</u>	<u>1M8TRMRA8WPD60017</u>	<u>57</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.

#### 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.

Name: DANIEL DUANE WILDER

Position: OWNER / PRINCIPAL

#### OPERATIONAL RESPONSIBILITIES

List 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 safety report and pay regulatory fees by December 31 of each year.

Name: DANIEL DUANE WILDER

Position: OWNER / PRINCIPAL

**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 and Internal Revenue Service and Employment Security.

Name: DANIEL DUANE WILDER

Position: OWNER / PRINCIPAL

**SECTION 4 - DECLARATION 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.

Printed name of applicant DANIEL QUANE WILDER

Signature of applicant *Daniel Quane Wilder*

Date 11-25-09 County, State SNOHOMISH WA.