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TE-111331-AN  
COPY  
1300 S. Evergreen Park Dr. SW  
P.O. Box 47250  
Olympia, WA 98504-7250  
Phone: 360-664-1222  
Fax: 360-586-1181  
TTY: 360-586-8203  
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, or to transfer an existing certificate to a new owner or business structure)	\$200.00
<b>Name Change ONLY</b> CH-188/FS173 (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)	\$ 35.00
<b>Regulatory Fee (per vehicle)</b>	\$ 25.00
<b>TYPE OF PAYMENT</b>	
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> AMEX <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa	
Credit Card Information (if applicable) <span style="float: right;">Exp Date Month/Year</span>	
Amount \$ <u>35.00</u> Company Name: <u>Customized Tours &amp; 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: <u>N/A</u> Date: _____	

(For Commission Use Only) 111 0268 232 01	Company ID: <u>M40996</u>	Docket TE- <u>111331</u>
111 0268 232 02 \$ <u>35.-</u>	Date Filed: <u>7/25/11</u>	Safety Inspection:
111 0268 232 03	Reg Fees: <u>on file</u>	Insurance: <u>[Signature]</u>
111 0268	DOL: <u>[Signature]</u>	SOS: <u>[Signature]</u>

Receipt # 033288  
Revised 07/09  
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**SECTION 1 - APPLICANT INFORMATION**

Name of Applicant: CUSTOMIZED TOURS & Charter Service, LLC

Trade Name(s) (if applicable): (SEE ATTACHED LIST)

Mailing Address:

Physical Address:

Street P.O. Box 98677

Street 22001 Pacific Hwy S, Ste 112

City DES MOINES

City DES MOINES

State/Zip WA 98198

State/Zip WA 98198

Phone Number: 206-878-3965  
602-033-281  
602-428-235

Fax Number: 206-878-1161

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E-Mail: info@toursofseattle.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>LOUIS MENSONIDES</u>	<u>Owner</u>	<u>100%</u>

List other certificates or permits held with the commission: \_\_\_\_\_

List your ~~ISDOT~~ 664237 (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>SEE ATTACHED SUPPLEMENTAL SHEET</u>			
<u>N/A - No Change from</u>			
<u>LAST ANNUAL RENEWAL</u>			

**SECTION 2 - EQUIPMENT**  
**Supplemental Sheet**  
**Customized Tours Charter Services, LLC**

<b>License Number</b>	<b>Year</b>	<b>Make</b>	<b>Model</b>	<b>Vehicle ID Number</b>	<b>Seating</b>
521SCP	2000	Ford	E450	IFDWE45F9YHA94422	28
AFV0917	1999	Ford	E450	IFDXE40F4XHC15268	20
819UKV	2001	Ford	E450	IFDXE45S01HA31717	24
955TJZ	1997	Freightliner	Eldorado	4UZABFADXVC736657	27
670WJL	1993	Ford	Supreme	IFDKE30GXNHB53109	25

**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.

<b>Name:</b> JOEL MENSONIDES	<b>Position:</b> MANAGER
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**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.

<b>Name:</b> JOEL MENSONIDES	<b>Position:</b> MANAGER
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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 and Internal Revenue Service and Employment Security.

<b>Name:</b> JOEL MENSONIDES	<b>Position:</b> MANAGER
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