

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

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 E	xcursion Carrier Servi	ces <u>Fee Required</u>		
Application fee (Application for new certificate, to an existing certificate to a new owner.)	reinstate a previously canceled c er or business structure)	\$200.00 certificate, or to transfer		
Name Change \$ 35.00  (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)				
Regulatory Fee (per vehicle	<b>:</b> )	\$ 25.00		
TYPE OF PAYMENT				
☐ Cash ☐ Check  Credit Card Information (if application)	□ Money Order □ AMEX	Yisa  Exp Date  Month/Year		
Amount \$ 225.00 Company Name: Discovery Tours NW  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: Melocky (Barnet) Date: 9-25-2013				
(For Commission Use Only) 111 0268 232 01	Company ID:	Docket TE-		
111 0268 232 02	Date Filed: Reg Fees:	Safety Inspection: Insurance:		
111 <b>0268 232 03</b> 111 <b>0</b> 268	DOL:	SOS:		

Discover	
5:35PM	
2013	
Oct. 14.	

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-	<u>SF</u>	ECTION 1 – APPLIC	CANT INFORMATI	on the	
	Name of Applicant:	-Melady 1	Hizanda &	aanes)	<u> </u>
	Trade Name(s) (if app	licable): Discove	RY TOURS MU	U DBA DTOUG	<u>25</u> NW
	Mailing Ad	ldress:	<u>Phy</u>	sical Address:	
	Street POBOX	639 Str	eer 2340 Har	COISON ARE	<del>.</del>
	City Rochast	ee, Ci	y <u>Centralia</u>	, Wa	
	State/Zip WG	98531 Sta	te/Zip <u> </u>	98531	<u></u>
	Phone Number: 360	- JUS-3374 Fax	Number:		
	UBI#: 603-317	-091 E-N	lail: dtours w	weyahow.com	٦
#	List the name, title, and stockholders:  Name  Name  Trais Zimmerzi  List other certificates or	Partnership 0  percentage of partner's  Carre  Carr	Title  Managing Mommission:  (If you don)	Stock Distributions or Percentage of Shares eulee 100%	
	online at <u>www.fmcsa.do</u> 596-3812 for assistance	ot.gov/online-registration			
	SECTION 2 – EQUIPMENT  (Attach additional sheets if necessary)				
	License Number	Year And Make Of  Vehicle  =45	Vehicle ID Number	Seating Capacity	
	87942PR	1999 Mat	I METRMP ASXPOSO	703 54	_
					_
			ľ		1

### 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.

211001111111111111111111111111111111111		
Name Douglas Simpson	J Position: Suffey	Mariger
		/ \

### **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: Melody Barres	Name:	M	elody	Barnes
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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:	Hela	ty	Ball	Jess.

Position:

Operations Marger

# 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	Massy Barn	<b>e</b> D
Signature of applicant	Melody Bar	
Date 104-13	County, State	estu, usa



# WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION P.O. BOX 47250 Olympia, WA 98504-7250

## CHARTER AND EXCURSION REGULATORY FEE CALCULATION SCHEDULE

Company Name Discovery Tours Nw LLC

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.

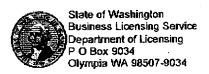
1 Total number of vehicles operated

2 Total Regulatory Fees owed (enter amount from line 1)

x 25.00 = \$ <b>25</b>	1	x 25.00	=	\$25-	•
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There is a minimum fee of \$25.00.

(For Commission Use Only) 001-111-02-68-232-01	Docket TE-	Certificate No:
Reception Number:		



#### **Business License Application Receipt**

Print Receipt

#### Congratulations! The application has been submitted.

#### Filing Information

Filing Date and Time:

Oct 14 2013 5:31:19:000PM Pacific Time

**UBI** Issued:

Application Transaction #:

20132874956

(Refer to this number if you have questions about this application.)

Credit Card Approval #:

3817972201850178147362

Last 4 digits of Credit Card #:

7194

Credit Card type:

Visa

Total fees to be billed:

\$24.00

#### Below are the licenses you are applying for.

#### Licenses with no additional requirements:

Industrial Insurance	\$0.00
Tax Registration	<b>\$0.0</b> 0
Trade Name (1 x \$5.00)	\$5.00
Unemployment Insurance	\$0.00

Processing Fee:

\$19.00

Total fees to be billed:

\$24.00

Do you want to print or save your entire application? ● Yes ○ No

Continue



## Business License Application Record of Filing

## Congratulations! The application has been submitted

Print Save

If you find any mistakes, please enter your corrections on the next screen.

#### Filing Information

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2340 harrison ave

#### Below are the licenses you are applying for. Licenses with no additional requirements:

Industrial insurance	\$0.00
Tax Registration	\$0.00
Trade Name (1 x \$5.00)	\$5.00
Unemployment Insurance	\$0.00
Processing Fee:	<b>\$19</b> .00
Total fees to be billed to your account:	\$24.00

### **Purpose of Application**

Open/Reopen Business

#### Ownership Structure

Ownership Structure:	Limited Liability Company (LLC)
Is this application for a business with a Washington State location?	Yes
Will you have employees working in Washington State within 90 days?	Yes
Do you plan to hire independent contractors or people you will report on a 1099 form?	No
Federal Employer ID Number (FEIN):	463264000
Unified Business ID (UBI):	603317091
Business ID:	
Location ID:	

**Business Location Address:**