



RECEIVED

FEB 14 2014

WASH. UT. & TP. COMM

TE140268  
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</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)	\$ 35.00
<b>Regulatory Fee (per vehicle)</b>	\$ 25.00
<b>TYPE OF PAYMENT</b>	
684284	
<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)	Exp Date Month/Year
Amount \$ <u>225</u> Company Name: <u>Northwest Limasine</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>M. Bawe</u>	Date: <u>2/1/14</u>

(For Commission Use Only) 111 0268 232 01    25.00	Company ID: <u>7704</u>	Docket TE- <u>140268</u>
111 0268 232 02    206.00	Date Filed: <u>2/14/14</u>	Safety Inspection:
111 0268 232 03	Reg Fees: <u>OK XI</u>	Insurance:
111 0268	DOL:	SOS:

**SECTION 1 - APPLICANT INFORMATION**

Name of Applicant: ~~Northwest Limosine~~ Caleb N. Bowe

Trade Name(s) (if applicable): ~~Northwest Limosine Service~~

**Mailing Address:**

**Physical Address:**

Street 589 D St

Street 5330 Laboury Dr.

City Blaine

City Ferndale

State/Zip WA 98230

State/Zip WA 98248

Phone Number: 360-220-0207

Fax Number: -

UBI #: ~~601-861-752~~

E-Mail: limob@uwinnham@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:

<u>Name</u>	<u>Title</u>	<u>Stock Distributions or Percentage of Shares</u>
<u>Caleb + Melissa Bowe</u>	<u>owner</u>	<u>100%</u>

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

List your USDOT # 2470866 (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 360-596-3812 for assistance.)

**SECTION 2 - EQUIPMENT**

(Attach additional sheets if necessary)

<u>License Number</u>	<u>Year And Make Of Vehicle</u>	<u>Vehicle ID Number</u>	<u>Seating Capacity</u>
<u>PRTYBUS</u>	<u>2001 FORD</u>	<u>1FDXE45S91HB</u>	<u>15</u>
		<u>71765</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: <u>Caleb Base</u>	Position: <u>owner</u>
-------------------------	------------------------

### 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: <u>Caleb Base</u>	Position: <u>owner</u>
-------------------------	------------------------

**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: <u>Caleb Base</u>	Position: <u>owner</u>
-------------------------	------------------------



STATE OF WASHINGTON

WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION

1300 S. Evergreen Park Dr. S.W., P.O. Box 47250 • Olympia, Washington 98504-7250

(360) 664-1160 • TTY (360) 586-8203

Caleb N. Bowe  
589 D Street  
Blaine WA 98230

February 20, 2014

**Notice of Deficient Application – TE-140268**

The following items either need to be completed and/or corrected for prompt processing of your application for operating authority:

- X Your application is missing some information. Please complete the highlighted areas and return to our office.
- X Your application is missing the Unified Business Identifier (UBI) number. Anyone who does business in the state of Washington must register with Business Licensing Service - Department of Revenue and receive a UBI number. They can be reached at 800-451-7985. If you are a corporation, you also need to register with the Secretary of State's office at 360-725-0377.
- X Obtain a Uniform Motor Carrier Certificate of Insurance (Form E) from your insurance company. The insurance must show your name EXACTLY as it is shown above.
- X After we have a Uniform Motor Carrier Certificate on file, our Compliance staff we will contact you to set up a CVSA safety inspection of your vehicle(s).

If you have any questions or concerns, feel free to contact me at 360-664-1170 or email at [tleipski@utc.wa.gov](mailto:tleipski@utc.wa.gov).

Sincerely,

Tina Leipski  
Licensing Services

704  
Pending for  
M-5444 (01/2010)  
Trace

**FORM E**  
**UNIFORM MOTOR CARRIER BODILY INJURY AND PROPERTY DAMAGE**  
**LIABILITY CERTIFICATE OF INSURANCE**

(EXECUTED IN TRIPLICATE)

Filed with Washington Utilities & Transportation Commission (hereinafter called Commission)  
(Name of Commission)

This is to certify, that the Continental Divide Insurance Company  
(Name of Company)

(hereinafter called Company) of 3333 Farnam Street, Omaha, NE 68131  
(Home Office Address of Company)

has issued to CALEB BOWE DBA NORTHWEST LIMO SERVICE  
(Name of Motor Carrier)

of 5330 LABOUNTY DRIVE, FERNDALE, WA 98248  
(Address of Motor Carrier)

a policy or policies of insurance effective from 03/06/2014 12:01 A.M. standard time at the address of the insured stated in said policy or policies and continuing until cancelled as provided herein, which, by attachment of the Uniform Motor Carrier Bodily Injury and Property Damage Liability Insurance Endorsement, has or have been amended to provide automobile bodily injury and property damage liability insurance covering the obligations imposed upon such motor carrier by the provisions of the motor carrier law of the State in which the Commission has jurisdiction or regulations promulgated in accordance therewith.

Whenever requested, the Company agrees to furnish the Commission a duplicate original of said policy or policies and all endorsements thereon.

This certificate and the endorsement described herein may not be cancelled without cancellation of the policy to which it is attached. Such cancellation may be effected by the Company or the insured giving thirty (30) days' notice in writing to the State Commission, such thirty (30) days' notice to commence to run from the date notice is actually received in the office of the Commissioner.

Countersigned at 3333 Farnam Street Omaha NE 68131  
(Street Address) (City) (State) (ZIP Code)

this 6th day of March, 20 14

Authorized Representative

Insurance Company File No. 05APM003098-01  
(Policy Number)

1,500,000 CSL