

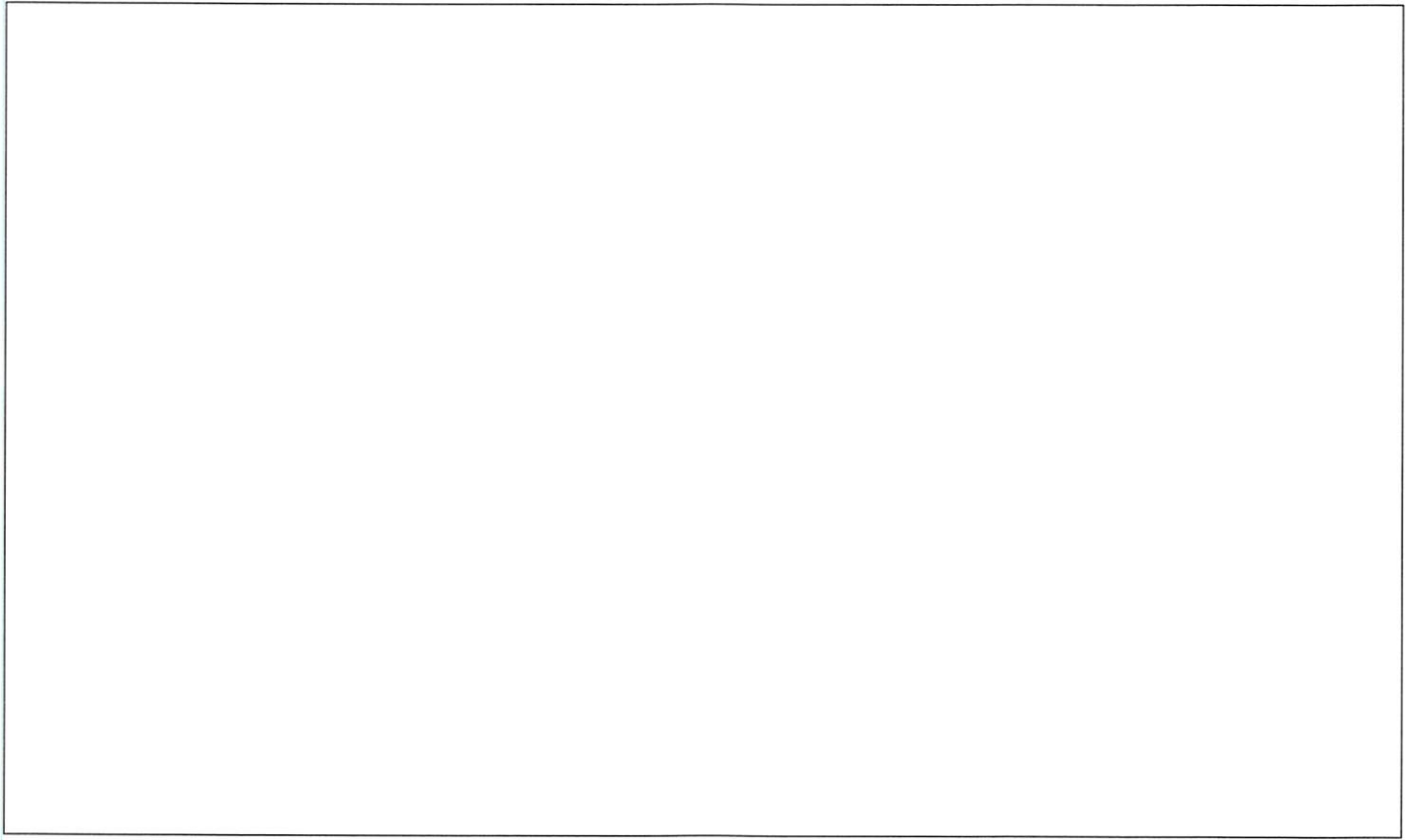


1300 S. Evergreen Park Dr. SW
P.O. Box 47250
Olympia, WA 98504-7250
Phone: 360-664-1222
Fax: 360-586-1181
TTY: 360-586-8203 or
1-800-416-5289
e-mail: Transportation@utc.wa.gov

APPLICATION FOR CHARTER AND EXCURSION CARRIER SERVICES CERTIFICATE

(For Official Use Only) 111 0268 232 01	Company ID:	Docket TE-
111 0268 232 02	Date Filed:	Safety Inspection:
111 0268 232 03	Reg Fees:	Insurance:
111 0268	DOL:	SOS:
Receipt ID:	Payment ID:	CH -

Passenger Charter and Excursion Carrier Services WAC 480-30	<u>Fee Required</u>
<input checked="" type="checkbox"/> New Authority	\$200.00
<input type="checkbox"/> Transfer an existing certificate to a new owner or business structure. <ul style="list-style-type: none"> <input type="checkbox"/> If transfer, complete Attachment A. 	\$200.00
<input type="checkbox"/> Reinstate a previously cancelled certificate; WAC-480-30-121 .	\$200.00
Plus,	
<input checked="" type="checkbox"/> Regulatory Fee - 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.	
<input checked="" type="checkbox"/> Total number of vehicles to be operated <u>1</u> x \$25 per vehicle	= \$25
<input checked="" type="checkbox"/> Total due (\$200, plus, \$25 per vehicle)	= \$225
<input type="checkbox"/> Name Change - WAC 480-30-146	\$ 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.	
Company Name: _____	



TYPE OF PAYMENT

NOTE: A convenience fee of 2.5% (minimum fee of \$3.95) is charged by Official Payments for processing credit card payments.

Check Money Order Amount: \$ \$225.00

Amex CCV# _____ (four digit code on front of card) Expiration Date: _____

Discover Mastercard Visa CCV # _____ (three digit code on back of card)


Credit Card number:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

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.

Company Name: Big Woof, LLC

Name (printed): Keith Foe Date: 9/11/15

Signature:  Title: owner

If paying by credit card, fax your application to 360-586-1181 or scan and email to transportation@utc.wa.gov

If paying by check or money order, mail the completed application with fees and attachments to:

Washington Utilities and Transportation Commission
P.O. Box 47250
Olympia, WA 98504-7250



SECTION 1 – APPLICANT INFORMATION

Legal Name: _____ Big Woof, LLC _____

The legal name must match your registration with [Department of Revenue](#)

Trade Name(s) (if any): _____ Big Woof _____

Trade name(s) must be registered under your [UBI number](#)

Mailing Address:

Physical Address:

Street	2929 1 st Ave, #309	Street	2929 1 st Ave, #309
City	Seattle	City	Seattle
	WA 98121		WA 98121
State/Zip		State/Zip	

Phone Number: __206-276-2673__ Fax Number: __206-789-4484__

UBI #: __603088752__ E-Mail: __d_foe@hotmail.com__

Website: _____

Type of business structure

Individual Partnership Corporation Other (LP, LLP, LLC)

If a Partnership, Corporation, or Other, 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>
Daniel Foe	__Member__	__100 Units__
Keith Foe	__Member__	__100 Units__
Andrew Duncan Brown	__Member__	__100 Units__
Jeffrey Steele	__Member__	__100 Units__
Ryan Riley	__Member__	__100 Units__

List other certificates or permits held with the commission: ____N/A____

USDOT # ____2798220__ If you don't have a USDOT #, go online at www.fmcsa.dot.gov/online-registration or contact the Washington State Patrol at 360-596-3810 for assistance.

Business Operations

Describe the type of tours/excursions you plan on providing:

Charter Party / Party Bus

SECTION 2 – EQUIPMENT

(Attach additional sheets if necessary)

License Number	Year And Make Of Vehicle	Vehicle ID Number	Seating Capacity
BigWoof	1993 FORD	1FDKE30M6THV03557	Ten (10), plus Driver

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: Keith Foe	Position: Manager
------------------------	--------------------------

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: Keith Foe	Position: Manager
STATE OF WASHINGTON GENERAL LAWS, RULES AND REGULATIONS. You must comply with the regulations of local, state, and federal agencies such as, <u>but not limited to:</u> <u>Department of Labor and Industries, Department of Licensing, Secretary of State, Department of Revenue, Internal Revenue Service and Employment Security.</u>	
Name: Keith Foe	Position: Manager

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 Keith Foe

Signature of applicant 

Date 9/11/15 **County, State** King, Washington

BIG WOOLF LLC
2929 - 1ST AVE APT 309
SEATTLE, WA 98121-3020

19-10/1250

No.

1007

Pay to the order of *Washington Utilities & Transportation Commission*
Save Hundred Thirty Five Dollars
\$ *225.00*

usbank

All of **us** serving you®

⑆ 125000 105⑆ ⑆ 53563930640⑆ 1007

Security Features
Include
Details on Back