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Records Management

## WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION May 30, 2023 PENALTY ASSESSMENT TE-230344

PLEASE NOTE: You must complete and sign this document and send it to the Commission within 15 days after you receive the Penalty Assessment. Use additional paper if needed. I have read and understand RCW 9A.72.020 (printed below), which states that making false statements under oath is a class B felony. I am over the age of 18, am competent to testify to the matters set forth below and I have personal knowledge of those matters. I hereby make, under oath, the following statements.

oath, the	following	statements.	
OR	Emalo	sof penalty. I admit that the violation occurred. se \$500 in payment of the penalty. that I have paid the penalty in full through the Commission's payment	
2.	Contest the violation(s). I believe that the alleged violation(s) did not occur for the reasons I describe below (if you do not include reasons supporting your contest here, your request will be denied):		
	a) an admir	I ask for a hearing to present evidence on the information I provide above to histrative law judge for a decision.	
OR	b)	I ask for a Commission decision based solely on the information I provide above.	
3.	he reduc	ation for mitigation. I admit the violation, but I believe that the penalty should ced for the reasons set out below (if you do not include reasons supporting pplication here, your request will be denied):	
	a)	I ask for a hearing to present evidence on the information I provide above to an administrative law judge for a decision.	
OR	b)	I ask for a Commission decision based solely on the information I provide above.	
I declare under penalty of perjury under the laws of the State of Washington that the foregoing, including information I have presented on any attachments, is true and correct.			
Dated: 5/30/23 [month/day/year], at Richard, WA [city, state]  Eastern Washington Trouvs & Charters  Name of Respondent (company) – please print  Signature of Applicant			
Carlos lateral rela Transca Charters			
Name of Respondent (company) – please print  Signature of Applicant			
Name of Responsers (***** 1			