

(For Official Use Only)

111 0268 232 01 111 0268 232 02 **4** 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

Docket TE-

Safety Inspection:

Company ID:

111 0268 232 03	Reg Fees:	11	Insurance:
111 0268	DOL:		SOS: Q
Receipt ID: 56151	Payment ID: 10	07	CH -
Passenger Charter and Excu	rsion Carrier Se	e rvices WAC 48	<u>Fee Required</u>
X New Authority			\$200.00
☐ Transfer an existing certific	ate to a new owi	ner or business	structure.
 If transfer, complete 	Attachment A.		\$200.00
☐ Reinstate a previously cand	elled certificate;	WAC-480-30-1	<u>121</u> . \$ 200.00
Plus,			
X Regulatory Fee - In accorda	nce with <u>RCW 81.7</u>	70.350 "Regulat	ory Fees", the Commission requires
			ehicles operated by the company and
pay the sum of \$25 for each vehic	de operated. There	e is a minimum	fee of \$25.
	_		
X Total number of vehicles	to be operated	1 x \$25 per v	vehicle <u>= \$25</u>
V Total due (\$200 plus \$21			***
X Total due (\$200, plus, \$25	per venicie)		<u>= \$225</u>
□ Name Change - WAC 480-3	0-146		\$ 35.00
		ame change a ti	rade name, add a new trade name or
change the surname of an ind			rade name, add a new trade name or
	7:	, , , , ,	
Company Name:	DIG WC	D, tox	
		- 1	

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.

X (Checl	k	□ M	loney	y Orde	er							Amoı	unt:	\$_\$2	225.0	0		-	
	Amex	. (CCV#	<u> </u>		(f	our dig	git cod	le on fr	ont of o	card)		Expir	ation	n Dat	te:				_
	Disco	ver		⁄aste	ercard		Visa	l		CO	CV #_	···		((three	digit c	ode on	ı back o	of card))
Cre	dit Ca	ard n	umb	er:						.	,	,								
info	rmat	ion i	s true	e and	under I corre all in	ect, t	hat I	am a	autho	rized	to e	xecu	te an	-		•			_	•
Con	npan	y Na	me:_	В	ig Wo	of, L	.LC									_				
Nar	ne (p	rinte	:d):	Kei	th Fo	e						_Date	e:		9/	<u> </u>	15		-	
Sign	atur	e: ,		2		~	-	_				Title	 e:	グレ	M	07				

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 Nar	me:Big Woof, LLO	C	
	The legal name must match	your registration with <u>Der</u>	partment of Revenue
Trade Na	me(s) (if any):E	Big Woof ame(s) must be registered	and a constant
	Mailing Address:	ame(s) must be registered	Physical Address:
Street	2929 1 st Ave, #309	Street	2929 1 st Ave, #309
City	Seattle	City	Seattle
City	WA 98121		WA 98121
State/Zip		State/Zip	WA 30121
Phone Nu	umber:206-276-2673	Fax	Number:206-789-4484
UBI #:	_603088752	E-Mail:d_foe@h	otmail.com
Website:_			
Type of k	business structure		
Type of L	ousilless structure		
□ Individ	dual 🗆 Partnershi	ip 🗆 Corpora	tion X Other (LP, LLP, LLC)
		list the name, title, ar	nd percentage of partner's share or stock
aistributio	n for major stockholders:		Stock Distributions
Name		Title	or Percentage of Shares
Daniel Foe	•	Member	
Keith Foe		Member	
Andrew D	uncan Brown	Member	
Jeffrey St	eele	Member	
Ryan Rile	у	Member	
List other	certificates or permits hel	d with the commissi	on:N/A
USDOT #_	2798220	If you don't have a	USDOT #, go online at
-		<u>tion</u> or contact the V	Vashington State Patrol at
360-596-3	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)

	Year And Make Of		
License Number	Vehicle	Vehicle ID Number	Seating Capacity
BigWoof	1993 FORD	1FDKE30M6THV03557	Ten (10),
			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 <u>Federal Motor Carrier Safety Regulations (FMCSR)</u> 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
	

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, 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: 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 Fo	<u>oe</u>	
Signatu	re of applicant	1	
	$\alpha 1.$ (
Date	9/11/15	County, State _	_King, Washington



September 15, 2015

29208.0101

VIA E-MAIL AND U.S. MAIL

Steven King
Executive Director and Secretary
WUTC
PO Box 47250
1300 S. Evergreen Park Dr. SW
Olympia, WA 98504-7250
Attn: Tina Leipski

RECEIVED
RECORDS MANAGEMENT
2015 SEP 18 AM 8: 57
2015 SEP 18 AM 8: 57
STATE OF WASH
UTIL. AND TRANSP.
COMMISSION

Re: Application for Charter and Excursion Services Certificate under RCW 81.70 by Big Woof LLC

Dear Mr. King:

Enclosed please find an Application for Charter and Excursion Carrier Service and the requisite \$225 filing and vehicle license fee on behalf of the applicant. Please contact the undersigned or Keith Foe, the manager of Big Woof LLC, if you have further questions or concerns on this matter.

Yours truly,

David W. Wiley

WILLIAMS, KASTNER & GIBBS PLLC

David W. Wiley

cc: Keith Foe



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 9/21/2015

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s). PRODUCER OLGA CHUPRUGINA

PRONTO INSURANCE AGENCY, LLC				(A/C, No, Ext): 425-746-3000 (A/C, No): 877-778-9178					
1340	0 NE 20TH ST STE 21			ADDRESS: SUPPOR	RT@PRONT	DWA.COM			
				INS	SURER(S) AFFOR	RDING COVERAGE	NAIC #		
BELL	LEVUE WA 98005 INSURER A : CONTINENTAL DIVIDE INS CO						35939		
INSURE	ED			INSURER B :					
	BIG WOOF, LLC			INSURER C :					
	2929 1ST AVE 309			INSURER D :					
				INSURER E :					
	SEATTLE		WA 98121	INSURER F:					
			NUMBER:			REVISION NUMBER:			
INDI CER EXC	S IS TO CERTIFY THAT THE POLICIES OF CATED. NOTWITHSTANDING ANY REQU ITIFICATE MAY BE ISSUED OR MAY PER ILUSIONS AND CONDITIONS OF SUCH P	JIREMENT, TAIN, THE	TERM OR CONDITION OF A INSURANCE AFFORDED BY IMITS SHOWN MAY HAVE B	ANY CONTRACT OR O' 7 THE POLICIES DESCI EEN REDUCED BY PAI	THER DOCUM! RIBED HEREIN ID CLAIMS.	ENT WITH RESPECT TO WHIC	H THIS		
INSR LTR	TYPE OF INSURANCE	INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	(MM/DD/YTTY)	LIMITS			
L	COMMERCIAL GENERAL LIABILITY					EACH OCCURRENCE \$			
L	CLAIMS-MADE OCCUR					PREMISES (Ea occurrence) \$			
L						MED EXP (Any one person) \$			
						PERSONAL & ADV INJURY \$			
[6	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE \$			
	POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG \$			
	OTHER:					\$			
A	UTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	1500000		
	ANY AUTO					BODILY INJURY (Per person) \$			
Α	ALL OWNED SCHEDULED AUTOS		05APM007632-01	08/27/2015	08/27/2016	BODILY INJURY (Per accident) \$			
	HIRED AUTOS NON-OWNED AUTOS]			ĺ	PROPERTY DAMAGE (Per accident) \$			
						UNCSL \$	1000000		
	UMBRELLA LIAB OCCUR					EACH OCCURRENCE \$			
	EXCESS LIAB CLAIMS-MADE					AGGREGATE \$			
	DED RETENTION\$	1				\$			
	ORKERS COMPENSATION					PER OTH-			
AI	ND EMPLOYERS' LIABILITY NY PROPRIETOR/PARTNER/EXECUTIVE					E.L. EACH ACCIDENT \$			
(N	FFICER/MEMBER EXCLUDED? flandatory in NH)	N/A				E.L. DISEASE - EA EMPLOYEE \$			
lif	yes, describe under ESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT \$			
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.									
DESCR	IPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (ACOR	ı D 101, Additional Remarks Sche	dule, may be attached if m	ore space is requ	uired)			
	HICLE: 1993 FORD 1FDKE30 VER: DAVID NANEZ	M6THV(03557						
CEDT	IFICATE HOLDER			CANCELLATION					
CLKI	WASHINGTON UTILITIES A	ND TRAN	SPORTATION	SHOULD ANY OF 1	DATE THEREO	ESCRIBED POLICIES BE CANC F, NOTICE WILL BE DELIVERI Y PROVISIONS.			
	PO BOX 47250			AUTHORIZED REPRESENTATIVE					
	OLYMPIA, WA 98504-7250								
				Olga Chuprugina					

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

(EXECUTED IN TRIPLICATE)

Filed with	Washington Utilities &	Transportation Commission	(herein	after called Commission)
	(Name of Commis	sion)		,
This is to certify, the	at the	Continental Divide	Insurance Compa	any
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		(Name of 0	•	
hereinafter called Com	nany) of	1314 Douglas Str	reet, Omaha, NE 68	3102
reremaner canca com		(Home Office Add		
h i		DIO MOSELLA	_	
has issued to		BIG WOOF LLC		
				•
of	······	2929 1ST AVE UNIT 309	9, SEATTLE, WA 98 Motor Carrier)	3121
		(Address of it	notor Carrier)	
the insured stated in sathe Uniform Motor Carriamended to provide autopon such motor carried regulations promulgations whenever request colicies and all endorses this certificate and to which it is attached.	ier Bodily Injury and Protomobile bodily and Protomobile bodily and Protomobile bodily and Proto	continuing until cancelled as perty Damage Liability Insural d property damage liability insertions or motor carrier law of the State	provided herein, whence Endorsement, is surance covering the in which the Communicate original of the without cancell or the insured giving	nas or have been e obligations imposed mission has jurisdiction f said policy or ation of the policy thirty (30) days' notice
Countersigned at 131	4 Douglas Street	Omaha	NE	68102
Joannereigned at 101	(Street Address)	(City)	(State)	(ZIP Code)
this	22 nd	day of September	r, 20 <u>15</u>	
			71/10	/
			Authorized Repr	esentative
Insurance Company Fil	e No. 05APM007632 (Policy N			

1,500,000 CSL

This form determined by the National Association of Regulatory Utilities Commissioners and promulgated pursuant to the provisions of Section 202(b)(2) of the Interstate Commerce Act (49 U.S.C. § 302(b)[2]) and 49 CFR § 387.301