

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 \$ 25.00	Company ID: 17249	Docket TE-
111 0268 232 02 \$ 200.00	Date Filed: 9/21/15	Safety Inspection:
111 0268 232 03	Reg Fees: OKX11	Insurance:
111 0268	DOL:	SOS: OK
Receipt ID: 56151	Payment ID: 1007	CH -

Passenger Charter and Excursion Carrier Services WAC 480-30	Fee Required
<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; <u>WAC-480-30-121</u> .	\$200.00
Plus,	
X Regulatory Fee - In accordance with <u>RCW 81.70.350</u> "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.	
X Total number of vehicles to be operated <u>1</u> x \$25 per vehicle	= \$25
X Total due (\$200, plus, \$25 per vehicle)	= \$225
<input type="checkbox"/> Name Change - WAC <u>480-30-146</u>	\$ 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: <u>Big Wolf, LLC</u>	

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	<u>2929 1st Ave, #309</u>	Street	<u>2929 1st Ave, #309</u>
City	<u>Seattle</u>	City	<u>Seattle</u>
	<u>WA 98121</u>		<u>WA 98121</u>
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	<u>Member</u>	<u>100 Units</u>
Keith Foe	<u>Member</u>	<u>100 Units</u>
Andrew Duncan Brown	<u>Member</u>	<u>100 Units</u>
Jeffrey Steele	<u>Member</u>	<u>100 Units</u>
Ryan Riley	<u>Member</u>	<u>100 Units</u>

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 an 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</u> 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 Foe

Signature of applicant 

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
STATE OF WASH.
UTIL. AND TRANSP.
COMMISSION

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

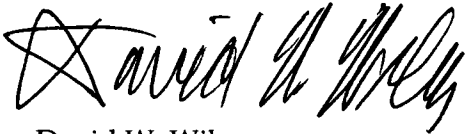
Dear Mr. King:

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 Wool 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

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 1314 Douglas Street, Omaha, NE 68102
(Home Office Address of Company)

has issued to BIG WOOF LLC
(Name of Motor Carrier)

of 2929 1ST AVE UNIT 309, SEATTLE, WA 98121
(Address of Motor Carrier)


a policy or policies of insurance effective from 09/16/2015 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 1314 Douglas Street Omaha NE 68102
(Street Address) (City) (State) (ZIP Code)

this 22nd day of September, 20 15



Authorized Representative

Insurance Company File No. 05APM007632-01
(Policy Number)

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