

TE-111819-CT



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

-COPY-

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 |
|---|-----------------|
| Application fee (Application for new certificate, to reinstate a previously canceled certificate, to transfer an existing certificate to a new owner or business structure) | \$200.00 |
| Name Change (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 |
| Regulatory Fee (per vehicle) | \$ 25.00 |
| TYPE OF PAYMENT | |
| <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> AMEX <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa | |
| Credit Card Information (if applicable) Exp Date Month/Year | |
| Amount \$ _____ Company Name: <i>International District Parking Assoc. Inc.</i> <i>dba Merchants Parking / Transica</i> | |
| 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: _____ Date: _____ | |

| | | |
|---|-----------------------------|--------------------------|
| <i>Check #31542</i> | Company ID: <i>M8945</i> | Docket TE- <i>111819</i> |
| (For Commission Use Only) 111 0268 232 01 <i>275</i> Reg Fee | Date Filed: <i>10-17-11</i> | Safety Inspection: |
| 111 0268 232 02 <i>200</i> App Fee | Reg Fees: <i>OK X 11</i> | Insurance: |
| 111 0268 232 03 | DOL: | SOS: <i>OK</i> |
| 111 0268 | | |

Receipt # 033823

Total Paid \$ 475.-

Posted
RMS
X

SECTION 1 - APPLICANT INFORMATION

per UBL

Name of Applicant: ~~Michael Olson~~ International District

International District ✓
Parking Association

Trade Name(s) (if applicable): Merchants Parking

Transia

Mailing Address:

Physical Address:

per phone call

Street 214 5th Avenue S

Street 214 5th Avenue S.

City Seattle

City Seattle

State/Zip WA / 98104

State/Zip WA / 98104

Phone Number: (206) 624 3426

Fax Number: (206) 682 4233

UBI #: 600-231-485-000

E-Mail: Transia@aol.com

Type of business structure:

- Individual Partnership Corporation Other (LP, LLP, LLC)

non-profit

List the name, title, and percentage of partner's share or stock distribution for major stockholders:

| Name | Title | Stock Distributions or Percentage of Shares |
|----------------------|---------------------------|---|
| <u>Michael Olson</u> | <u>Executive Director</u> | <u>N/A</u> |

List other certificates or permits held with the commission: WUTC, C00965 - non-profit

- List your USDOT # 182 7193 (If you don't have one you can go online at www.fmcsa.dot.gov/online-registration or contact the Washington State Patrol at 360-596-3816 or 360-596-3803 for assistance.)

SECTION 2 - EQUIPMENT

(Attach additional sheets if necessary)

| License Number | Year And Make Of Vehicle | Vehicle ID Number | Seating Capacity |
|----------------------------|--------------------------|-------------------|------------------|
| <u>(SEE ATTACHED LIST)</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: **IDRIS ELHAMAR**

Position: **OPERATIONS 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: **IDRIS ELHAMAR**

Position: **OPERATIONS 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 and Internal Revenue Service and Employment Security.

Name: **MICHAEL OLSON**

Position: **EXEC. DIRECTOR**