

Docket:	:	<u>K.21-02-001</u>
Exhibit Number	:	<u>CPED - 3</u>
Commissioner	:	<u></u>
Admin. Law Judge	:	<u>Melvin</u>
Witness	:	<u>Pete</u>



**CONSUMER PROTECTION AND
ENFORCEMENT DIVISION
California Public Utilities Commission**

**CPUC PASSENGER CARRIER EQUIPMENT
STATEMENT (FORM PL-664)
APRIL 25, 2017**

San Francisco, California
May 18, 2022

CALIFORNIA PUBLIC UTILITIES COMMISSION
PASSENGER CARRIER EQUIPMENT STATEMENT (Form PL-664)

SECTION 1 - CARRIER INFORMATION

PSG/TCP# 37774	CARRIER NAME GETUL A BOGALE	FICTITIOUS BUSINESS NAME / DBA (IF ANY) GETLIMO SERVICE
BUSINESS ADDRESS 430 CRAVEN CT	CITY HAYWARD	STATE CA
ZIP CODE 94541	PHONE 510 415 9887	
EMAIL ADDRESS		

SECTION 2 - EQUIPMENT

☐ NEW APPLICATION ☐ RENEWAL APPLICATION ☐ REFILE APPLICATION ☒ UPDATE (Add/Delete/Change)

NOTE: In "SEATS" indicate the seating capacity (i.e., number of seats), including the driver.

<input checked="" type="checkbox"/> ADD <input type="checkbox"/> DELETE <input type="checkbox"/> CHANGE		LICENSE PLATE 98904E2	STATE CA	VEHICLE IDENTIFICATION NUMBER (VIN) 1FM5K8D85GGA87289				
SEATS 06	BODY TYPE UT	YEAR 2016	GVWR (LB)	CHASSIS STRETCH (INCHES)	HANDICAPPED ACCESSIBLE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	MODIFIED LIMOUSINE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	# of FIRE EXTINGUISHERS	# of EMERGENCY EXITS

TERMINAL ADDRESS 430 CRAVEN CT		CITY HAYWARD	STATE CA	ZIP 94541	PHONE 510 415 9887
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<input type="checkbox"/> ADD <input type="checkbox"/> DELETE <input type="checkbox"/> CHANGE		LICENSE PLATE	STATE	VEHICLE IDENTIFICATION NUMBER (VIN)				
SEATS	BODY TYPE	YEAR	GVWR (LB)	CHASSIS STRETCH (INCHES)	HANDICAPPED ACCESSIBLE <input type="checkbox"/> Yes <input type="checkbox"/> No	MODIFIED LIMOUSINE <input type="checkbox"/> Yes <input type="checkbox"/> No	# of FIRE EXTINGUISHERS	# of EMERGENCY EXITS

TERMINAL ADDRESS		CITY	STATE	ZIP	PHONE
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<input type="checkbox"/> ADD <input type="checkbox"/> DELETE <input type="checkbox"/> CHANGE		LICENSE PLATE	STATE	VEHICLE IDENTIFICATION NUMBER (VIN)				
SEATS	BODY TYPE	YEAR	GVWR (LB)	CHASSIS STRETCH (INCHES)	HANDICAPPED ACCESSIBLE <input type="checkbox"/> Yes <input type="checkbox"/> No	MODIFIED LIMOUSINE <input type="checkbox"/> Yes <input type="checkbox"/> No	# of FIRE EXTINGUISHERS	# of EMERGENCY EXITS

TERMINAL ADDRESS		CITY	STATE	ZIP	PHONE
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SECTION 3 - CERTIFICATION

I certify that the above information is accurate and that each vehicle listed is covered by an automobile liability insurance policy which provides at least the following minimum amount of coverage based on vehicle seating capacity (not including the driver):

7 passengers or less - \$750,000 • 8 through 15 passengers - \$1.5 million • 16 passengers or more - \$5 million

Note: Any vehicles operated under a TCP "C" Certificate only requires \$750,000


Signature

GETUL BOGALE
Print Name

4/25/17
Date

CALIFORNIA HIGHWAY PATROL RECOMMENDATION (FOR CHP USE ONLY)

Signature	Date	<input type="checkbox"/> Approval <input type="checkbox"/> Denial <input type="checkbox"/> Other
Division	Remarks:	



REGISTRATION CARD VALID FROM: 01/31/2017 TO: 01/31/2018

MAKE	YR MODEL	YR 1ST SOLD	VLF CLASS	*YR	TYPE VEH	TYPE LIC	LICENSE NUMBER
FORD	2016	0000	HN	2017	370	31	98904E2
BODY TYPE MODEL	MP	MO	AX	WC	UNLADEN/G/CGW	VEHICLE ID NUMBER	
UT	G	YR	2	D	04680	1FM5K8D85GGA87289	
TYPE VEHICLE USE	DATE ISSUED		CC/ALCO	DT FEE RECVD	PIC	STICKER ISSUED	
COMMERCIAL	04/21/17		01	04/21/17	2	F1118207	

PR EXP DATE: 01/08/2018

REGISTERED OWNER

BOGALE GETU ABEBE
430 CRAVEN CT

AMOUNT PAID
\$ 96.00

HAYWARD
CA

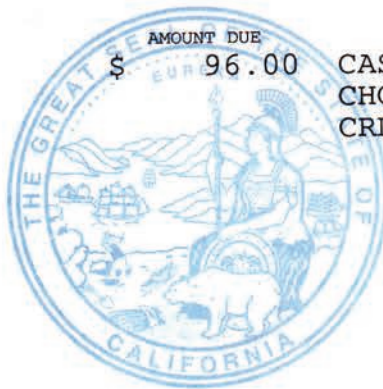
94511

LIENHOLDER

ALLY FNCL
PO BX 8128

COCKEYSVILLE
MD

21030



AMOUNT DUE
\$ 96.00

AMOUNT RECVD

CASH :
CHCK :
CRDT :

F01 518 08 0009600 0038 CM F01 042117 31 98904E2 289