



AUTO TRANSPORTATION AUTHORITY APPLICATION

FOR OFFICAL USE ONLY			
DATE FILED:	Company:		Docket #:
111-0268	Receipt ID:	Payment ID:	Amount Paid:
111-0268-232-01	111-0268-232-02	111-0268-230-01	111-0268-230-02

Type of Passenger Transportation Authority Requested (check one box)	Fee Required
<input checked="" type="checkbox"/> New Certificate (auto transportation company certificates include statewide charter and excursion carrier service if marked below). Complete Sections 1-8 and <i>Attachment A</i> . Submit a proposed tariff and time schedule. Do you plan on providing charter/excursion service? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, complete <i>Attachment F</i> .	\$200.00
<input type="checkbox"/> Extension of Existing Auto Transportation Certificate C- <input style="width: 100px;" type="text"/> Complete Sections 1-8. Submit a proposed tariff and time schedule.	\$150.00
<input type="checkbox"/> Transfer or Lease Auto Transportation Authority – Complete Sections 1-8 and <i>Attachments C & G</i> . <input type="checkbox"/> Transferring all of Certificate C- <input style="width: 100px;" type="text"/> <input type="checkbox"/> Transferring a portion of Certificate C- <input style="width: 100px;" type="text"/>	\$200.00
<input type="checkbox"/> Temporary Auto Transportation Authority - New temporary authority or temporary to operate pending a commission decision on a parallel filed permanent application. Complete Sections 1-8 and <i>Attachment B</i> .	\$150.00
<input type="checkbox"/> Mortgage of Certificate – Complete Section 1 and <i>Attachment E</i> .	\$35.00
<input type="checkbox"/> Name Change – Change in corporate name, change in trade name; adding or deleting a trade name; or changing the surname of an individual owner or partner. Complete Section 1 and <i>Attachment D</i> .	\$35.00
<input type="checkbox"/> Reinstatement of Canceled Certificate – Complete Sections 1, 2 and 8.	\$200.00



Section 1 - Business Information

Legal Name: **Utilities and Transportation Bus Company, Inc.**

Trade Name, if applicable: **UTC Bus**

Physical Address: **621 Woodland Square Loop SE, Lacey WA 98503**

Mailing Address: **P.O. Box 47250, Olympia, WA 08504**

Telephone Number: **360-664-1222**

Email: **transportation@utc.wa.gov**

Fax Number:

Contact Name: **John Doe**

USDOT#: **123456** If you do not have a USDOT number, go to the [FMCSA website](#) to apply or call 360-596-3812 for assistance.

Is your business registered with the [Department of Revenue](#)? No Yes

Business License/UBI#: **601-123-456**

Type of Business

Individual Partnership Corporation Other (LP, LLP, LLC)

State of Incorporation

Washington

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

Name	Title	Stock Distribution/% of Shares
John Doe	President	50
Alan Doe	Vice President	25
publicly held shares		25

Section 2 – Proposed Service Information

- 1) What type of service do you plan on providing: door-to-door services and/or scheduled service?
 - Door-to-door service** - Service provided between locations identified by the passengers and points specifically named by the company in its filed tariff and time schedule. Door-to-door service requires a time schedule in compliance with WAC [480-30-281\(2\)\(c\)](#) and may be restricted to "by reservation only"; and/or,
 - Scheduled service** - Service provided between locations specifically named by the company (for example, the X Hotel at 4th and Main) and points specifically named by the company in its filed tariff and time schedule. Scheduled service requires the company to file a time schedule in compliance with WAC [480-30-281 \(2\)\(b\)](#) and may be restricted to "by reservation only."
- 2) Provide the following documents with your application:
 - A map of the proposed line, route, or service territory that meets the standards described in [WAC 480-30-051](#).
 - Support statements for proposed service authority.



3) Describe the proposed type of service (see [WAC 480-30-096](#)) including the line, route, or service territory described in terms such as streets, avenues, roads, highways, townships, ranges, cities, towns, counties or other geographic description:

Propose to provide scheduled service between SEATAC airport and Paine Field, with stops at the Space Needle, Safeco/Century Link Field, and the passenger terminal at Boeing Field. Propose to provide reservation only service for customers in King, Pierce, and Snohomish counties.

4) State the conditions that demonstrate this proposed service is for the public convenience and necessity:

People need service between the major airports in the area. As the area continues to grow, more travel reservations will connect through Boeing and Paine Field, necessitating service between SEATAC and those airports.

5) State the applicant's prior experience and familiarity with the statutes and rules that govern operations they proposes:

The owners and operation's manager worked in the scheduled auto passenger transportation industry for 15 years.

6) Do other auto transportation companies currently provide service between any of the points or along any portion of the route you propose to serve? No Yes If yes, list the names and addresses of companies:

**Shuttle's-R-Us - 543 Longview Street SE, Auburn, WA 98453
The Island Transportation Service - 1562 Rock Ridge Rd, Renton, WA 98652**

7) Do you currently hold, or have you ever held, an auto transportation certificate? No Yes
If yes, please indicate your certificate number C-

8) Have you ever applied for and been denied an auto transportation certificate? No Yes
If yes, please explain:

9) Have you or your company ever been cited for a business-related violation of state laws or commission rules by the UTC or any other federal or state agency? No Yes If yes, please explain:



Section 3 – Tariff and Time Schedule

- 10) Is this application for temporary authority, a new certificate, or extension of existing certificated authority?
 No Yes **If yes, you must include a proposed tariff and time schedule that is in compliance with WAC 480-30-256 through WAC 480-30-436.**
- 11) Are you applying for fare flexibility as described in WAC 480-30-420? Yes No
If yes, complete Attachment H to show your proposed base rate and maximum rate.
- 12) If this application is a transfer or a lease of authority from an existing certificated company, you must either file a new tariff and time schedule at the same rate levels as on file, or, you must adopt the current certificate holder’s tariff and time schedule. To file a new tariff, use the standard tariff format attached to this application or an approved alternate format. Indicate which option you will use: Adopt File new tariff

Section 4 - Financial Statement
 Complete the following or attach a balance sheet, profit and loss statement, or business plan.

Assets		Liabilities	
Cash in Bank	\$ 100,000	Salaries/Wages Payable	\$ 2,500
Notes Received	\$ 50,000	Accounts Payable	\$ 1,500
Investments	\$ 25,000	Notes Payable	
Other Current Assets		Mortgages Payable	
Prepaid Expenses	\$ 15,000	Total Liabilities	\$ 4,500
Land and Buildings	\$ 50,000	Net Worth	\$ 50,000
Trucks and Trailers	\$ 50,000	Preferred Stock	\$ 15,000
Office Furniture	\$ 1,500	Common Stock	\$ 20,000
Other Equipment		Retained Earnings	
Other Assets		Capital	\$ 30,000
TOTAL ASSETS	\$ 291,500	TOTAL LIABILITIES AND NET WORTH	\$ 123,500

In addition, the application must include the following (see WAC 480-30-096)

- Ridership and Revenue forecasts for the first twelve months of operation.
- A pro forma balance sheet and income statement for the first twelve months of operation.

Section 5 – Hearing Information
 If the commission assigns this application for a formal hearing, estimate the number of witnesses you will present and the amount of time you will need for your presentation.

Number of witnesses: 15	Amount of time: 3 hours
Will an attorney be representing you? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If Yes, complete the following:	
Attorney’s Name: Reginald Lepetomaine	Attorney’s Phone Number: 253-123-4567
Attorney’s Firm: Lepetomaine, Davis, and March	Fax Number:
Street: 678 Brubaker Parkway	
City, State, Zip: Everett, WA 98352	Email: r.lepetomaine@ldmlaw.com



Section 6 - Equipment List
 Describe the equipment that will be used (attach additional sheet if necessary). All vehicles must pass a Commercial Vehicle Safety Alliance inspection before an application is granted. All fields are required. Per [WAC 480-30-036 \(2\)](#), "**Party bus**" means any motor vehicle whose interior enables passengers to stand and circulate throughout the vehicle because seating is placed around the perimeter of the bus or is nonexistent and in which food, beverages, or entertainment may be provided. A motor vehicle configured in the traditional manner of forward-facing seating with a center aisle is not a party bus.

Year	Make	License Number	Vehicle ID (VIN)	Seating Capacity	Party Bus?
2015	Ford	B123451	V4567G7890	15	NO
2015	Ford	B123452	V4567G7891	15	NO
2015	Ford	B123453	V4567G7892	12	NO
2015	Ford	B123454	V4567G7893	12	NO
2015	Ford	B123455	V4567G7894	15	NO
2016	Ford	B123456	V4567G7895	15	NO
2016	Ford	B123457	V4567G7896	8	NO
2016	Ford	B123458	V4567G7897	26	NO
2016	Ford	B123459	V4567G7898	26	NO

*attach additional pages if necessary

13) Will you be employing CDL drivers? Yes No

You must submit evidence of enrollment in a drug and alcohol testing program

Section 7 - Operational Responsibilities	
Identify the person and position responsible for understanding and complying with the requirements of each category shown below:	
Tariffs, Time Schedules, Rates and Rate Filings (WAC 480-30-251 through WAC 480-30-436) Companies must file a tariff showing all rates it will impose on its customers, together with rules that govern how rates will be assessed. Companies must also file a time schedule. Charter and excursion only carriers are not required to file tariffs and time schedules per WAC 480-30-251 .	
Name: John Doe	Position: President
Annual Reports and Regulatory Fees (WAC 480-30-066 through WAC 480-30-081) Auto transportation companies must file an annual report of its financial and operational activity and pay regulatory fees by May 1 of each year. Charter and excursion carriers must file an annual safety report by May 1; and pay regulatory fees by Dec. 31 of each year.	
Name: Alan Doe	Position: Vice President
Customer Service Person responsible for customer service complaints, and customer notice requirements.	
Name: Steve Doe	Position: Operations Manager
State of Washington General Laws, Rules and Regulations Individuals and companies doing business in the state of Washington must comply with the regulations of local, state, and federal agencies such as, <u>but not limited to</u> : Department of Labor and Industries (industrial insurance, safety, prevailing wage); Department of Licensing (vehicle and drivers licenses, fuel permits, fuel tax); Secretary of State (corporate registrations); Department of Revenue and Internal Revenue Service (business licensing, taxes); and Employment Security.	
Name: Steve Doe	Position: Operations Manager



Section 8 – Safety

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.

Controlled Substance Abuse 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. **Please attach evidence of your enrollment in a drug and alcohol testing program if your company has commercial vehicles and employs CDL drivers.**

Name: Steve Doe	Position: Operations Manager
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Driver Qualification Requirements (Title 49, Code of Federal Regulations Part 391) Drivers must meet minimum qualification requirements and each company must maintain driver qualification files for each driver.

Name: Steve Doe	Position: Operations Manager
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Driver Hours of Service (Title 49, Code of Federal Regulations Part 395) Drivers must maintain logs and each company must maintain true and accurate hours of service records for each driver.

Name: Steve Doe	Position: Operations Manager
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Inspection, Repair and Maintenance (Title 49, Code of Federal Regulations Part 396) Every motor carrier shall systematically inspect, repair, and maintain all motor vehicles subject to its control.

Name: Steve Doe	Position: Operations Manager
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Safety Regulations, General (Title 49, Code of Federal Regulations Part 390)

Name: Steve Doe	Position: Operations Manager
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Driving of Commercial Motor Vehicles (Title 49, Code of Federal Regulations Part 392)

Name: Steve Doe	Position: Operations Manager
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Parts and Accessories Necessary for Safe Operation (Title 49, Code of Federal Regulations Part 393)

Name: Steve Doe	Position: Operations Manager
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Section 9 - Declaration of Applicant

INITIAL

JD I understand that filing this application **does not** authorize me to start operations requested or in the territory described until the commission grants the application and issues a certificate.

JD I understand the responsibilities of a passenger transportation company, and I am in compliance with all local, state, and federal regulations governing business in the state of Washington.

JD 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.

JD I certify that I am the applicant, or I am authorized to execute and file this document on behalf of the applicant.

Name: John Doe	Date: 07/29/2020
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621 Woodland Square Loop SE
Lacey, WA 98503
P.O. Box 47250
Olympia, WA 98504-7250
Phone: 360-664-1222
Email: transportation@utc.wa.gov

AUTO TRANSPORTATION – ATTACHMENT F

Auto Transportation Company with Charter and Excursion Carrier Regulatory Fees

(A Minimum Fee of \$25.00 is Required)

Name of Company: **Utilities and Transportation Bus Company, Inc.**

Trade Name(s), if applicable: **UTC Bus**

Physical Address: **621 Woodland Square Loop SE, Lacey WA 98503**

Mailing Address (if different): **P.O. Box 47250, Olympia WA 98504**

Phone Number: **360-664-1222** Fax Number:

Email: **transportation@utc.wa.gov** Permit C- **pending**

There is a minimum fee of \$25.00 that an auto transportation company with charter and excursion carrier service must pay.

Number of vehicles x \$25.00 =

