

**SECTION 1 - APPLICANT INFORMATION**

Name of Applicant: SANTA BARBARA TRANSPORTATION

Trade Name(s) (if applicable): D/B/A CASCADE STUDENT TRANSPORTATION

**Mailing Address:**

**Physical Address:**

Street PO Box 667

Street 1304 SE EATON BLVD

City BATTLE GROUND

City BATTLE GROUND

State/Zip WA 98604

State/Zip WA 98604

Phone Number: 360 687-1479

Fax Number: 360 687-1042

UBI #: 603 205 834

E-Mail: mgately@ridecst.com

**Type of business structure:**

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

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>
<u>DENIS J GALLAGHER</u>	<u>CEO</u>	
<u>PATRICK J WALKER</u>	<u>CFO</u>	
<u>PATRICK VAUGHAN</u>	<u>COO</u>	

List other certificates or permits held with the commission: \_\_\_\_\_

List your USDOT # 677713 (If you don't have one you can go online at [www.fmcsa.dot.gov/online-registration](http://www.fmcsa.dot.gov/online-registration) or contact the Washington State Patrol at 360-596-3812 for assistance.)

**SECTION 2 - EQUIPMENT**

*(Attach additional sheets if necessary)*

<u>License Number</u>	<u>Year And Make Of Vehicle</u>	<u>Vehicle ID Number</u>	<u>Seating Capacity</u>
<u>See attached</u>			