

RECEIVED

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WASH, UT. & TP. COMM

621 Woodland Square Loop SE Lacey, WA 98503 P.O. Box 47250 Olympia, WA 98504-7250

Phone: 360-664-1222

E-mail: <u>Transportation@utc.wa.gov</u>

AUTO TRANSPORTATION AUTHORITY APPLICATION

Type of Passenger Transportation Authority Requested (check one box)	Fee Required
New Certificate (auto transportation company certificates include statewide charter and excursion carrier service if marked below). Complete sections 1-8 and Attachment A. Submit a proposed tariff and time schedule.	\$200.00
Do you plan on providing charter/excursion service? If yes, complete Attachment F.	
☐ Extension of Existing Auto Transportation Certificate C-	
Complete sections 1-8. Submit a proposed tariff and time schedule.	\$150.00
Transfer or Lease Auto Transportation Authority – Complete sections 1-8 and Attachments C & G. Transferring all of Certificate C Transferring a portion of Certificate C	\$200.00
☐ <u>Temporary Auto Transportation Authority</u> - New temporary authority or temporary to operate pending a Commission decision on a parallel filed permanent application. Complete sections 1-8 and Attachment B.	\$150.00
☐ Mortgage of Certificate – Complete section 1 and Attachment E.	\$35.00
☐ Name Change — Change in corporate name, change in trade name; adding or deleting a trade name; or change the surname of an individual owner or partner. Complete section 1 and Attachment D.	\$35.00
☐ Reinstatement of Cancelled Certificate – Complete sections 1, 2 and 8.	\$200.00

FOR OFFICIAL USE ONLY			
Date Filed		ID#	Docket #:
LS Staff Assigned	Insurance	Мар	Tariff/
v.			Time Schedule
DOL/SOS	Safety Inspection		Cert Issued
150	Check#1683	Receipt ID 06882	1 11-0268
111-0268-232-02	111-0268-232-01	111-0268-230-02 4205.	111-0268-230-01

Island Airporter

SECTION 1 – API	PLICANT INFORMATION
Legal Name of Applicant: <u>Qaymond L. Quei</u>	geshoff Tamara K. Weigeshoff
Trade Name(s) (if applicable):	
Phone #: 615-403-3065 Fax #:	E-mail: rayweigeshoffelmail Con
Physical Address:	Mailing Address (if different from physical):
Street: 213 Petrich Rd.	Street:
City: FRICKRY HARBOR	City:
State/Zip: WA 98950	State/Zip:
Unified Business Identifier Number (UBI): 602 3 number or need to request one, contact <u>Business Licensi</u>	ng Services at 1-800-451-7985.
Type of Business Structure: ☐ Individual ☐ Partne If other than individual, list the name, title, and percenta stockholders or members:	
<u>Name</u> <u>Title</u>	Stock Distribution or % of Shares 50%
USDOT number <u>02104388</u> If you do not h www.fmcsa.dot.gov/online-registration to apply or call 3	
Labor & Industries #:Employ	yment Security Department #:
SECTION 2 – COMPANY	INFORMATION
Provide the following documents with your application: A map of the proposed line, route, or service term WAC 480-30-051 Support statements for proposed service authorical	
What type of service do you plan on providing: door-to-d	oor services and/or scheduled service?
	een locations identified by the passengers and points specifically schedule. Door-to-door service requires a time schedule in be restricted to "by reservation only"; and/or,
at 4th and Main) and points specifically named by service requires the company to file a time sched restricted to "by reservation only."	In locations specifically named by the company (e.g., the X Hotel by the company in its filed tariff and time schedule. Scheduled ule in compliance with WAC 480-30-281 (2)(b) and may be
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8-2019

Describe the proposed type of service (see <u>WAC 480-30-096</u>) 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:
Route established in 2003
State the conditions that demonstrate this proposed service is for the public convenience and necessity:
State the applicant's prior experience and familiarity with the statues and rules that govern operations it proposes: Applicant has CDL+ is a mechanic
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:
Do you currently hold, or have you ever held, an auto transportation certificate? ☑ No ☐ Yes If yes, please indicate your certificate number C Have you ever applied for and been denied an auto transportation certificate? ☑ No ☐ Yes If yes, please explain
Have you or your company ever been cited for business-related violation of state laws or commission rule or any other federal or state agency? No □ Yes If yes, please explain
SECTION 3 – TARIFF AND TIME SCHEDULE
If this application is for temporary authority, a new certificate, or extension of existing certificated authority, you must include a proposed tariff and time schedule that is in compliance with <u>WAC 480-30-256 through WAC 480-30-436</u> .
Or are you applying for fare flexibility as described in <u>WAC 480-30-420</u> ? Yes or \square No If yes, complete Attachment H to show your proposed base rate and maximum rate.
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 or File new tariff 8-2019 Page 6 of 17

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SECTION 4 – 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.

Amount of time:
g:
Attorney's phone number:
Fax number:
E-mail address

SECTION 5 – FINANCIAL STATEMENT				
ASSETS	5	LIABILITIES		
Cash in Bank	\$ 10,526	Salaries/Wages Payable	\$ 0	
Notes Receivable	\$ 6	Accounts Payable	\$	
Accounts Receivable	\$ 0	Notes Payable	\$ 0	
Investments	\$	Mortgages Payable	\$	
Other Current Assets	\$ 0	Contracts and Bonds Payable	\$ 0	
Prepaid Expenses	\$ 0	TOTAL LIABILITIES	\$ 0	
Land and Buildings	\$ 6	NET WORTH		
Trucks and Trailers	\$ 3650	Preferred Stock	\$	
Office Furniture	\$	Common Stock	\$ 0	
Other Equipment	\$ 6	Retained Earnings	\$ 0	
Other Assets	\$ 0	Capital	\$ ()	
TOTAL ASSETS	\$ 14/76	TOTAL LIABILITIES AND NET WORTH	\$ 6	

In addition:	the application must include the following:	(see	WAC	480-3	0-096)
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Opperated since 2003

- \square 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 6 – EQUIPMENT LIST

Describe the equipment that will be used (attach additional sheet if necessary). Vehicles must pass inspection and be issued a valid Commercial Vehicle Safety Alliance inspection decal for each motor vehicle before your application may be granted.

Year	Make	License Number	Vehicle ID number	Seating Capacity
2006	Foro	AXS 8587	1FBSS31L36HA50774	11
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CECTION	T CAFETY	ARID	ODED	ATIONIC
SECTION	7 – SAFETY	ΔMI	OPER	AHONS

In each of the categories shown below, **list the person and position responsible** for understanding and complying with the <u>Federal Motor Carrier Safety Regulations (FMCSR)</u> 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.

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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, business licensing, fuel permits, fuel tax); Secretary of State (corporate registrations); Department of Revenue and Internal Revenue Service (taxes); and Employment Security.

Name:

Position:

Island Airforter

UBI 602 309 820

SECTION 8 – DECLARATION OF APPLICANT

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.

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.

I, the undersigned, certify that the information in this application is true and correct, and that I am the applicant or I am authorized to execute and file this document on behalf of the applicant.

Weigeshoff

Weigeshoff

Printed name:/

Title:

2 - 2 . "

County, State SAW JUAN

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ATTACHMENT C

JOINT APPLICATION FOR TRANSFER OR LEASE OF CERTIFICATED AUTHORITY

The commission must approve any sale, assignment, lease, or transfer of a company's certificate, or any portion of the operating authority described in a company's certificate. This does not apply to change in ownership resulting from an acquisition of control of a corporation through stock sale or purchase.

Certificate Number C-1075
Check appropriate box: ☐ Transfer Portion* ☐ Lease All** ☐ Lease Portion**
Current Name on Certificate (Seller/Lessor) Tsland Airporter LLC Current Trade Name on Certificate (Seller/Lessor)
Current Trade Name on Certificate (Seller/Lessor) 139 Tarte Road Friday Harbor, WA. 98250 360-378-7438 Address (Seller/Lessor) Phone Number Email: islandair porter e Notmail, com
Fax: Email: islandair porter e hotmail, com
Have all fines and /or penalties been paid? Has the closing annual report been filed? No Yes
Does the buyer/lessee agree to begin service as soon as the commission authorizes the transfer or lease? Yes No, If not, then when?
If the commission assigns this application for formal hearing, do both the seller/lessor and the buyer/lessee agree to be present at the hearing? Yes No
Both the seller/lessor and the buyer/lessee certify that this application is not made for the purpose of hindering, delaying or defrauding creditors.
This application must include a <u>map</u> and <u>copy of the certificated authority</u> to be transferred/leased. If applying for permission to transfer or lease a portion of the certificated authority, then the application must include a <u>map</u> and <u>description of both the portion</u> to be transferred/leased and the portion to be retained by the existing certificate holder.
We, as applicants, hereby jointly declare and affirm that all information is true to the best of our knowledge.
Seller's Lessor's Signature Date, County, State
Buyer's/Lessee's Signature Merch Weigesh floate, County, State

*If this application is for transfer, please attach a copy of the sales or other agreement to sell.

^{**}If this application is to lease, please attach a copy of the executed lease agreement.



ATTACHMENT G

TARIFF ADOPTION NOTICE

	Tariff No
	Island Airgorten LLC Name of New Company
	Name of New Company
	Islawd Air Porter LLC
	Trade Name of New Company
	Adopt all tariffs and supplements to the tariffs, filed with the Washington Utilities and Transportation Commission by:
-	ISLAND Airporter LLC
	Name of Prior Company
	Before the date of its (new company) acquired possession of that (prior) company, or a portion of the authority of that (prior) company.
	Notice issued by:
	,·
Name:	Title:
Phone Number:	Fax Number:
Email address:	· · · · · ·
Date filed with C	Commission:



ATTACHMENT H

SAMPLE FLEXIBLE FARE TARIFF SHEET

Tariff No	Page No. of		
Company Name:_	Island	Airporter LLC.	

Flexible Fares

Flexible Fares means the authority to charge, at the company's discretion, fares in any amount at or below the maximum fares (Base rate, plus, 25%).

Guests		Zone A	Zone B	Zone C	Zone D	Zone E	Zone F	Zone G	Zone H	Zone J	Zone K	Zone X	Zone Y
1	Base	30	33	37	37	38	40	45	50	55	64	105	205
	Max	38	41	46	46	48	50	56	63	69	80	131	256
2	Base	36	33	39	39	46	47	51	61	64	69	110	210
	Max	45	41	49	49	58	59	64	76	80	86	138	263
3	Base	42	41	42	42	54	54	54	75	75	75	116	216
	Max	53	51	53	53	68	68	68	94	94	94	145	270
4	Base	54	53	54	54	70	70	70	98	98	98	139	239
	Max	68	66	68	68	88	88	88	123	123	123	174	299
5	Base	66	65	66	66	86	86	86	121	121	121	162	262
Julian	Max	83	81	83	83	108	108	108	151	151	151	203	328
6	Base	78	77	78	78	102	102	102	144	144	144	185	285
	Max	98	96	98	98	128	128	128	180	180	180	231	356
7	Base	90	90	90	90	118	118	118	167	167	167	208	308
	Max	113	113	113	113	148	148	148	209	209	209	260	385

Note: Flexible fares do not cover ancillary charges such as baggage, cancellation fee, or refund transaction fee, etc.

Base Fee Friday Herbor to Sectar \$49.99
Base Fee Roche Harbor to Sector \$159.99
Since 2007

WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION

For the Operation of Motor Propelled Vehicles

pursuant to the provisions of Chapter 81 RCW

THIS IS TO CERTIFY that authority is granted to operate as a MOTOR CARRIER in the transportation of the commodities and in the territory described herein to

ISLAND AIRPORTER, LLC 139 TARTE ROAD FRIDAY HARBOR, WA 98250

PERMIT NO. C-1075

PASSENGER SERVICE BETWEEN:

San Juan Island and the Seattle-Tacoma International Airport via the Washington State Ferry Service in Anacortes.

Closed-door service between San Juan Island and the Seattle-Tacoma International Airport.

Note: All passengers must have Seattle-Tacoma International Airport as an origin or destination.

TC-030782

08-07-03

SERVICE DATE AUG - 7 2003



WASHINGTON UTILITIES AND TRANSPORTATION

By Carble Shaullen