

## RECEIVED

OCT 1 0 2019

## WASH, UT. & TP. COMM

TC-1908 79

621 Woodland Square Loop SE Lacey, WA 98503 P.O. Box 47250 Olympia, WA 98504-7250 Phone: 360-664-1222

E-mail: Transportation@utc.wa.gov

## **AUTO TRANSPORTATION AUTHORITY APPLICATION**

Type of Passenger Transportation Authority Requested (check one box)		
	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
10	Do you plan on providing charter/excursion service?   Yes  No 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/075	\$200.00
	Transferring a portion of Certificate C	
	<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/			
	*		Time Schedule			
DOL/SOS	Safety Inspection		Cert Issued			
***	Check#1683	Receipt ID	<b>1</b> 11-0268			
111-0268-232-02	111-0268-232-01	111-0268-230-02 4205	111-0268-230-01			

Weigoshott Transportation 120

cuses

Page **3** of **17** 

weignshoff Transportation Rec

SECTION 1 – AP	PLICANT INFORMATION
Legal Name of Applicant:   Approved to the control of the control	gestell Tamora K. Weigeshoff
415	ponter
Phone #: 615-403-3065 Fax #:	E-mail: royweigeshoff@Gmail: Con
Physical Address:	Mailing Address (if different from physical):
Street: 213 Petrich Rd.	Street:
City: FRICKAY HARBUR	City:
State/Zip: WA 98950	State/Zip:
Unified Business Identifier Number (UBI):	ership   Corporation  Other (LP, LLP, LLC)
Name  Baymond L. Weigeshoff  Tannan K Weigeshoff  Oww.	
USDOT number OCIGA 388 If you do not I www.fmcsa.dot.gov/online-registration to apply or call 3  Labor & Industries #: Emplo	
SECTION 2 – COMPANY	
Section 2 Communication	MICHAILEN
Provide the following documents with your application:  A map of the proposed line, route, or service ter  WAC 480-30-051  Support statements for proposed service author	rity
What type of service do you plan on providing: door-to-	door services and/or scheduled service?
	reen locations identified by the passengers and points specifically e schedule. Door-to-door service requires a time schedule in the passengers and points specifically be restricted to "by reservation only"; and/or,
at 4th and Main) and points specifically named be service requires the company to file a time scheor restricted to "by reservation only."	n locations specifically named by the company (e.g., the X Hotel by the company in its filed tariff and time schedule. Scheduled dule in compliance with WAC 480-30-281 (2)(b) and may be
Owe Raguel Tail	Drily severe 2003

8-2019