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### **Addendum to Application**

Docket

Company

**This is to document completion of missing or incomplete items in the initial application.**



**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	\$ 12,261	Salaries/Wages Payable	\$ 0
Notes Received	\$ 0	Accounts Payable	\$ 0
Investments	\$ 0	Notes Payable	\$ 0
Other Current Assets	\$ 300	Mortgages Payable	\$ 0
Prepaid Expenses	\$ 255	<b>Total Liabilities</b>	<b>\$ 0</b>
Land and Buildings	\$ 0	Net Worth	\$ 0
Trucks and Trailers	\$ 10,000	Preferred Stock	\$ 0
Office Furniture	\$ 0	Common Stock	\$ 0
Other Equipment	\$ 0	Retained Earnings	\$ 0
Other Assets	\$ 0	Capital	\$ 22,816
<b>TOTAL ASSETS</b>	<b>\$ 22,816</b>	<b>TOTAL LIABILITIES AND NET WORTH</b>	<b>\$ 22,816</b>

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:	Amount of time:
Will an attorney be representing you? <input type="checkbox"/> No <input type="checkbox"/> Yes <b>If Yes, complete the following:</b>	
Attorney’s Name:	Attorney’s Phone Number:
Attorney’s Firm:	Fax Number:
Street:	
City, State, Zip:	Email: