### WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION

1300 South Evergreen Park Drive SW, PO Box 47250 Olympia Washington 98504-7250 Toll Free (888) 606-9566 or 360-664-1222 Fax (360) 586-1181 or (360) 586-1118

# RECEIVE DAPPLICATION FOR BUS CERTIFICATE

| MAY 12                          | 2002                                     |   |  |
|---------------------------------|--|---|--|
| WASH, IIT                       |  | Fee: \$150.00                                       | · · · •  |
| WASH. UT. & T                   | P. COMM.                                 | 0019404   | N79170   |
| CID                             | Reception N                              | 11 0768 737 07                                      | Application No.  |
| Date Received_                  | 5-13-03 1/                               | Amount \$ 150.                                      | OO Additional Permit   |
| Fitness                         | Rates                                    | Schedule  | <u>Insurance</u>   |
|                                 |  | ilities and Transportation<br>in Chapter 81.68 RCW. | n Commission for a Certficate of Public  |
|                                 |  | APPLICATION   |  |
|                                 |  | Fee - \$150   |  |
| (Check One Only)                | Ö ORIGINAL □                             | EXTENSION   |  |
| NOTE: APPLICATION               | ON MUST BE COMPLET                       |   | DIVIDUAL DARTNERSHIP   |
|                                 |  | o — o   |  |
| NAME OF APPLIC                  | ANT <u>WILLIAM</u><br>(Must corres)      | R. THOMPSON   |  |
| D/B/A: The LA                   | RCHILD SHUT                              | oond with name on insurar<br>TUB STURS ES           |  |
| MAILING 707<br>ADDRESS          |  | PHYSICAL_S  | Ams Perphone call w/13/03  |
| Chen                            | ey WA 99004                              | <del></del>   |  |
| BUSINESS TELEF                  | PHONE NUMBER (5°9                        | 995-0730 FA   | X NUMBER ( )   |
|                                 | •  | E-MAIL E  |  |
| PRINCIPAL SHAR<br>AND PERCENTAG | EHOLDERS. IF APPL<br>SE OF INTEREST OF A | ICANT IS A <b>PARTNERS</b><br>ALL PERSONS HAVING    | PERCENTAGE OF STOCK OF<br>SHIP, LIST NAMES, ADDRESSES,<br>S AN EQUITY IN THE BUSINESSES: |
|                                 |  |   |  |
| Will an attorney be             | representing you at the                  | e hearing?  | <b></b> № No   |
| If yes, list specific a         | attorney's name:                         |   | · · · · · · · · · · · · · · · · · · ·  |
| Phone No                        | Addr                                     | ess:  |  |
|                                 |  |   | licant will present approximately  |

1.

2.

3.

5.

6.

| 7.  | Describe your proposed route using state or county highway numbers, AND attach a detailed map or sketch showing the proposed route or area.  |
|-----|--|
|     | SURVIVAL SCHOOL FRIRCHILD AFB TO NCO HOUSING MAIN BASE TO OFFICER HOUSING -  |
|     | MAIN BASE TO BILLETING OFFICE (ALL ON FAIRCHILD AFB WA) TO   |
|     | MAIN GATE HIGHWAY 2 Through (NO STOPPINE) AIRWAY HEIGHTS TO  |
|     | HAYFORD ROAD to WEST MEFARLONE RD TO WEST DIRPORT Drive  |
|     | to TERMINALS - (BUT BASICALLY - FAIRCHILD AFB DIRECTLY TO  |
|     | SPOKANE INTERNATIONAL DIRPORT  |
|     | (NOTE: This statement may be a separate attachment labeled "7").   |
| 8.  | Is this an application for extension of your present route? $\Box$ Yes $\checkmark$ NO If yes, attach a copy of your current certificate.  |
| 9.  | Attach two copies of your proposed tariff, which shows both the rates or fees to be charged for service and rules and regulations which govern how they will be assessed.  |
| 10. | Attach two copies of your proposed time schedule and route, naming all service points.   |
| 11. | State fully the conditions that justify the Commission granting you a certificate.  Other Than AIR Force Official Busses- There is not a shuffle service (Priver Service FAIRCHIED AFB WA. The busses (the AIR Force) do not adequately    |
|     | service the transportetion needs of "official" Travelers. I have spokel  |
|     | need for a private shiftle service (of survival school). As I have military  |
|     | (NOTE: This statement may be a separate attachment labeled "11")   |
| 12. | List the terminal facilities you propose to use at each of the named points on your proposed route.  |
|     | SURVIVAL SCHOOL BILLETING OFFICE - FAIRCHILD AFB WA 99011  |
|     | NCO HOUSING - FAFB WA  |
|     | MAIN ROSE BILLETING OFFICE - FREBWA  |
|     | DEFICIR HOUSING - FAFR WA  |
|     | AIRPORT (NOTE: This statement may be a separate attachment labeled "12")   |
| 13. | You must submit, prior to issuance of a certificate to operate as an Auto Transportation Company, a Form "E" Certificate of Insurance issued by an insurance company authorized to write insurance in the state of Washington.             |
| 14. | List the names and addresses of all other transportation providers currently furnishing similar service by means of motor coach, railroad or boat lines, between any of the points or along any portion of the route you propose to serve. |
|     | SPOKANE TRANSIT AUTHORITY (STA) by way of transfer - NO DIRECT   |
|     | BOUTE  |
|     |  |
|     | <u> </u>   |
|     | (NOTE: This statement may be a separate attachment labeled "14")   |

| 15. | Complete | the follo | wing fina | ancial data* |
|-----|----------|-----------|-----------|--------------|
|-----|----------|-----------|-----------|--------------|

| ASSETS                               |           | LIABILITIES                     |      |
|--------------------------------------|-----------|---------------------------------|------|
| Cash in Bank and on hand \$3500 60 5 |           | Salaries/Wages Payable          | \$ ^ |
| Notes Receivable                     | \$        | Accounts Payable                | \$   |
| Accounts Receivable                  | \$        | Notes Payable                   | \$   |
| Investments                          | \$        | Mortgages Payable               | \$   |
| Other Current Assets                 | \$        | Contracts and Bonds Payable     | \$   |
| Prepaid Expenses                     | \$        | Other                           | \$   |
| Land and Buildings                   |           | TOTAL LIABILITIES               | \$   |
| Equipment (buses)                    | \$ 11,000 | NET WORTH                       |      |
| Office Furniture                     | \$        | Preferred Stock                 | \$   |
| Other Equipment                      | \$        | Common Stock                    | \$   |
| Other Assets                         | \$        | Retained Earnings               | \$   |
| 10.000                               | \$        | Capital                         | \$   |
| TOTAL ASSETS                         | \$        | TOTAL LIABILITIES AND NET WORTH | \$   |

<sup>\*</sup>Enclose Balance Sheet and Profit and Loss Statement, if available, and label it "15"

16. Complete the following statement of equipment to be used in connection with proposed service or attach equipment list with the appropriate information.

| LICENSE NUMBER                                       | YEAR AND MAKE OF<br>VEHICLE | SERIAL NUMBER<br>(VEHICLE IDENTIFICATION<br>NUMBER) | SEATING CAPACITY |
|--|-----------------------------|---|------------------|
| NOT ISSUED YET + PAID FOR BUT AWAMING TITLE TRANSFOR | 1998 DODGE RAMVAN           | 2B5WB3525WK112581                                   | 15               |
|  |                             |   |                  |
| · · · · · · · · · · · · · · · · · · ·                |                             |   |                  |
|  |                             | ·   |                  |
|  |                             |   |                  |
|  |                             |   |                  |
|  |                             |   |                  |
|  |                             |   |                  |

(NOTE: This information may be an attachment labeled "16").

17. SAFETY COMPLIANCE REVIEW AND QUESTIONNAIRE:

| GENERAL   |     |        |     |
|---|-----|--------|-----|
| Do you have a copy of the laws and rules relating to auto transportation companies?                   | YES | NO<br> | N/A |
| Have you been cited within the last three years by the Commission for violations of it rules or laws? |     | 1      |     |
| If Yes, explain:  |     |        | _   |
| Are you familiar with the state passenger carrier safety rules?                                       | X   |        |     |

| vviii management review the carrier's compliance status on a periodic basis?  | ••••           |           |               |
|---|----------------|-----------|---------------|
| NOTIFICATION AND REPORTING OF ACCIDENTS   | V=0            | ,<br>NO   |               |
| Are you familiar with the Commission accident reporting rule?   | _ 1468 _       | NO<br>—   | N/A           |
| Will you take any action against drivers involved in preventable accidents?   | TES            | · .       |               |
| PART 391 - QUALIFICATION OF DRIVERS   | <i>J.</i>      |           |               |
|   | YES            | NO        | N/A<br>مانن و |
| Do you have written hiring policies/procedures that are being followed when hiring new drivers?   |                |           | XX            |
| Are oral interviews conducted with new drivers to verify information submitted on their applications  | <del></del>    |           | _X_           |
| Will you have a system established to ensure drivers' medical certificates remain current?  | <u>P</u>       |           |               |
| Will you verify that physicians completing medical certifications are knowledgeable about the instructions for performing and recording driver physical examinations? | <u>7</u>       |           |               |
| Will you review the results of the health history and physical examination?   | 🏂              |           |               |
| Will you have a system established that will ensure drivers' operating licenses remain current?   | <u>*</u>       |           |               |
| Will you have a system established that will ensure drivers' annual reviews and annual record of violations remain current?   | <u>***</u>     |           |               |
| Will you comply with the road test provisions of Section 391.31?  | <u>X</u>       |           |               |
| Can you maintain and produce complete driver qualification files on drivers?  | <u> </u>       |           |               |
| ·   | 51.05          | الحري الم | - Drin        |
| PART 392 - DRIVING OF MOTOR VEHICLES  | 10 YES         | NO        | N/A           |
| Do you have established procedures concerning the use of alcohol and drugs?   | <u>*</u>       |           |               |
| Do you have a policy for monitoring speed?  | <u>*</u>       | 3         |               |
| PART 395 - HOURS OF SERVICE OF DRIVERS  |                |           |               |
|   | YES            | NO        | N/A           |
| Can you explain the hours of service limitations, i.e., 10, 15, 60 in 7, 70 in 8?   |                |           | 8             |
| Will you file records of duty status in systematic manner?  |                |           |               |
| Will drivers be required to complete recaps of their records of duty status?  |                |           | *             |
| Will dispatchers be aware of drivers' hours of service prior to trip?   |                |           | <u> </u>      |
| Will other independent records be compared to drivers records of duty status for accuracy?  |                |           |               |
| Will you have a system for recording hours of duty status on 100 mile radius drivers?   |                |           | ,             |
| Will you have a disciplinary policy for noncompliance with Part 395?  |                |           | *             |
| PART 396 - INSPECTION, REPAIR AND MAINTENANCE   | \$ <del></del> |           |               |
|   | YES<br>✓       | NO        | N/A           |
| Will you have written procedures explaining a systematic, periodic maintenance program?   | ,              |           |               |
| Will you periodically review maintenance records for all equipment?   |                |           |               |
| Will you comply with the vehicle inspection procedure?  | 8              |           |               |

| Will you train drivers to perform pre-trip inspections?  |
|--|
| Will you maintain the prior three months vehicle inspection reports on a vehicle?  |
| Will you maintain a complete maintenance file on all vehicles?   |
| The applicant understands that the filing of this application does not in itself constitue authority to operate; that he/she is familiar with the law and the rules of the Washington Utilities and Transportation Commission governing Auto Transportation Companies and promises strict compliance therewith.  Dated at: |
| I certify (or declare) under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.  |

Dianelyn Mount, Notary (Signature)



Three Ways to Get Local: Maps Yellow Pages

## Yahoe! Mail is <u>E SY</u>,

Welcome, Guest User

Create My Locations - Sign In

Yahoo! Maps

Maps Home

Maps | Driving Directions

Starting from: Fairchild Air Force Base, WA 99011 Save Address

**Get Reverse Directions** 

Email Directions

Distance: 7.8 miles

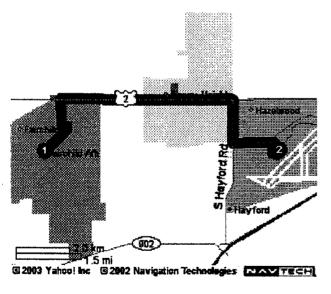
Printable Version

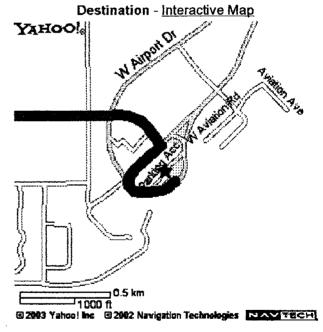
Approximate Travel Time: 14 mins

Text Only Driving Directions



**Удноо**!»





| Dir | ections                     | Miles |   |
|-----|-----------------------------|-------|---|
| 1.  | Start on W ARNOLD ST        | 0.4   | 1 |
| 2.  | Continue on E ARNOLD ST     | 0.3   | 1 |
| 3.  | Turn Left on S HANSELL AVE  | 0.2   | 7 |
| 4.  | Bear Right on N MITCHELL DR | 0.6   | 7 |
|     | · .                         |       |   |

| 5.  | Turn Right on US-2  | 3.9              | <b>L</b> |
|-----|---|------------------|----------|
| 6.  | Turn Right on S HAYFORD RD  | 1.0              | ۲        |
| 7.  | Turn Left on W MCFARLANE RD   | 1.1              | 7        |
| 8.  | Turn Right on GEG   | 0.2              | ۲        |
| 9.  | Continue on W AIRPORT DR  | 0.2              | ን        |
| 10. | Follow the signs to your terminal   |                  | 1        |
| Dis | stance: 7.8 miles Approximate Travel Time: 14 mins                              | <u> </u>         | A        |
| Wł  | nen using any driving directions or map, it's a good idea to do a reality check | and make sure th | e road   |

When using any driving directions or map, it's a good idea to do a reality check and make sure the road still exists, watch out for construction, and follow all traffic safety precautions. This is only to be used as an aid in planning.

#### **Driving Directions**

1 Enter starting address or select from My Locations

| My L | ocations <u>Sig</u> | n In  |
|------|---------------------|-------|
| — M  | y Locations         | ; — 😿 |
|      |                     |       |

Address ( Address, Intersection or Airport Code )

Fairchild Air Force Base, W.

Country
United States

### Learn about Mobile Phone Driving Directions

2 Enter destination address or select from My Locations

)

City, State or Zip Spokane, WA

Country
United States \*

My Locations Sign In

**Get Directions** 

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