

WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION

1300 South Evergreen Park Drive SW, PO Box 47250
Olympia Washington 98504-7250
Phone (360) 664-1222
Fax (360) 586-1181

TC-031420

RECEIVED

SEP 02 2003

WASH. UT. & TB COMM.

D7921

CH-305

APPLICATION FOR BUS CERTIFICATE

M-27149

Fee: \$150.00

CID _____ Reception NO. 0000627 Application No. D7921

230-02

Date Received 9/3/03 Amount \$ 150.00 Additional Permit CH-305

Fitness _____ Rates _____ Schedule _____ Insurance OK

Application is made to the Washington Utilities and Transportation Commission for a Certificate of Public Convenience and Necessity, as provided in Chapter 81.68 RCW.

APPLICATION

Fee - \$150

(Check One Only) ORIGINAL EXTENSION

NOTE: APPLICATION MUST BE COMPLETED IN FULL. INDIVIDUAL PARTNERSHIP CORPORATION

1. NAME OF APPLICANT Wheatland Express Inc
(Must correspond with name on insurance policy)

2. D/B/A: Wheatland Express Inc

3. MAILING ADDRESS P.O. Box 125 PHYSICAL ADDRESS 4101 SR 270
Pullman, WA 99163 Pullman, WA 99163

BUSINESS TELEPHONE NUMBER (509) 334-2200 FAX NUMBER (509) 332-0118

UBI # 601-395-396 E-MAIL Kim@wheatlandexpress.com

4. IF APPLICANT IS A CORPORATION, LIST NAME, TITLES, AND PERCENTAGE OF STOCK OF PRINCIPAL SHAREHOLDERS. IF APPLICANT IS A PARTNERSHIP, LIST NAMES, ADDRESSES, AND PERCENTAGE OF INTEREST OF ALL PERSONS HAVING AN EQUITY IN THE BUSINESSES:

5. Kim Motley - All offices Marquerite Motley - 100% shareholder
Will an attorney be representing you at the hearing? Yes No

If yes, list specific attorney's name: _____

Phone No. _____ Address: _____

6. If the Commission assigns this application for formal hearing, applicant will present approximately 1 witnesses at the hearing. Estimate how much time your presentation will take. 5 minutes

7. Describe your proposed route using state or county highway numbers, AND attach a detailed map or sketch showing the proposed route or area.

See attached

(NOTE: This statement may be a separate attachment labeled "7").

8. Is this an application for extension of your present route? Yes 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.

No provider of this service in this area to airport

(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.

MOSCOW, ID - ST. AUGUSTINE Church

Best Western UNIVERSITY INN

PULLMAN, WA - Wheatland Express Lot

WSU Cub

COLFAX, WA - Rosauer's parking Lot

(NOTE: This statement may be a separate attachment labeled "12")

SPOKANE, WA - International Airport

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. *you have already on file*

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.

None

(NOTE: This statement may be a separate attachment labeled "14")

15. Complete the following financial data*:

ASSETS		LIABILITIES	
Cash in Bank and on hand	\$	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)	\$	NET WORTH	
Office Furniture	\$	Preferred Stock	\$
Other Equipment	\$	Common Stock	\$
Other Assets	\$	Retained Earnings	\$
	\$	Capital	\$
TOTAL ASSETS	\$	TOTAL LIABILITIES AND NET WORTH	\$

*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. *OK see attachment*

LICENSE NUMBER	YEAR AND MAKE OF VEHICLE	SERIAL NUMBER (VEHICLE IDENTIFICATION NUMBER)	SEATING CAPACITY
<i>see attachment</i>			

(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** **N/A**

Have you been cited within the last three years by the Commission for violations of its rules or laws?..... **YES**

If Yes, explain: _____

Are you familiar with the state passenger carrier safety rules?.....

Will management review the carrier's compliance status on a periodic basis?..... ✓

NOTIFICATION AND REPORTING OF ACCIDENTS

Are you familiar with the Commission accident reporting rule? YES NO N/A ✓
Will you take any action against drivers involved in preventable accidents?..... ✓

PART 391 - QUALIFICATION OF DRIVERS

Do you have written hiring policies/procedures that are being followed when hiring new drivers?..... YES NO N/A ✓
Are oral interviews conducted with new drivers to verify information submitted on their applications?.. ✓
Will you have a system established to ensure drivers' medical certificates remain current?... ✓
Will you verify that physicians completing medical certifications are knowledgeable about the instructions for performing and recording driver physical examinations?..... ✓
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?..... ✓
Will you have a system established that will ensure drivers' annual reviews and annual record of violations remain current?..... ✓
Will you comply with the road test provisions of Section 391.317?..... ✓
Can you maintain and produce complete driver qualification files on drivers?..... ✓

PART 392 - DRIVING OF MOTOR VEHICLES

Do you have established procedures concerning the use of alcohol and drugs?..... YES NO N/A ✓
Do you have a policy for monitoring speed?..... ✓

PART 395 - HOURS OF SERVICE OF DRIVERS

Can you explain the hours of service limitations, i.e., 10, 15, 60 in 7, 70 in 8?..... YES NO N/A ✓
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?..... ✓
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

Will you have written procedures explaining a systematic, periodic maintenance program?..... YES NO N/A ✓
Will you periodically review maintenance records for all equipment?..... ✓
Will you comply with the vehicle inspection procedure?..... ✓

PART 396 – INSPECTION, REPAIR AND MAINTENANCE (con't)

	YES	NO	N/A
Will you train drivers to perform pre-trip inspections?.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Will you maintain the prior three months vehicle inspection reports on a vehicle?.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Will you maintain a complete maintenance file on all vehicles?.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The applicant understands that the filing of this application does not in itself constitute 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: Pullman, Washington, 8/28/03
(City or Town) (Month/Day/Year)

Wheatland Express Inc.
(Name of applicant)

By: Kim Motley
(Signature)

I certify (or declare) under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

8/28/03
(Date and Place)

Kim Motley
(Signature)

99163 Pullman, WA to 99210 Spokane, WA: 1 Stop

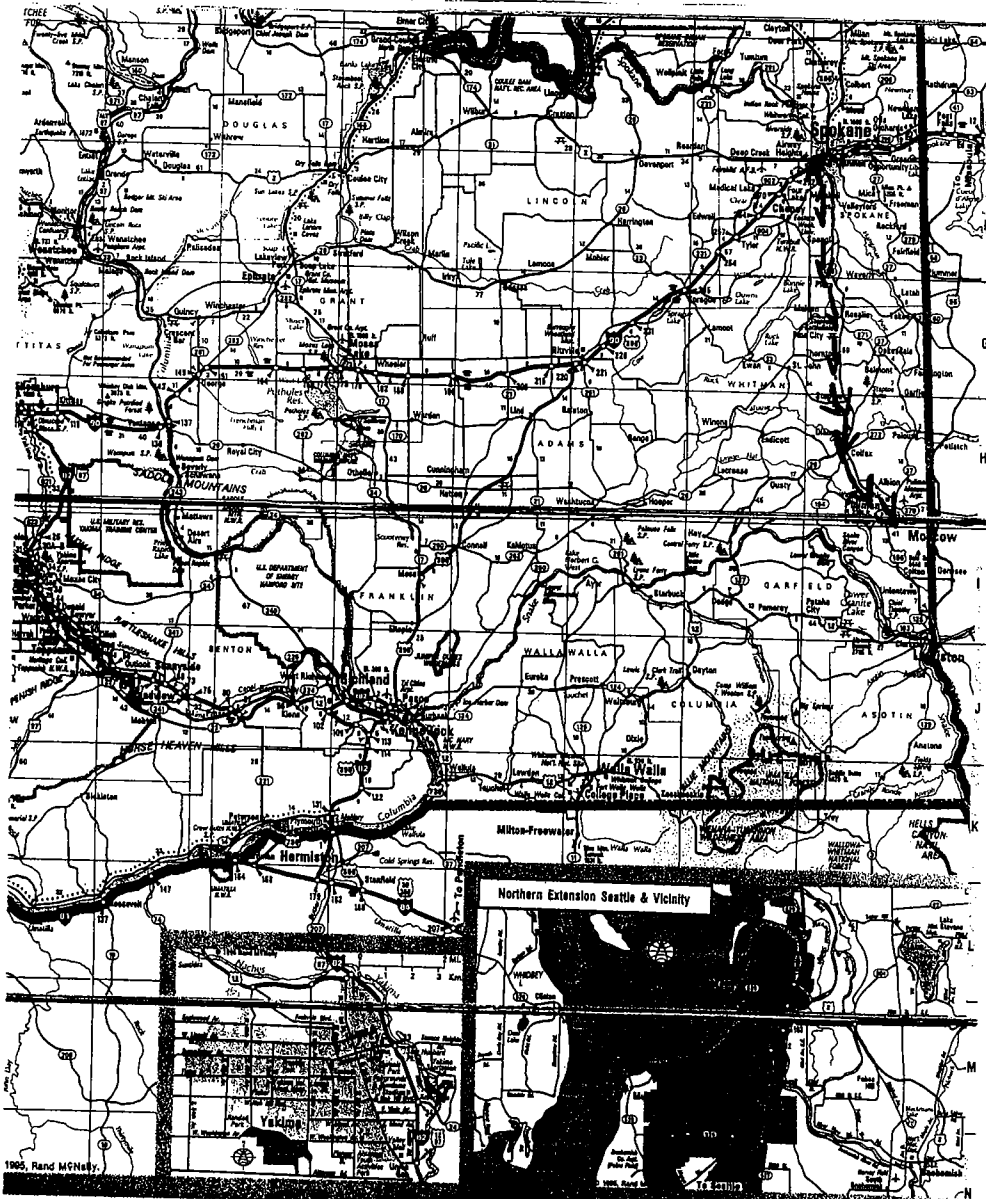
Label #17

Summary:

Miles: 93.9 Time: 2:16 Cost: \$103.29

Practical Route, Borders Open

State	Route	Miles	Hours	Interchange	Leg Miles	Leg Hours	Total Miles	Total Hours
Origin: 99163 Pullman, WA					0:00 (On-duty) \$0.00			
WA	E WA-270	7.4	0:11	WA/ID State Line	7.4	0:11	7.4	0:11
ID	E ID-8	1.8	0:03	Moscow, ID	9.2	0:14	9.2	0:14
Arrive Loaded						0:14	9.2	0:14
ID	W ID-8	1.8	0:03	ID/WA State Line	1.8	0:03	11.0	0:17
WA	W WA-270	10.0	0:15	+US195 WA270, WA	11.8	0:18	21.0	0:31
WA	N US-195	70.2	1:40	I 90 X279, WA	82.0	1:58	91.2	2:12
WA	E I-90	2.2	0:03	I 90 X281, WA	84.2	2:01	93.4	2:15
WA	E US-2	0.5	0:02	Spokane, WA	84.7	2:03	93.9	2:16
Arrive Loaded								
					84.7	2:03	93.9	2:16



State	Route	Miles	Hours	Interchange	Leg Miles	Leg Hours	Total Miles	Total Hours
WA	E WA-270	7.4	0:11	WA/ID State Line	7.4	0:11	7.4	0:11
ID	E ID-8	1.8	0:03	Moscow, ID	9.2	0:14	9.2	0:14
ID	W ID-8	1.8	0:03	ID/WA State Line	1.8	0:03	11.0	0:17
WA	W WA-270	10.0	0:15	+US195 WA270, WA	11.8	0:18	21.0	0:31
WA	N US-195	70.2	1:40	I 90 X279, WA	82.0	1:58	91.2	2:12
WA	E I-90	2.2	0:03	I 90 X281, WA	84.2	2:01	93.4	2:15
WA	E US-2	0.5	0:02	Spokane, WA	84.7	2:03	93.9	2:16

WHEATLAND EXPRESS FLEET LIST EFFECTIVE March 28, 2003

#16

UNIT #	MODEL	YR	ID#	LICENSE	VALUE	SEATS
90	Ford	1999	1FDAF56F7XED99137	88114PR	30,800.00	28
92	Ford	1997	1FDLE40F4VHA92292	88115PR	19,800.00	24
99	FORD	2000	1FDXE45F5YHB68715	851418PR	\$30,000.00	25
106	MCI 9	1981	3472	52645PR	\$20,000	47
108	MCI 9	1981	3468	52673PR	\$25,000	47
110	MCI 9	1980	S15420	58659PR	\$20,000	47
112	MCI 9	1981	1M89CM6A2BP036306	64495PR	\$20,000	47
116	MCI 9	1982	1m89cm8a1cpo37476	64669PR	\$20,000	47
118	MCI 102A	1988	1TUFCH6A5JR006695	70352PR	\$100,000	47
120	MCI 9	1984	1M89CM6A7EPO39268	70287PR	\$20,000	47
122	TMC 9	1981	1TUAAH987BROO2769	76559PR	\$20,000	47
124	MCI 102A	1986	1TUFCH6A6GROO5581	76667PR	\$55,000	47
126	MCI 102D	1995	1M8SDMPA7SPO46908	78427PR	\$156,000	49
128	MCI 102D	1995	1M8SDMPA9SPO46909	80330PR	\$149,500	49
130	MCI 102D	1995	1M8SDMPAOSPO47575	80808PR	\$150,000	47
132	MCI 102D	1994	LM8SDMPARPO46481	85039PR	\$105,000	47
329						
331	Ford	1997	1FDXE40S5XHB84318	88113PR	\$29,700	19
VAN	Dodge	1995	2B5WB35ZXSX523789	380 JAN	\$15,000	13

Tariff No. 1

Cancels

Tariff No. _____

of

Wheatland Express Inc
Name of Company

Certificate No. _____

NAMING RATES FOR
PASSENGER AND EXPRESS SERVICE
IN THE FOLLOWING DESCRIBED TERRITORY

Issued by:

Wheatland Express Inc
(Name)

P.O. Box 125
(Address)

Pullman, WA 99163
(City, State, Zip)

509-334-200
(Telephone)

Issue Date _____ Effective Date _____

Issued By: _____

FOR OFFICIAL USE ONLY

Effective _____

TC- _____

ISN _____

LAA _____

By: _____

Tariff No. _____

Revised Page No. _____

Company Name: _____

FARE SCHEDULE

\$34.00

Moscow/Pullman to/from Spokane air-
port each way

\$29.00

Colfax to/from Spokane Airport each way

Children under 2 travel free,
Children under 12 travel for 1/2

DISCLAIMER

Wheatland Express will not be responsi-
ble for damages resulting from the failure to
depart or arrive to make connections with
flights of schedule airlines. Departure times are
subject to change due to airline schedule
changes. Please confirm if reservations have
been made more than 30 days out.

Ticket Refunds

Tickets are **NON-REFUNDABLE.** Unused tick-
ets will be honored up to one year from date of
purchase.

Baggage

Two pieces plus one carry-on. Excess & oversize
pieces subject to extra \$5.00 charge/item and space
availability. Pets may be carried at extra \$5.00
charge /pet with advanced notice and kenneled.

Delayed Flights

We will endeavor to wait up to (15) minutes past
the scheduled departure times from the airport for
reserved passengers. Remember the driver cannot
leave the bus. Go out and tell the driver you are
there then go claim your luggage.

Issue date:

Effective Date:

Issued by:

FOR OFFICIAL USE ONLY

Effective _____

TC- _____

TSN _____

IAA

By: _____

Tariff No. _____

Revised Page No. _____

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We will endeavor to wait up to (15) minutes past
the scheduled departure times from the airport for
reserved passengers. Remember the driver cannot
leave the bus. Go out and tell the driver you are
there then go claim your luggage.

Issue date:

Effective Date:

Issued by:

FOR OFFICIAL USE ONLY

Effective _____

Tc- _____

TSN _____

IAA

By: _____

Tariff No. 1 Revised Page No. _____

Company Name: Wheatland Express Inc

TIME SCHEDULE NUMBER 1

Cancels

TIME SCHEDULE NUMBER _____

Wheatland Express Inc
Name of Company

TERRITORY:

Washington - Idaho

BY THE FOLLOWING ROUTE:

Pullman - Moscow - Colfax - Spokane + return

FROM: TO:

DEPARTURE TIMES:
Monday thru Friday Schedule

	Trip #1	Trip #2	Trip #3
North bound			
Moscow Departures			
St Augustine Church	3:30 am	9:30 am	4:00 pm
Best Western University Inn	3:35 am	9:35 am	4:05 pm
Pullman Departures			
Wheatland Express Lot	3:45 am	9:45 am	4:15 pm
WSU Cub	3:50 am	9:50 am	4:20 pm
Colfax Departures			
Rosauer's Parking Lot	4:15 am	10:15 am	4:45 pm
Spokane International Airport Arrival	5:30 am	11:30 am	6:00 pm
South bound			
Departs Spokane Int Airport	8:30 am	2:00 pm	6:35 pm
Arrives Colfax	9:30 am	3:00 pm	7:45 pm
Arrives Pullman	9:50 am	3:20 pm	8:05 pm
Arrives Moscow	10:05 am	3:35 pm	8:15 pm

Saturdays only
Trip #2

Sundays only
Trip #2

Please be outside five minutes before departure times as drivers cannot leave the bus to locate you

Mileage: 90 miles (RT)

Issue Date: 8/28/03

Effective Date: ASAP

Issued By: _____

FOR OFFICIAL USE ONLY

Effective _____ TO _____ BSN _____

IAA _____ BY _____

Tariff No. 1

Revised Page No. _____

Company Name: Wheatland Express Inc

Moscow/Pullman/Colfax to/from Spokane International Airport

Monday thru Friday Schedule

	<u>Trip #1</u>	<u>Trip #2</u>	<u>Trip #3</u>
<u>North bound</u>			
<u>Moscow Departures</u>			
St Augustine Church	3:30 am	9:30 am	4:00 pm
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<u>Pullman Departures</u>			
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Issue date:

Effective Date:

Issued by:

FOR OFFICIAL USE ONLY

Effective

RE-

BSN

EAA

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Saturdays only
Trip #2

Sundays only
Trip #2

Please be outside five minutes before departure times as drivers cannot leave the bus to locate you

Issue date:

Effective Date:

Issued by:

FOR OFFICIAL USE ONLY

Effective _____

To: _____

TSN _____

FAA

By: _____

Tariff No. 1

Revised Page No. _____

Company Name: Wheatland Express Inc

TIME SCHEDULE NUMBER 1

Cancels

TIME SCHEDULE NUMBER _____

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Name of Company

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Washington - Idaho

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Saturdays only
Trip #2

Sundays only
Trip #2

Please be outside five minutes before departure times as drivers cannot leave the bus to locate you

Mileage: 90 miles (RT)

Issue Date: 8/28/03

Effective Date: ASAP

Issued By: _____

FOR OPERATOR USE ONLY

Effective _____ IC _____ BSIN _____

TAA _____ BY _____

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

WHEATLAND EXPRESS, INC.
S. 1650 GRAND
PULLMAN, WA 99163

CERT. NO.
CH-00305

D-4

CHARTER PARTY PASSENGER SERVICE.

In the State of Washington.

M. V. CH. NO. 1538

11-02-92



WASHINGTON UTILITIES AND TRANSPORTATION
COMMISSION

By

Paul C. Cune