

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

RECEIVED
 JAN 26 2004
 WASH. UTIL. & TR. COMM.

APPLICATION FOR CHARTER BUS/EXCURSION SERVICE CERTIFICATE

Fee: \$150.00

CH-456

111 0268 232 01	CID 41230	CHA 79247
111 0268 232 02 150.00	DATE 1-26-04	SAFETY INSP <i>LL</i>
111 0268 232 03	0005456	INS/BOND <i>LL</i>
111 0268	<i>Reg. fee -</i>	<i>Docket # TE-040106</i>

THIS APPLICATION IS FOR:

(Check One Only) **CHARTER BUS CERTIFICATE** **EXCURSION SERVICE CERTIFICATE**

NAME OF APPLICANT SEATAC SHUTTLE, LLC

D/B/A- WHIDBEY CHARTER AND EXCURSION

MAILING ADDRESS	PO BOX 2895 OAK HARBOR, WA 98277	PHYSICAL ADDRESS	1321 SW BARLOW ST OAK HARBOR, WA 98277
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BUSINESS TELEPHONE NUMBER (360) 679-4003

FAX NUMBER (360) 323-8894

UBI # 602 283 265

E-MAIL john@seatacshuttle.com

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:

JOHN J. SOLIN, PRESIDENT, 95% OF SHARES.
 MICHAEL C. LAUVER, 05% OF SHARES

IF APPLICANT HOLDS ANY OTHER CERTIFICATE OR PERMIT WITH THE COMMISSION, LIST PERMIT NUMBERS:
C-1077

EQUIPMENT LIST:

LICENSE NUMBER	YEAR AND MAKE OF VEHICLE	SERIAL NUMBER (VEHICLE IDENTIFICATION NUMBER)	SEATING CAPACITY
A98573T	2003 DODGE SPRINTER	WD5WD642235467013	9 PAX
A98575T	2003 DODGE SPRINTER	WD5WD642235507391	9 PAX

SAFETY COMPLIANCE REVIEW AND QUESTIONNAIRE:

GENERAL

	YES	NO	N/A
Do you have a copy of the laws and rules relating to passenger charter and excursion service carriers?	<u>X</u>	___	___
Have you been cited within the last three years by the Commission for violations of it rules or laws?.	___	<u>X</u>	___

If Yes, explain: _____

Are you familiar with the state motor carrier safety rules?.....	<u>X</u>	___	___
Will management review the carrier=s compliance status on a periodic basis?.....	<u>X</u>	___	___

NOTIFICATION AND REPORTING OF ACCIDENTS

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

PART 391 - QUALIFICATION OF DRIVERS

	YES	NO	N/A
Do you have written hiring policies/procedures that are being followed when hiring new drivers?.....	<u>X</u>	___	___
Are oral interviews conducted with new drivers to verify information submitted on their applications?.	<u>X</u>	___	___
Will you have a system established to ensure drivers= medical certificates remain current?... ..	<u>X</u>	___	___
Will you verify that physicians completing medical certifications are knowledgeable about the instructions for performing and recording driver physical examinations?.....	<u>X</u>	___	___
Will you review the results of the health history and physical examination?.....	<u>X</u>	___	___
Will you have a system established that will ensure drivers= operating licenses remain current?.....	<u>X</u>	___	___
Will you have a system established that will ensure drivers= annual reviews and annual record of violations remain current?.....	<u>X</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>X</u>	___	___

PART 392 - DRIVING OF MOTOR VEHICLES

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

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?.....	<u>X</u>	___	___
Will you file records of duty status in systematic manner?.....	<u>X</u>	___	___
Will drivers be required to complete recaps of their records of duty status?.....	<u>X</u>	___	___
Will dispatchers be aware of drivers= hours of service prior to trip?.....	<u>X</u>	___	___
Will other independent records be compared to drivers records of duty status for accuracy?.....	<u>X</u>	___	___
Will you have a system for recording hours of duty status on 100 mile radius drivers?.....	<u>X</u>	___	___
Will you have a disciplinary policy for noncompliance with Part 395?.....	<u>X</u>	___	___

PART 396 - INSPECTION, REPAIR AND MAINTENANCE

	YES	NO	N/A
Will you have written procedures explaining a systematic, periodic maintenance program?.....	<u>X</u>	___	___
Will you periodically review maintenance records for all equipment?.....	<u>X</u>	___	___
Will you comply with the vehicle inspection procedure?.....	<u>X</u>	___	___
Will you train drivers to perform pre-trip inspections?.....	<u>X</u>	___	___
Will you maintain the prior three months vehicle inspection reports on a vehicle?.....	<u>X</u>	___	___
Will you maintain a complete maintenance file on all vehicles?.....	<u>X</u>	___	___

THE UNDERSIGNED APPLICANT REQUESTS THAT THE WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION MAKE ITS ORDER GRANTING A CERTIFICATE TO OPERATE AS A CHARTER PARTY OR EXCURSION SERVICE CARRIER AS PROVIDED FOR IN RCW 81.70 AND WAC 480-40

Dated at: Oak Harbor, Washington,
(City or Town)

January 19, 2004
(Month/Day/Year)


SEATAC SHUTTLE, LLC
(Name of applicant)

By:  _____
(Signature)

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

Oak Harbor, Washington
(Date and Place)

1/19/04

 _____
(Signature)

Insurance form "E" on file under cert # C-1077 WUTC vehicle inspection complete, inspection report attached

UNIFORM DRIVER/VEHICLE INSPECTION REPORT

1148029

PERSONNEL NO. J526 DIST / DET

LEVEL: 1 ~~2~~ 2 3 4 5 X

GENERAL				HAZARDOUS MATERIALS			
DATE <u>12.10.03</u>	TIME (MILITARY) BEGUN <u>0950</u>	TIME (MILITARY) FINISHED <u>1005</u>	HAZARD CLASS / DIVISION NO.				
LOCATION: SR/MP <u>TERMINAL</u>		SCALEHOUSE NO.	CNTY CODE <u>18</u>	REPORTABLE QTY? Y N	HAZARDOUS WASTE? Y N		
				PLACARD REQUIRED? Y N	CARGO TANKS? Y N		

CARRIER NAME (include DBA when applicable)
(360) 202-4007 SEATTLE SHUTTLE, LLC.

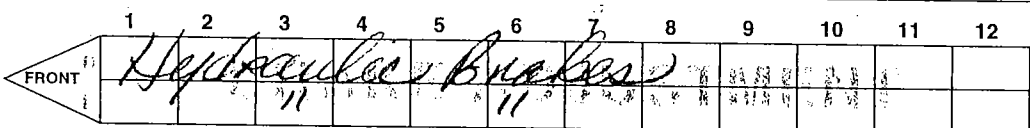
ADDRESS
P.O. BOX 2895

CITY OAK HARBOR STATE WA ZIP CODE 98277 INTERSTATE YES NO DOT NO. ICC NO.

DRIVER			
DRIVER NAME		LICENSE NO.	STATE
DATE OF BIRTH	MED. CERT. Y N WAIVER Y N	SHIPPER NAME	SHIPPING NO.

REGISTERED OWNER NAME/ADDRESS
SAME G.V.W. 10 PASS PBT RATE

UNIT	TYPE	YEAR/MAKE	CO. UNIT NO.	LICENSE NO. / VIN NO.	STATE
1		<u>2VN8003/DOE</u>	<u>#VIENNA</u>	<u>TEMP</u>	<u>WA</u>
2				<u>A 98575T</u>	
3					
4					



CFR	VIOLATIONS	D	1	2	3	4	Unit #s O/S	Complied
303.89	DRIVE LINE IS TWO PIECE AND ONLY THE FRONT SECTION HAS A DRIVE-LINE PROTECTION LOOP TO PREVENT DRIVE LINE FROM CONTACTING PAVEMENT UPON DISCONNECT. (REAR SECTION NEEDS LOOP TOO)	W						

CVSA DECALS UNIT 1 9762050 UNIT 2 UNIT 3 UNIT 4 NOIC NO.

Vehicle may not be operated until O/S defects noted above are repaired.
Driver may not drive until in compliance.

DRIVER SIGNATURE
OFFICER SIGNATURE
John Macomber

UNIFORM DRIVER/VEHICLE INSPECTION REPORT

1148030

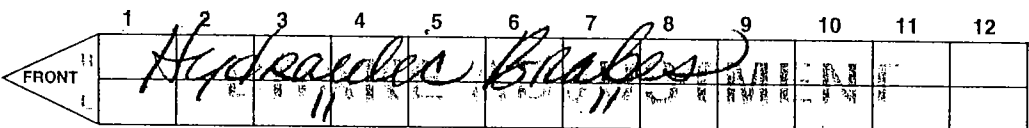
PERSONNEL NO. T526 DIST / DET _____ LEVEL: 1 _____ 2 _____ 3 _____ 4 _____ 5 X

GENERAL				HAZARDOUS MATERIALS			
DATE <u>12-10-03</u>	TIME (MILITARY) BEGUN <u>10:10</u>	TIME (MILITARY) FINISHED <u>10:20</u>	HAZARD CLASS / DIVISION NO. _____				
LOCATION: SR/MP <u>TERMINAL</u>		SCALEHOUSE NO. _____	CNTY CODE <u>18</u>	REPORTABLE QTY? Y N	HAZARDOUS WASTE? Y N	PLACARD REQUIRED? Y N CARGO TANKS? Y N	

(360) 202-4007 CARRIER
CARRIER NAME (Include DBA when applicable)
SEATAC SHUTTLE, LLC
ADDRESS
P.O. BOX 2895
CITY OAK HARBOR STATE WA ZIP CODE 98277 INTERSTATE YES NO DOT NO. _____ ICC NO. _____

DRIVER
DRIVER NAME _____ LICENSE NO. _____ STATE _____ EXP. YEAR _____
DATE OF BIRTH _____ MED. CERT. Y N SHIPPER NAME _____ SHIPPING NO. _____
WAIVER Y N

VEHICLE
REGISTERED OWNER NAME/ADDRESS SAME G.V.W. 10 PASS PBT RATE _____
UNIT TYPE YEAR/MAKE CO. UNIT NO. LICENSE NO. / VIN NO. STATE
1 2VN 2003/0000 # JACOB TEMP WA
2 A 98573T
3
4



CFR	VIOLATIONS	D	1	2	3	4	Unit #s O/S	Complied
393.89	DRIVE LINE IS TIED HERE (W) AND ONLY THE FRONT SECTION HAS A DRIVE LINE PROTECTION LOOP TO PREVENT DRIVE LINE FROM NOISE/SHOCK/PIVEMENT (UP/DOWN) DISCONNECT. (REAR SECTION NEEDS LOOP TOO)							

GVSA DECALS UNIT 1 9762049 UNIT 2 _____ UNIT 3 _____ UNIT 4 _____ NOIC NO. _____
DRIVER SIGNATURE _____ OFFICER SIGNATURE Ken Macomber

— Vehicle may not be operated until O/S defects noted above are repaired.
— Driver may not drive until in compliance.

SEATAC SHUTTLE, LLC FINANCIAL STATEMENT AS OF JANUARY 19, 2004

ASSETS		LIABILITIES	
Cash in Bank and on hand	\$15,000	Salaries/Wages Payable	\$2,500
Notes Receivable	\$	Accounts Payable	\$1,000
Accounts Receivable	\$	Notes Payable	\$70,000
Investments	\$	Mortgages Payable	\$
Other Current Assets	\$	Contracts and Bonds Payable	\$
Prepaid Expenses	\$	Other	\$
Land and Buildings		TOTAL LIABILITIES	\$
Equipment (buses)	\$75,000	NET WORTH	
Office Furniture	\$2,000	Preferred Stock	\$
Other Equipment	\$2,000	Common Stock	\$
Other Assets-Letter of Credit	\$50,000	Retained Earnings	\$
	\$	Capital	\$70,500
TOTAL ASSETS	\$144,000	TOTAL LIABILITIES AND NET WORTH	\$144,000