

APPLICATION FOR CHARTER BUS/EXCURSION SERVICE CERTIFICATE

Fee: \$150.00

ES-182

111 0268 232 01	CID	41230	CHA	79248
111 0268 232 02	DATE	1-26-04	SAFETY INSP	JE
111 0268 232 03		0005455	INS/BOND	JE
111 0268	Reg. fee -		Docket #	TE-040107

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, VICE PRESIDENT, 5% 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>	<u> </u>	<u> </u>
Have you been cited within the last three years by the Commission for violations of it rules or laws?.	<u> </u>	<u> X </u>	<u> </u>

If Yes, explain: _____

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

NOTIFICATION AND REPORTING OF ACCIDENTS

	YES	NO	N/A
Are you familiar with the Commission accident reporting rule?	<u> X </u>	<u> </u>	<u> </u>
Will you take any action against drivers involved in preventable accidents?.....	<u> X </u>	<u> </u>	<u> </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>	<u> </u>	<u> </u>
Are oral interviews conducted with new drivers to verify information submitted on their applications?.	<u> X </u>	<u> </u>	<u> </u>
Will you have a system established to ensure drivers= medical certificates remain current?... ..	<u> X </u>	<u> </u>	<u> </u>
Will you verify that physicians completing medical certifications are knowledgeable about the instructions for performing and recording driver physical examinations?.....	<u> X </u>	<u> </u>	<u> </u>
Will you review the results of the health history and physical examination?.....	<u> X </u>	<u> </u>	<u> </u>
Will you have a system established that will ensure drivers= operating licenses remain current?.....	<u> X </u>	<u> </u>	<u> </u>
Will you have a system established that will ensure drivers= annual reviews and annual record of violations remain current?.....	<u> X </u>	<u> </u>	<u> </u>
Will you comply with the road test provisions of Section 391.31?.....	<u> X </u>	<u> </u>	<u> </u>
Can you maintain and produce complete driver qualification files on drivers?.....	<u> X </u>	<u> </u>	<u> </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>	<u> </u>	<u> </u>
Do you have a policy for monitoring speed?.....	<u> X </u>	<u> </u>	<u> </u>

PART 395 - HOURS OF SERVICE OF DRIVERS

Table with 3 columns: YES, NO, N/A. Rows include questions about hours of service limitations, record filing, driver recaps, dispatcher awareness, record comparison, and disciplinary policy.

PART 396 - INSPECTION, REPAIR AND MAINTENANCE

Table with 3 columns: YES, NO, N/A. Rows include questions about maintenance procedures, record reviews, vehicle inspection compliance, driver training, and maintenance files.

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: [Handwritten Signature] (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

[Handwritten Signature] (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

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 (360) 202-4007

CARRIER NAME (Include DBA when applicable)
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 _____ EXP. YEAR _____

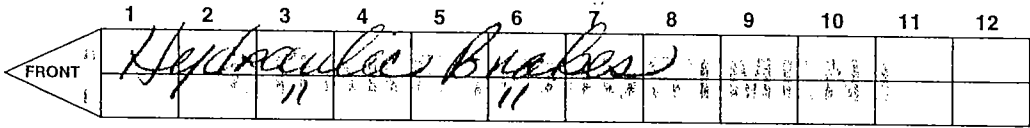
DATE OF BIRTH _____ MED. CERT. Y N _____ SHIPPER NAME _____ SHIPPING NO. _____

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	<u>2VNB003/BOBE</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
<u>303.89</u>	<u>DRIVE LINE IS TWO PIECE AND ONLY THE FRONT SECTION HAS A DRIVE-LINE PROTECTION LOOP TO PREVENT DRIVELINE FROM CONTACTING PAVEMENT UPON DISCONNECT. (REAR SECTION NEEDS LOOP TOO)</u>		<u>W</u>					

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

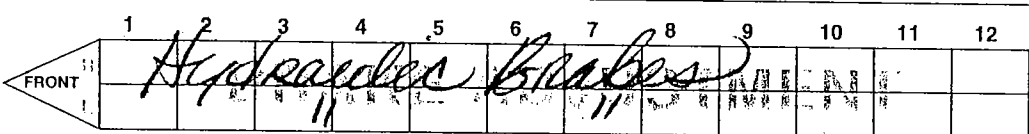
PERSONNEL NO. J526 DIST / DET _____ LEVEL: 1 _____ 2 _____ 3 _____ 4 _____ 5

GENERAL				HAZARDOUS MATERIALS			
DATE <u>12-10-03</u>	TIME (MILITARY) BEGUN <u>1010</u>	TIME (MILITARY) FINISHED <u>1030</u>	HAZARD CLASS / DIVISION NO. _____				
LOCATION: SR/MP <u>TERMINAL</u>		SCALEHOUSE NO. _____	CNTY CODE <u>18</u>	REPORTABLE QTY? Y <input type="checkbox"/> N <input type="checkbox"/>	HAZARDOUS WASTE? Y <input type="checkbox"/> N <input type="checkbox"/>	PLACARD REQUIRED? Y <input type="checkbox"/> N <input type="checkbox"/> CARGO TANKS? Y <input type="checkbox"/> N <input type="checkbox"/>	

CARRIER						
CARRIER NAME (Include DBA when applicable) <u>SEATAC SHUTTLE, LLC.</u>						
ADDRESS <u>P.O. BOX 2895</u>						
CITY <u>OAK HARBOR</u>	STATE <u>WA</u>	ZIP CODE <u>98277</u>	INTERSTATE YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	DOT NO. _____	ICC NO. _____	

DRIVER				
DRIVER NAME		LICENSE NO.	STATE	EXP. YEAR
DATE OF BIRTH	MED. CERT. Y <input type="checkbox"/> N <input type="checkbox"/> WAIVER Y <input type="checkbox"/> N <input type="checkbox"/>	SHIPPER NAME		SHIPPING NO.

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



CFR	VIOLATIONS	D	1	2	3	4	Unit #s O/S	Complied

GWSA DECALS <u>9162049</u>	UNIT 1	UNIT 2	UNIT 3	UNIT 4	NOIC NO.
DRIVER SIGNATURE <i>[Signature]</i>		OFFICER SIGNATURE <i>[Signature]</i>			

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