

TC-040369

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

FEB 25 2004

APPLICATION FOR BUS CERTIFICATE

WASH. UT. & TP. COMM.

Fee: \$150.00

CID 142372

Reception NO. 0005857

Application No. D79257

Date Received 2/25/04

230-02
Amount \$ 150.00

Additional Permit none

Fitness

Rates

Schedule

Insurance

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 Barry & Amy Mulbauer

2. D/B/A: A & B SPECIALIZED TRANSPORT
(Must correspond with name on insurance policy)

3. MAILING ADDRESS 601 204th Ave CT 15B Lakebay WA PHYSICAL ADDRESS same

BUSINESS TELEPHONE NUMBER (253) 884 7806 FAX NUMBER (253) 884 7829

UBI # 601997032 E-MAIL Mulb92@AOL.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:

N/A

5. 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 4 witnesses at the hearing. Estimate how much time your presentation will take. 10 min

7. Describe your proposed route using state or county highway numbers, AND attach a detailed map or sketch showing the proposed route or area.
Door to Door service From the Kitsap Peninsula via Hwy 16
to Seatac

(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. Door to Door

11. State fully the conditions that justify the Commission granting you a certificate.
to provide a Door to Door Shuttle Service
to and from Seatac 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.
Door to Door

(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.
Private Limousine service Port Orchard WA
Galaxy Limousine Port Orchard WA
RTC Express Inc Port Orchard WA
RTC Express Paulsbo WA 3560 NE Lincoln Rd

(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	\$ 10.00	Other	\$
Land and Buildings		TOTAL LIABILITIES	\$ 0
Equipment (buses)	\$ 2000.00	NET WORTH	
Office Furniture	\$	Preferred Stock	\$
Other Equipment	\$ 1200	Common Stock	\$
Other Assets	\$	Retained Earnings	\$
	\$	Capital	\$
TOTAL ASSETS	\$ 4400	TOTAL LIABILITIES AND NET WORTH	\$ 0

*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 VEHICLE	SERIAL NUMBER (VEHICLE IDENTIFICATION NUMBER)	SEATING CAPACITY
942 RSY	1989 Dodge	1B4FK5439KX546485	5-6

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

17. SAFETY COMPLIANCE REVIEW AND QUESTIONNAIRE:

NO Drivers Hired yet 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 it rules or laws?..... YES NO N/A

If Yes, explain: _____

Are you familiar with the state passenger carrier safety rules?..... YES NO N/A
 Will management review the carrier's compliance status on a periodic basis?..... YES NO N/A

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?..... YES NO N/A

PART 391 - QUALIFICATION OF DRIVERS

NO Drivers yet
 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?..... YES NO N/A
 Will you have a system established to ensure drivers' medical certificates remain current?..... YES NO N/A
 Will you verify that physicians completing medical certifications are knowledgeable about the instructions for performing and recording driver physical examinations?..... YES NO N/A
 Will you review the results of the health history and physical examination?..... YES NO N/A
 Will you have a system established that will ensure drivers' operating licenses remain current?..... YES NO N/A
 Will you have a system established that will ensure drivers' annual reviews and annual record of violations remain current?..... YES NO N/A
 Will you comply with the road test provisions of Section 391.31?..... YES NO N/A
 Can you maintain and produce complete driver qualification files on drivers?..... YES NO N/A

JUST OWNERS DRIVING WILL FOLLOW ALL LAW and Regulation in FEDERAL & STATE DOT HANDBOOK

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?..... YES NO N/A

PART 395 - HOURS OF SERVICE OF DRIVERS

LOCAL WITH IN 100 AIR MILES
 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?..... YES NO N/A
 Will drivers be required to complete recaps of their records of duty status?..... YES NO N/A

Time card will be kept

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

YES 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?.....

PART 396 - INSPECTION, REPAIR AND MAINTENANCE

YES NO N/A

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 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: Lakebay, Washington, 2/23/2004
(City or Town) (Month/Day/Year)

Barry muhlbaier
(Name of applicant)

By: Barry muhlbaier
(Signature)

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

2-23-04 Lakebay WA
(Date and Place)

Barry muhlbaier
(Signature)

Tariff No. 1

Revised Page No. _____

Company Name: _____

PASSENGER RULES

~~Luggage~~ all passenger will comply with Airport Regulation of carry on & check ins any one who has more the specified amount will be charged accordingly no odorous or leaking bags will be accepted

wait time
A+B specialized transport will wait for 30min max for any delayed flight

REFUNDS

ALL REFUNDS will be paid on a case by case basis
ALL ROUND TRIP TICKETS will be honored for 90 days from date of purchase
PURCHASE ALL LOST ROUND TRIP TICKETS WILL NOT BE REFUNDED

DISCLAIMER
A+B specialized transport will NOT be held liable for any damages due to missed flights and/or lost or misplaced personal ~~belongings~~

Issue Date: _____

Effective Date: _____

Issued By: _____

(For Official Use Only)

Effective: _____

TC- _____

LSN _____

Order/Other _____

By: _____

Tariff No. 7

Revised Page No. _____

Company Name: A&B Specialized Transport

RATE SCHEDULE

And	Between				
	Key Peninsula	Gig Harbor	Fox Island	Port Orchard	Belfair
Seatac	\$ 35	\$ 35	\$ 35	\$ 45	\$ 50
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$

Issue Date: _____

Effective Date: _____

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(For Official Use Only)

Effective: _____

TC- _____

LSN _____

Order/Other _____

By: _____

Tariff No. 7

Revised Page No. _____

Company Name: A+B Specialized Transport

RATE SCHEDULE

And	Between				
	Bremerton	Silverdale			
Seatac	\$ 50	\$ 60	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$

Issue Date: _____

Effective Date: _____

Issued By: _____

(For Official Use Only)

Effective: _____ TC- _____ LSN _____

Order/Other _____ By: _____

TIME SCHEDULE NUMBER 1

Cancels

Time Schedule Number _____

of

Company Name: A&B SPECIALIZED TRANSPORT

Certificate Number: _____

Address: 601 204TH AVE CT KPS

City/State/Zip: LAKEBAW WA 98349

TERRITORY:

KITSAP PENINSULA

BY THE FOLLOWING ROUTE:

FROM:	TO:	DEPARTURE TIMES:	MILEAGE:
Long Branch	seatac	DOOR TO DOOR	54
✓ Etah Harbor	seatac		32.7
Fox Island			35
Port Orchard			48.5
✓ BELFAIR			57.1
✓ BREMENTON			59.2
✓ SILVERDALE			52.1
LAKEBAW			96.1
KEY CENTER			

Issue Date: _____

Effective Date: _____

Issued by: _____

(For Official Use Only)

Effective: _____ TC- _____ LSN _____

Order/Other _____ By: _____

TIME SCHEDULE NUMBER 1

Cancels

Time Schedule Number _____

of

Company Name: A+B SPECIALIZED TRANSPORT

Certificate Number: _____

Address: 601 204TH AVE CT KPS

City/State/Zip: LAKEWAY WA 98349

TERRITORY:

KITSAP PENINSULA

BY THE FOLLOWING ROUTE:

FROM:	TO:	DEPARTURE TIMES:	MILEAGE:
Long Branch	seatac	DOOR TO DOOR	54
616 harbor	seatac		32.7
FOX ISLAND			35
Port Orchard			48.5
BELFAIR			57.1
Bremerton			59.2
SILVERDALE			52.1
LAKEWAY			
KEY CENTER			96.1

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Seatac	\$ 35	\$ 35	\$ 35	\$ 45	\$ 50
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$

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Order/Other _____ By: _____

Tariff No. 7

Revised Page No. _____

Company Name: A & B Specialized Transport

RATE SCHEDULE

And	Between				
	<u>Bremerton</u>	<u>Silverdale</u>			
<u>Seattle</u>	\$ <u>50</u>	\$ <u>60</u>	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$

Issue Date: _____

Effective Date: _____

Issued By: _____

(For Official Use Only)

Effective: _____ TC- _____ LSN _____

Order/Other _____ By: _____