

WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION
1300 South Evergreen Park Drive S.W., P.O. Box 47250
Olympia, Washington 98504-7250 • (206) 753-3111

RECEIVED

MAR 11 2004

APPLICATION FOR BUS CERTIFICATE

WASH. UT. & TP. COMM.

CID M-42444 Reception No. 0006025 Application No. D-79264
Date Received 3/11/04 Amount \$ 150.00 Additional Permit _____
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 - \$150.00

Check Type: ORIGINAL EXTENSION

602-316-618 *[Signature]*

NOTE: APPLICATION MUST BE COMPLETED IN FULL.

Individual
 Partnership
 Corporation

1. Name of applicant EDWARD MASTERS
(Must correspond with name on insurance policy)
2. Trade Name ORCAS ISLAND SHUTTLE
3. Mailing Address PO BOX 208 Physical Address 12505-107th Ave. Ct. E.
ORCAS, WA 98280 PUYALLUP, WA 98374
Business Telephone No. (253) 255-2117

4. (a) If applicant is a corporation, list names and stock distribution of major stockholders and the name of the state in which incorporated.

4. (b) If applicant is a partnership, list names and percentage of interest of each of the partners.

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 1 witnesses at the hearing. Estimate how much time you presentation will take. 20-30 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.

ROUND TRIP - FROM ORCAS FERRY LANDING TO LIEBERHAVEN
RESORT WITH STOPS AT (WEST SOUND MARINA, THE OUTLOOK INN, EAST SOUND AIRPORT,
INN AT SHIP BAY, ROSARIO RESORT, CASCADE HARBOR INN, MORAN STATE PARK, OLGA CAFE)
USING THE FOLLOWING ROADS: ORCAS RD, PINNED RD, BETH RIDGE RD, CROW
VALLEY RD, MAIN ST., NORTH BEACH RD, MT BAKER RD, OLGA RD, ROSARIO RD, PT LAWRENCE
(NOTE: This statement may be a separate attachment labeled "7"). RD, OBSTRUCTION PASS RD.

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.

EXTREME PUBLIC NEED, TWO WELL MAINTAINED BUSES, PUBLISHED
SCHEDULE, DOT QUALIFIED DRIVERS, NO EXISTING PUBLIC TRANSPORTATION
SERVICE, WRITTEN SAFETY AND CONDUCT PROGRAM.
(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.

N/A

(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.

NONE

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

GENERAL

	Yes	No	N/A
17. Do you have a copy of the laws and rules relating to auto transportation companies?	<u> X </u>	<u> </u>	<u> </u>
Have you been cited within the last three years by the Commission for violations of its rules or laws?	<u> </u>	<u> X </u>	<u> </u>
If yes, explain: _____			

Are you familiar with the state passenger carrier safety rules?	<u> X </u>	<u> </u>	<u> </u>
Does management review the carrier's safety compliance status on a periodic basis?	<u> </u>	<u> </u>	<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> </u>	<u> </u>	<u> X </u>
Are oral interviews conducted with new drivers to verify information submitted on their applications?	<u> </u>	<u> </u>	<u> X </u>
Do you have a system established to ensure drivers' medical certificates remain current?	<u> X </u>	<u> </u>	<u> </u>
Do 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>
Do you review the results of the health history and physical examination?	<u> X </u>	<u> </u>	<u> </u>
Do you have a system established that will ensure drivers' operating licenses remain current?	<u> X </u>	<u> </u>	<u> </u>
Do 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>
Do you comply with the road test provisions of Section 391.31?	<u> </u>	<u> </u>	<u> X </u>
Do you maintain and produce completed driver qualification files on drivers?	<u> </u>	<u> </u>	<u> X </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>
Do you take any action against drivers involved in preventable accidents?	<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> </u>	<u> </u>	<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>	<u> </u>	<u> </u>
Do you file records of duty status in a systematic manner?	<u> X </u>	<u> </u>	<u> </u>
Are drivers required to complete recaps of their records of duty status?	<u> </u>	<u> </u>	<u> X </u>
Are dispatchers aware of drivers' hours of service prior to trip?	<u> </u>	<u> </u>	<u> X </u>
Are other independent records being compared to drivers records of duty status for accuracy?	<u> </u>	<u> </u>	<u> X </u>
Do you have a system for recording hours of duty status on 100-mile radius drivers?	<u> </u>	<u> </u>	<u> X </u>
Do you have a disciplinary policy for noncompliance with Part 395?	<u> </u>	<u> </u>	<u> X </u>

PART 396 - INSPECTION, REPAIR AND MAINTENANCE

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

18. 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 Puyallup, Washington, this 10 day of MARCH, ²⁹2004.

EDWARD MASTERS
(Name of Applicant)
DIBA OCEAN ISLAND
SHUTTLE

By [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:

3/10/04 Puyallup
(Date and Place) WA

[Signature]
(Signature)

C. J. Marty
Pierce Co
Oct 06

