

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

Docket TE-060275

APPLICATION FOR CHARTER BUS/EXCURSION SERVICE CERTIFICATE

Fee: \$150.00

44237

111 0268 232 01	0001136	CID	44237	CHA	079424
111 0268 232 02	150.00	DATE	2-16-06	SAFETY INSP	TW
111 0268 232 03				INS/BOND	TW
111 0268			CH-475		

THIS APPLICATION IS FOR:

(Check One Only) CHARTER BUS CERTIFICATE EXCURSION SERVICE CERTIFICATE

NAME OF APPLICANT William H. Nelson

D/B/A All Points Charters and Tours

MAILING ADDRESS 325 W. 14th St.

PHYSICAL ADDRESS SAME

Port Angeles, WA 98362

BUSINESS TELEPHONE NUMBER (360) 565-1139

FAX NUMBER () None

UBI # 600 569 214

E-MAIL tw@tours@goallpoints.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:

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

EQUIPMENT LIST:

LICENSE NUMBER	YEAR AND MAKE OF VEHICLE	SERIAL NUMBER (VEHICLE IDENTIFICATION NUMBER)	SEATING CAPACITY
A 49794U	2001 Turtle Top	1FD9E35S1YHA93366	14
		1 6	

RECEIVED

FEB 16 2006

WASH. UT. & TP. COMM.

DESCRIBE OPERATIONS (Territory) Small group charters within Washington state, based on Olympic Peninsula, Clallam, Jefferson, and King Cos.

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 its 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: Port Angeles, Washington, 2/13/06
(City or Town) (Month/Day/Year)

William H. Nelson
(Name of applicant)

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.

2/13/06, Port Angeles, WA
(Date and Place)

[Signature]
(Signature)

CONFIRMATION OF COVERAGE

THE TERMS AND CONDITIONS OF THIS CONFIRMATION OF INSURANCE MAY NOT COMPLY WITH THE SPECIFICATIONS SUBMITTED FOR CONSIDERATION. PLEASE READ THIS CONFIRMATION CAREFULLY AND COMPARE IT WITH ANY QUOTE AND SUBMISSION DOCUMENTS AND REVIEW THE POLICY FORMS FOR THE ACTUAL COVERAGES PROVIDED. THIS CONFIRMATION IS A TEMPORARY INSURANCE CONTRACT, SUBJECT TO THE TERMS, CONDITIONS AND LIMITATIONS OF THE POLICY(IES) OR CERTIFICATE(S) IN CURRENT USE BY THE INSURER.

In accordance with your instructions, and in reliance upon the statements made by the retail producer in the insured's application/submission, we have bound insurance at your request as follows:

Date Issued: Feb 09, 2006

Producer: AGT7043
Schmid Insurance Agency
5377 Blaisdell Lane

Port Orchard, WA 98366

Insured:
All Points Charters & Tours
325 West 14TH Street

Port Angeles, WA 98362

Location of Risk: 325 West 14TH Street, Port Angeles, WA 98362

Insurer: Canal Ins. Co.

Assigned Policy or Certificate Number: **481044**

Effective Period: 2/9/2006 to 2/9/2007

Term: 365 days

12:01 A.M. STANDARD TIME AT THE LOCATION ADDRESS OF THE NAMED INSURED. THIS CONFIRMATION WILL BE TERMINATED AND SUPERSEDED UPON DELIVERY OF THE FORMAL POLICY(IES) ISSUED TO REPLACE IT.

Coverage: AUTO LIABILITY

Limits: \$1,000,000	CSL - Bodily Injury/Property Damage
\$100,000/\$300,000	UIM - Bodily Injury
\$10,000	UIM - Property Damage

Deductible:

Exposures: (1) Vehicle

Terms/Conditions: (a) % minimum earned premium at inception.

(b) **Endorsements / Notable Exclusions:**

Assault or Battery Exclusion

(c) **Binding Requirements / Subject To:**

Quote subject to revision upon receipt of application.

No flat cancellations.

Coverage can be bound no earlier than the postmark date of the signed, completed application and an Agency check for the Down Payment required to bind

Subject to acceptable MVRs on all drivers.

PHYSICAL DAMAGE QUOTE TO FOLLOW UNDER SEPERATE COVER

(d) All other terms and conditions apply per policy forms.

9:40 PM
02/14/06
Accrual Basis

William H. Nelson
Balance Sheet
As of January 31, 2006

	<u>Jan 31, 06</u>
ASSETS	
Current Assets	
Checking/Savings Bank Accounts	900.00
Total Checking/Savings	<u>900.00</u>
Total Current Assets	900.00
Fixed Assets	
1985 Dodge Omni	500.00
1998 Chevy Express Van	2,000.00
2001 Turtle Top Van Terra Coach	20,000.00
Furniture and Fixtures	3,000.00
Total Fixed Assets	<u>25,500.00</u>
TOTAL ASSETS	<u><u>26,400.00</u></u>
LIABILITIES & EQUITY	
Liabilities	
Current Liabilities	
Credit Cards	
Capital One	2,900.00
Total Credit Cards	<u>2,900.00</u>
Total Current Liabilities	<u>2,900.00</u>
Total Liabilities	2,900.00
Equity	
Opening Bal Equity	<u>23,500.00</u>
Total Equity	<u>23,500.00</u>
TOTAL LIABILITIES & EQUITY	<u><u>26,400.00</u></u>

William H. Nelson
Profit & Loss Budget Overview
January through December 2006

Accrual Basis

	Jan 06	Feb 06	Mar 06	Apr 06
Ordinary Income/Expense				
Income				
Olympic Bus Lines			500.00	500.00
Other Tour Income			3,000.00	3,000.00
Total Income			3,500.00	3,500.00
Expense				
Automobile Expense			500.00	500.00
Insurance				
Auto Insurance			42.00	42.00
Business Insurance			322.00	322.00
Total Insurance			364.00	364.00
Rent			850.00	850.00
Supplies			85.00	85.00
Utilities				
Gas and Electric			250.00	250.00
Total Utilities			250.00	250.00
Total Expense			2,049.00	2,049.00
Net Ordinary Income			1,451.00	1,451.00
Net Income			1,451.00	1,451.00

William H. Nelson
Profit & Loss Budget Overview
January through December 2006

Accrual Basis

	May 06	Jun 06	Jul 06	Aug 06
Ordinary Income/Expense				
Income				
Olympic Bus Lines	500.00	500.00	500.00	500.00
Other Tour Income	3,000.00	5,500.00	5,500.00	5,500.00
Total Income	3,500.00	6,000.00	6,000.00	6,000.00
Expense				
Automobile Expense	500.00	500.00	500.00	500.00
Insurance				
Auto Insurance	42.00	42.00	42.00	42.00
Business Insurance	322.00	322.00	322.00	322.00
Total Insurance	364.00	364.00	364.00	364.00
Rent	850.00	850.00	850.00	850.00
Supplies	85.00	85.00	85.00	85.00
Utilities				
Gas and Electric	250.00	250.00	250.00	250.00
Total Utilities	250.00	250.00	250.00	250.00
Total Expense	2,049.00	2,049.00	2,049.00	2,049.00
Net Ordinary Income	1,451.00	3,951.00	3,951.00	3,951.00
Net Income	1,451.00	3,951.00	3,951.00	3,951.00

William H. Nelson
Profit & Loss Budget Overview
January through December 2006

Accrual Basis

	<u>TOTAL</u>
	<u>Jan - Dec 06</u>
Ordinary Income/Expense	
Income	
Olympic Bus Lines	5,000.00
Other Tour Income	40,000.00
Total Income	45,000.00
Expense	
Automobile Expense	5,000.00
Insurance	
Auto Insurance	420.00
Business Insurance	3,220.00
Total Insurance	3,640.00
Rent	8,500.00
Supplies	850.00
Utilities	
Gas and Electric	2,500.00
Total Utilities	2,500.00
Total Expense	20,490.00
Net Ordinary Income	24,510.00
Net Income	24,510.00

WASHINGTON



UTILITIES AND TRANSPORTATION COMMISSION

PASSENGER CHARTER/EXCURSION SERVICE CARRIER OF PASSENGERS 2005 REGULATORY FEE

PHONE 360-664-1222 FAX 360-586-1181

1300 South Evergreen Park Drive SW PO Box 47250 Olympia, WA 98504-7250

The UTC has a policy of providing equal access to its services. If you need special accommodations, please call 360-664-1133 or TTY 360-586-9208.

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INSTRUCTIONS:

- 1. Complete both sides of the form.
2. Include payment of the \$11.00 per vehicle fee. If renewing by mail, DO NOT SEND CASH. Payment may be made by check, money order, or credit card.
3. This receipt for regulatory fees paid will expire December 31, 2005.
4. This receipt must be kept at your principal place of business, subject to inspection by Commission personnel.

CH- ES- MC US DOT

Applicant Name William H. Nelson

d/b/a All Points Charters and Tours

FOR COMMISSION USE ONLY

0001138

Reception Number

111-0268 232.01 11.00 111-0268

Carrier ID

MAILING ADDRESS:

Street/PO Box 325 W. 14th St.

City, State/Zip Port Angeles, WA.

Telephone 360-565-1139 FAX E-mail tours@goallpoints.com

TYPE OF PAYMENT- DO NOT SEND CASH IN THE MAIL- Important new information: The WUTC now accepts credit card payments!

Check Money Order

Charge to: AMEX NOVUS VISA MASTER CARD

Expiration Date Month Year

REGULATORY FEES:

Number of Vehicles: 1 X \$11.00 Fee = \$ 11.00

I hereby declare that the authority is no longer being used and is hereby surrendered to the Commission for cancellation.

Signature Date 2/13/06

FOR COMMISSION APPROVAL ONLY:

By signature below, this authorizes the above named passenger charter or excursion service certificate holder to operate vehicles for which fees have been paid over the public roadways of Washington State.

Customer Service Representative Date

Compliance Issues:

Please complete the following:

Current Insurance Company: Canal Ins. Co.

Policy #: 481644

Any recordable accidents in 2004: None

If yes, how many recordable accidents: _____

(Please indicate total recordable accidents for all passenger charter/excursion service operations involved in both intrastate and interstate operations.)

Accident Definition: An accident is defined as an occurrence involving a commercial motor vehicle on a public road in intrastate or interstate commerce which results in one or more of the following:

1. A fatality,
2. Injury to a person requiring immediate treatment away from the scene of the accident, or
3. Disabling damage to a vehicle requiring it to be towed from the accident scene.

What were the total operating miles for the year 2004? 0

(Please list total operating miles involving passenger charter/excursion service in intrastate and/or interstate transportation involving a commercial vehicle.)

I certify that the information provided on the front and back of this document is true and correct, I am authorized to execute and file this document, and that all information on file is current and valid.

Signature  Title Owner

Date 2/13/06

For questions or comments regarding accident reporting requirements, please contact:

Tom McVaugh, MCLE Special Investigator
360-664-1237
Email: tmcvaugh@wutc.wa.gov

UNIFORM DRIVER/VEHICLE INSPECTION REPORT

1224620

PERSONNEL NO. J526	DIST / DET	LEVEL: 1 _____ 2 _____ 3 _____ 4 _____ 5 <input checked="" type="checkbox"/>
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GENERAL				HAZARDOUS MATERIALS			
DATE 03.10.06	TIME (MILITARY) BEGUN 1100	TIME (MILITARY) FINISHED 1110	HAZARD CLASS / DIVISION NO.	REPORTABLE QTY? Y N	HAZARDOUS WASTE? Y N	PLACARD REQUIRED? Y N	CARGO TANKS? Y N
LOCATION: SR/MP TERMINAL	SCALEHOUSE NO.	CNTY CODE 05					

CARRIER

CARRIER NAME (include DBA when applicable)
NELSON, WILLIAM H. *216k ALL POINTS CHARGES & TOWS*

ADDRESS
325 14TH STREET

CITY: PORT ANGELES WA STATE: WA ZIP CODE: 98362 INTERSTATE YES NO DOT NO. ICC NO.

DRIVER

DRIVER NAME: LICENSE NO.: STATE: EXP. YEAR:

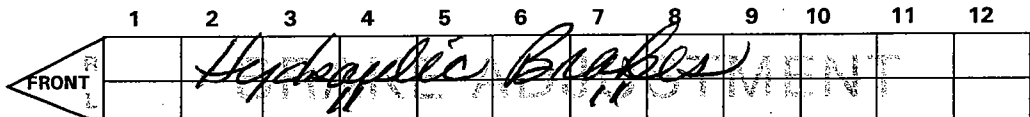
DATE OF BIRTH: MED. CERT. Y N SHIPPER NAME: SHIPPING NO.

WAIVER Y N

VEHICLE

REGISTERED OWNER NAME/ADDRESS: G.V.W. 15-PASS PBT RATE

UNIT	TYPE	YEAR/MAKE	CO. UNIT NO.	LICENSE NO. / VIN NO.	STATE
1	TR	00/FORD	#	A49794L	WA
2	BU				
3					
4					



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

CVSA DECALS UNIT 1: 3924762 UNIT 2: UNIT 3: UNIT 4: NOIC NO.:

DRIVER SIGNATURE: *[Signature]*

OFFICER SIGNATURE: *[Signature]*

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