

# 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-0602786

## APPLICATION FOR CHARTER BUS/EXCURSION SERVICE CERTIFICATE

Fee: \$150.00

44237

111 0268 232 01	<b>0001137</b>	CID <u>44237</u>	CHA <u>079425</u>
111 0268 232 02	<u>150.00</u>	DATE <u>2-16-06</u>	SAFETY INSP <u>tw</u>
111 0268 232 03			INS/BOND <u>tw</u>
111 0268		<u>ES 189</u>	

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. 14<sup>th</sup> St.  
Port Angeles, WA.

PHYSICAL ADDRESS Same

98362

BUSINESS TELEPHONE NUMBER (360) 565-1139

FAX NUMBER ( ) \_\_\_\_\_

UBI # 600 569 214

E-MAIL 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
<u>A49794U</u>	<u>2001 Turtle Top</u>	<u>1FD5E35S1YHA93366</u>	<u>14</u>
		<u>1 6</u>	

**RECEIVED**

FEB 16 2006

WASH. UT. & TP. COMM.

DESCRIBE OPERATIONS (Territory) Tours and charters originating in Clallon,  
Jefferson and King Co's, within the state

**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**

	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)

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)

# 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

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

Port Orchard, WA 98366

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

<b>Limits:</b> \$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>
<b>ASSETS</b>	
<b>Current Assets</b>	
Checking/Savings	
Bank Accounts	900.00
<b>Total Checking/Savings</b>	<u>900.00</u>
<b>Total Current Assets</b>	900.00
<b>Fixed Assets</b>	
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
<b>Total Fixed Assets</b>	<u>25,500.00</u>
<b>TOTAL ASSETS</b>	<u><b>26,400.00</b></u>
<b>LIABILITIES &amp; EQUITY</b>	
<b>Liabilities</b>	
<b>Current Liabilities</b>	
Credit Cards	
Capital One	2,900.00
<b>Total Credit Cards</b>	<u>2,900.00</u>
<b>Total Current Liabilities</b>	<u>2,900.00</u>
<b>Total Liabilities</b>	2,900.00
<b>Equity</b>	
Opening Bal Equity	23,500.00
<b>Total Equity</b>	<u>23,500.00</u>
<b>TOTAL LIABILITIES &amp; EQUITY</b>	<u><b>26,400.00</b></u>

9:54 PM  
02/14/06  
Accrual Basis

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

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

9:54 PM  
 02/14/06  
 Accrual Basis

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

	<u>May 06</u>	<u>Jun 06</u>	<u>Jul 06</u>	<u>Aug 06</u>
<b>Ordinary Income/Expense</b>				
<b>Income</b>				
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
<b>Total Income</b>	<u>3,500.00</u>	<u>6,000.00</u>	<u>6,000.00</u>	<u>6,000.00</u>
<b>Expense</b>				
Automobile Expense	500.00	500.00	500.00	500.00
<b>Insurance</b>				
Auto Insurance	42.00	42.00	42.00	42.00
Business Insurance	322.00	322.00	322.00	322.00
<b>Total Insurance</b>	<u>364.00</u>	<u>364.00</u>	<u>364.00</u>	<u>364.00</u>
Rent	850.00	850.00	850.00	850.00
Supplies	85.00	85.00	85.00	85.00
<b>Utilities</b>				
Gas and Electric	250.00	250.00	250.00	250.00
<b>Total Utilities</b>	<u>250.00</u>	<u>250.00</u>	<u>250.00</u>	<u>250.00</u>
<b>Total Expense</b>	<u>2,049.00</u>	<u>2,049.00</u>	<u>2,049.00</u>	<u>2,049.00</u>
<b>Net Ordinary Income</b>	<u>1,451.00</u>	<u>3,951.00</u>	<u>3,951.00</u>	<u>3,951.00</u>
<b>Net Income</b>	<u><u>1,451.00</u></u>	<u><u>3,951.00</u></u>	<u><u>3,951.00</u></u>	<u><u>3,951.00</u></u>

9:54 PM  
 02/14/06  
 Accrual Basis

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

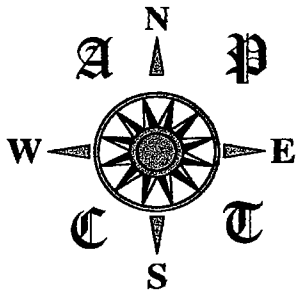
	Sep 06	Oct 06	Nov 06	Dec 06
<b>Ordinary Income/Expense</b>				
<b>Income</b>				
Olympic Bus Lines	500.00	500.00	500.00	500.00
Other Tour Income	5,500.00	3,000.00	3,000.00	3,000.00
<b>Total Income</b>	6,000.00	3,500.00	3,500.00	3,500.00
<b>Expense</b>				
Automobile Expense	500.00	500.00	500.00	500.00
<b>Insurance</b>				
Auto Insurance	42.00	42.00	42.00	42.00
Business Insurance	322.00	322.00	322.00	322.00
<b>Total Insurance</b>	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
<b>Utilities</b>				
Gas and Electric	250.00	250.00	250.00	250.00
<b>Total Utilities</b>	250.00	250.00	250.00	250.00
<b>Total Expense</b>	2,049.00	2,049.00	2,049.00	2,049.00
<b>Net Ordinary Income</b>	3,951.00	1,451.00	1,451.00	1,451.00
<b>Net Income</b>	3,951.00	1,451.00	1,451.00	1,451.00



9:54 PM  
02/14/06  
Accrual Basis

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

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



## *All Points Charters and Tours*

325 W. 14th St. Port Angeles, Wa 98362

Office: 360-565-1139 Cell: 360-460-7131

Email: ghstageline@hotmail.com

**RECEIVED**

FEB 16 2006

WASH. UT. & TP. COMM.

Feb. 14, 2006

Washington State Utilities and Transportation Commission  
Olympia, WA

Dear Commission,

Please find enclosed my application for authority to operate a charter and excursion business in Washington State, primarily out of Clallam, Jefferson, and King Counties.

After considerable research and contacts, I believe there is a great need for the kind of service I will be offering. This conclusion is based in part from my eleven years experience owning and operating a tour and public transportation company in southern Arizona. Over the past months I have been building a base of support for my plans to do tours in and out of the area, including Jack Heckman of Olympic Bus Lines, for whom I work..

I respectfully request approval of my application, so that I can bring my experience and commitment to a quality tour and charter service to the the community.

Thank you.

Warm regards,

William H. Nelson, owner

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 360-586-1208

RECEIVED FEB 16 2006 WASHINGTON TP. COMM.

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
Reception Number 0001138
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!
[X] Check [ ] Money Order
Charge to: [ ] AMEX [ ] NOVUS [ ] VISA [ ] MASTER CARD
Card Number: 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 [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 #: 481044

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