

TC-060307

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

APPLICATION FOR BUS CERTIFICATE

Fee: \$150.00

CID M-44242 Reception NO. 0001142 Application No. D79426

Date Received _____ 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

(Check One Only) ORIGINAL EXTENSION

NOTE: APPLICATION MUST BE COMPLETED IN FULL INDIVIDUAL PARTNERSHIP CORPORATION

1. NAME OF APPLICANT AEB per word AMY & Barry Muhlbaier

2. D/B/A: A2P PENINSULA AIRPORTER LLC
(Must correspond with name on insurance policy)

3. MAILING ADDRESS 609 209th Ave NE PHYSICAL ADDRESS SAME
LAKEWAY WA 98349

BUSINESS TELEPHONE NUMBER (253) 884-7806 FAX NUMBER (253) 884 7229

UBI # 602-580-096 E-MAIL MUL642@msn.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:

AMY & Barry muhlbaier 100%

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 your presentation will take. 5 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.
From INDIVIDUALS Home Surface Road TO Hwy 16E TO I 5 N TO SEACAC INTL AIRPORT

(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.

11. State fully the conditions that justify the Commission granting you a certificate.
ALREADY HAVE A CERTIFICATE C-1083 JUST CHANGING BUSINESS STRUCTURE TO LLC FROM SOLE PROPRIETOR

(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.
PASSENGERS HOME

(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.
KITSAP AIRPORTS

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

15. Complete the following financial data*:

ASSETS		LIABILITIES	
Cash in Bank and on hand	\$ 6,000	Salaries/Wages Payable	\$
Notes Receivable	\$	Accounts Payable	\$
Accounts Receivable	\$	Notes Payable	\$
Investments	\$	Mortgages Payable	\$
Other Current Assets	\$ 15,000	Contracts and Bonds Payable	\$
Prepaid Expenses	\$	Other	\$
Land and Buildings		TOTAL LIABILITIES	\$ 0
Equipment (buses)	\$	NET WORTH	
Office Furniture	\$ 2,000	Preferred Stock	\$
Other Equipment	\$	Common Stock	\$
Other Assets	\$	Retained Earnings	\$
	\$	Capital	\$
TOTAL ASSETS	\$ 23,000	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
	96 FORD		15-10

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

17. SAFETY COMPLIANCE REVIEW AND QUESTIONNAIRE:

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? ✓

If Yes, explain: _____

Are you familiar with the state passenger carrier safety rules?..... ✓

Will management review the carrier's compliance status on a periodic basis?..... ✓

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?..... ✓

PART 391 - QUALIFICATION OF DRIVERS

Do you have written hiring policies/procedures that are being followed when hiring new drivers? ✓

Are oral interviews conducted with new drivers to verify information submitted on their applications? ✓

Will you have a system established to ensure drivers' medical certificates remain current?... ✓

Will you verify that physicians completing medical certifications are knowledgeable about the instructions for performing and recording driver physical examinations?..... ✓

Will you review the results of the health history and physical examination?..... ✓

Will you have a system established that will ensure drivers' operating licenses remain current?... ✓

Will you have a system established that will ensure drivers' annual reviews and annual record of violations remain current?..... ✓

Will you comply with the road test provisions of Section 391.31?..... ✓

Can you maintain and produce complete driver qualification files on drivers?..... ✓

NOT HIRING YET BUT WHEN YES

PART 392 - DRIVING OF MOTOR VEHICLES

Do you have established procedures concerning the use of alcohol and drugs?..... ✓

Do you have a policy for monitoring speed?..... ✓

PART 395 - HOURS OF SERVICE OF DRIVERS

Can you explain the hours of service limitations, i.e., 10, 15, 60 in 7, 70 in 8?..... ✓

Will you file records of duty status in systematic manner?..... ✓

Will drivers be required to complete recaps of their records of duty status?..... ✓

NOT READY TO HIRE YET

- 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, 2-9-06
(City or Town) (Month/Day/Year)

BARRY MUHLBAIER
(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.

2-9-06 Lakebay WA
(Date and Place)

[Signature]
(Signature)

SORRY

HAD TO

RESEND

POWER FAILER

ON MY END

~~Barry Muhlbai~~

A+B PENINSULA REPORTER LLC

WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION

For the Operation of Motor Propelled Vehicles

pursuant to the provisions of Chapter 81 RCW

THIS IS TO CERTIFY that authority is granted to operate as a MOTOR CARRIER in the transportation of the commodities and in the territory described herein to

BARRY & AMY MUHLBAIER
d/b/a A & B SPECIALIZED TRANSPORT
601 204TH AVE CT
LAKEWAY, WA 98349

CERT NO.
C-1083

DOOR TO DOOR PASSENGER SERVICE by reservation only:

BETWEEN: Seattle-Tacoma International Airport and the Key/Kitsap Peninsula area. The Key/Kitsap Peninsula area consists of Herron Island, Fox Island, Raft Island and that portion of Pierce and Kitsap Counties described as follows:

Beginning at Port Orchard in Kitsap County then following the shoreline easterly and southerly to Gig Harbor in Pierce County; thence from Gig Harbor following the shoreline southerly, westerly, and northerly to its intersection with the Mason County Line, thence following the Mason County line northerly to its intersection with the Old Belfair Valley Road then Belfair Valley Road extended to the shoreline of Sinclair Inlet; thence following the shoreline to the point of beginning at Port Orchard.

T. C. NO. 040369

10-27-04

SERVICE DATE

NOV - 5 2004



WASHINGTON UTILITIES AND TRANSPORTATION
COMMISSION

By

Carole M. Shadlock

UNITED STATES OF AMERICA

The State of Washington
Secretary of State



I, SAM REED, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF FORMATION

to

A&B PENINSULA AIRPORTER LLC

a/an WA Limited Liability Company. Charter documents are effective on the date indicated below.

Date: 1/31/2006

UBI Number: 602-580-096

APPID: 477513



Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

Sam Reed

Sam Reed, Secretary of State

602 580 096

*State of Washington***Secretary of State**

CORPORATIONS DIVISION
James M. Dolliver Building
801 Capitol Way South
PO Box 40234
Olympia WA 98504-0234
360.753.7115

FILED
SECRETARY OF STATE
SAM REED

January 31, 2006

STATE OF WASHINGTON

Application for Initial Annual Report**Application Information****This Application ID** 477571**Associated App ID** 477513**Entity Name** A&B PENINSULA AIRPORTER LLC**UBI Number****Corporation Type** Limited Liability Company**Tracking ID** 1045689**Validation ID** 777669-002**Date Submitted for Filing** 1/31/2006**Filing Due Date****State of Incorporation** WA**Inc./Qual Date** 1/31/2006**Nature of Business** DOOR TO DOOR AIRPORT SHUTTLE CO**Contact Information****Contact Name** BARRY MUHLBAIER**Contact Address** 609 204TH AVE CT KP S

LAKEBAY

WA

983499473

Contact Email MUHLBY2@AOL.COM**Contact Phone** 253-884-7806**Registered Agent Information****Agent is Individual****Agent Name** BARRY MUHLBAIER**Registered Agent Consent** Submitter is Registered Agent

Agent Street Address 609 204TH AVE CT KP S
LAKEBAY
WA
983499473

Agent Mailing Address Same as Street Address

Agent Email Address MUHLBY2@AOL.COM

Place of Business

Place of Business is in US Yes
Street Address 609 204TH AVE CT KP S
LAKEBAY
WA
983499473

Officers

Officer #1

Name BARRY MUHLBAIER
Title1 Member
609 204TH AVE CT KP S
LAKEBAY,WA
983499473

Officer #2

Name AMY MUHLBAIER
Title1 Member
609 204TH AVE CT KP S
LAKEBAY,WA
983499473

Signature Information

Signed By BARRY PHILLIP MUHLBAIER

Tariff No. 10 Revised Page No. 2Company Name: A & B PENINSULA AIRPORTER LLC C-1083

PASSENGER RULES

Adult fares: Published fares are adult fares and apply to passengers who have reached or passed their twelfth (12th) birthday.

Animals: Generally, dogs, cats and other live animals or birds will not be carried.
Exception: Service animals traveling with passengers will be carried free of charge. Service animals will not be permitted to occupy a seat, but must lie or stand at the feet of the passenger.

Baggage: Each paying passenger will be allowed 2 normal sized articles plus one carry-on. Normal is defined as having a combined measurement of up to 70" and less than 70 pounds. Any passenger with more than that will be charged \$5.00. Carrier will not accept odorous or leaking bags. Carrier will not be liable for lost or misplaced personal belongings.

Children's fares: Children under twelve (12) years of age, when accompanied by an adult passenger, will be carried free of charge.

Cancellations: A \$25 processing fee will be charged for canceling prepaid reservation.

Disclaimer and Wait Time: A & B PENINSULA AIRPORTER LLC will not be liable for missed flights, delays caused by accidents, breakdowns, bad conditions of roads, snow storms or other conditions beyond the control of the carrier. The carrier will wait for 30 minutes maximum for any delayed flight.

Objectionable passengers: A & B PENINSULA AIRPORTER LLC reserves the right to refuse to transport persons under the influence of drugs or alcohol, or who are incapable of taking care of themselves, or whose conduct or behavior may be objectionable to other passengers. The carrier also reserves the right to refuse carriage of any material that the carrier considers unsafe and not in the best interest of the passengers.

Round trip fares: Passengers are double the price of a one way fare.

Ticket limitations: Tickets will be good for 3 months from the date of sale.

Ticket redemption: Unused tickets presented by lawful owner will be redeemed for 90 days from the date of sale. Lost tickets will not be refunded.

Issue Date:

Effective Date:

Tariff No. 1 Revised Page NO. 1

Company Name: A & B PENINSULA AIRPORTER LLC C-1083

RATE SCHEDULE

	Between				
	Key Peninsula	Gig Harbor	Fox Island	Port Orchard	Manchester
SeaTac	\$23.00	\$23.00	\$23.00	\$23.00	\$23.00
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$

Note 1: Payment for fares by cash, check or credit card.

A flat rate of \$120.00 per one-way or a total of \$240.00 for round trip will be charged for six or more passengers total from one household.

Note 3: Key Peninsula, in the table rate table above, refers to Long Branch, Lakebay and Key Center, Vaughn, Wauna.

Issue Date:

Effective Date:

0 Revised Title Page

TARIFF NO. 1

Cancels

TARIFF NO. _____

of

Company Name: A & B PENINSULA AIRPORTER LLC

Certificate Number: C-1083

For the transportation of passengers in the following territory:

Door-to-door passenger bus service, by reservation only, between Seattle-Tacoma International Airport and the Key/Kitsap Peninsula area.

Issued by:

Name: Barry & Amy Muhlbaier

Address: 609 204th Avenue Ct. KPS

City, State/Zip: Lakebay, Washington 98349

Telephone No: (253) 884-7806

Telefacsimile No. (253) 884-782

E-mail address: mulby2@MSN.COM

TIME SCHEDULE NUMBER 1

Cancels

Time Schedule Number _____

of

Company Name: A & B PENINSULA AIRPORTER LLC

Certificate Number: C-1083

Address: 601 204th Avenue Ct. KPS

City/State/Zip: Lakebay, Washington 98349

TERRITORY:

Door-to-door passenger bus service, by reservation only, between Seattle-Tacoma International Airport and the Key/Kitsap Peninsula area.

BY THE FOLLOWING ROUTE:

<u>FROM:</u> <u>MILEAGE:</u>	<u>TO:</u>	<u>DEPARTURE TIMES:</u>
Long Branch 54	SeaTac	Door-to-door
Gig Harbor 32.7	SeaTac	Door-to-door
Fox Island 35	SeaTac	Door-to-door
Port Orchard 48.5	SeaTac	Door-to-door
Lakebay 52.1	SeaTac	Door-to-door
Key Center 46.1	SeaTac	Door-to-door
Manchester 56.2	SeaTac	Door-to-door