

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

12/30/05

APPLICATION FOR BUS CERTIFICATE

Fee: \$150.00
0000858

CID _____ Reception NO. _____ Application No. D79431
Date Received 12/30/05 Amount \$ 150.00 Additional Permit CH477
Fitness _____ Rates _____ Schedule _____ Insurance OK

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 Selah Dabash Seattle Portland Express Co.
(Must correspond with name on insurance policy)

2. D/B/A: Seattle Portland Express Co.

3. MAILING ADDRESS Aurora Ave North PHYSICAL ADDRESS _____
Suite 205 Seattle WA 98103

BUSINESS TELEPHONE NUMBER (206) 525-6841 FAX NUMBER (206) 729-5719

UBI # 60240985211-602571162 Seattle Portland express@yahoo.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:

NA
Selah Dabash 100%

5. Will an attorney be representing you at the hearing? Yes No

If yes, list specific attorney's name: Martin Ziontz

Phone No. (206) 1082-1100/k.102 Address: 102 Third Ave, Suite 1915, Seattle, WA

98104

RECEIVED

DEC 29 2005

WASH. UT. & TP. COMM.

~~X~~ If the Commission assigns this application for formal hearing, applicant will present approximately 10 witnesses at the hearing. Estimate how much time your presentation will take. an hour and 30 min

~~A~~ Describe your proposed route using state or county highway numbers, AND attach a detailed map or sketch showing the proposed route or area.
please see attached

(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. attached

~~10~~ Attach two copies of your proposed time schedule and route, naming all service points. attached

~~11~~ State fully the conditions that justify the Commission granting you a certificate.
please see attached

(NOTE: This statement may be a separate attachment labeled "11")

~~X~~ List the terminal facilities you propose to use at each of the named points on your proposed route.

Amtrak stations

(NOTE: This statement may be a separate attachment labeled "12")

~~X~~ 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.

Work on it
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.

Olehound 811 Stewart Street Seattle, WA 98101
Amtrak 303 South Jackson Street, Seattle, WA 98104

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

15. Complete the following financial data*:

ASSETS		LIABILITIES	
Cash in Bank and on hand	\$ 20,000. ⁰⁰	Salaries/Wages Payable <i>monthly</i>	\$ 6,000.00 ⁰⁰
Notes Receivable	\$	Accounts Payable	\$ 10,000.00 ⁰⁰
Accounts Receivable	\$ 15,000. ⁰⁰	Notes Payable	\$
Investments	\$ 250,000. ⁰⁰	Mortgages Payable	\$
Other Current Assets	\$	Contracts and Bonds Payable	\$
Prepaid Expenses	\$	Other	\$
Land and Buildings		TOTAL LIABILITIES	\$ 16,000.00 ⁰⁰
Equipment (buses)	\$ 150,000. ⁰⁰	NET WORTH	
Office Furniture	\$ 3,000. ⁰⁰	Preferred Stock	\$
Other Equipment	\$	Common Stock	\$
Other Assets <i>vans (4)</i>	\$ 45,000. ⁰⁰	Retained Earnings	\$
	\$	Capital	\$ 750,000. ⁰⁰
TOTAL ASSETS	\$ 493,000. ⁰⁰	TOTAL LIABILITIES AND NET WORTH	\$

*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.

NO

305

303

3

LICENSE NUMBER	YEAR AND MAKE OF VEHICLE	SERIAL NUMBER (VEHICLE IDENTIFICATION NUMBER)	SEATING CAPACITY
198 LMM	2000 Ford VAN	1FBSS34FBYHB71302	15
1024 RPZ	1995 Ford VAN	1FBJS31Gh85hB12839	15
A87790Z	1987 MCI 10263	1M8GDM9A4HP041502	47
A87789Z	1988 MCI 10263	1M8GDM9A3JP042047	47
B04901A	1980 GMC BUS	1GGYT82J7GV824099	47
A87792Z	1998 Ford Min Bus		

(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?..... 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

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

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

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

- Will dispatchers be aware of drivers' hours of service prior to trip?..... YES NO N/A
- Will other independent records be compared to drivers records of duty status for accuracy?... YES NO N/A
- Will you have a system for recording hours of duty status on 100 mile radius drivers?..... YES NO N/A
- Will you have a disciplinary policy for noncompliance with Part 395?..... YES NO N/A

PART 396 - INSPECTION, REPAIR AND MAINTENANCE

- Will you have written procedures explaining a systematic, periodic maintenance program?... YES NO N/A
- Will you periodically review maintenance records for all equipment?..... YES NO N/A
- Will you comply with the vehicle inspection procedure?..... YES NO N/A

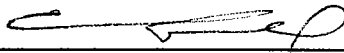
PART 396 - INSPECTION, REPAIR AND MAINTENANCE

- Will you train drivers to perform pre-trip inspections?..... YES NO N/A
- Will you maintain the prior three months vehicle inspection reports on a vehicle?..... YES NO N/A
- Will you maintain a complete maintenance file on all vehicles?..... YES NO N/A

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: Seattle, Washington, 12/12/05
(City or Town) (Month/Day/Year)

Salah Dabash
(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.

12/12/05 Seattle, WA
(Date and Place)


(Signature)

#10

SOUTHBOUND / MORNING		NORTHBOUND / MORNING	
SEATTLE	6:30 AM	PORTLAND	7:15 AM
TACOMA	7:18 AM	VANCOUVER	7:33 AM
OLYMPIA	7:55 AM	KELSO	8:06 AM
CENTRALIA	8:18 AM	CENTRALIA	8:47 AM
KELSO	8:57 AM	OLYMPIA	9:07 AM
VANCOUVER	9:32 AM	TACOMA	9:47 AM
PORTLAND	10:00 AM	SEATTLE	10:45 AM
SOUTHBOUND / EVENING		NORTHBOUND / EVENING	
SEATTLE	6:15 PM	PORTLAND	5:05 PM
TACOMA	7:03 PM	VANCOUVER	5:23 PM
OLYMPIA	7:40 PM	KELSO	5:56 PM
CENTRALIA	8:03 PM	CENTRALIA	6:37 PM
KELSO	8:42 PM	OLYMPIA	6:57 PM
VANCOUVER	9:07 PM	TACOMA	7:37 PM
PORTLAND	9:42 PM	SEATTLE	8:35 PM

#10

SOUTHBOUND / MORNING		NORTHBOUND / MORNING	
SEATTLE	6:30 AM	PORTLAND	7:15 AM
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ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/15/2004

#13
Question

PRODUCER
Roy A Ovenell Insurance Agency, I
13318 Lake City Way NE
Seattle, WA 98125
(206) 362-9062 1-800-862-9062

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURERS AFFORDING COVERAGE

INSURED
SALAH DABASH
SEATTLE PORTLANMD EXPRESS
1123 N 91ST ST #102
SEATTLE, WA 98103

INSURER A: NATIONAL INDEMNITY INSURANCE CO
INSURER B:
INSURER C:
INSURER D:
INSURER E:


COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

SR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				EACH OCCURRENCE \$ FIRE DAMAGE (Any one fire) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMPOP AGG \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	70APN319312	11-23-04	11-23-05	COMBINED SINGLE LIMIT (Ea accident) \$1,500,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$
	EXCESS LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE \$ RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATUTORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	OTHER AUTO MEDICAL UNDERINSURED MOT	70APN319312	11-23-04	11-23-05	\$10,000 \$1,000,000

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

2004 FORD VAN VIN 1FBSS31L24HA95685
 2000 FORD VAN VIN 1FDSS34F8YHB71302
 1995 FORD VAN VIN 1FBJS31G8SHB12839

CERTIFICATE HOLDER	ADDITIONAL INSURED; INSURER LETTER:	CANCELLATION
PORT OF SEATTLE ATTN: LAUREN GROUND TRANSPORTATION PO BOX 68727 SEATTLE, WA 98168		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>10</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE 

Question #7

We will be traveling on Interstate 5 that's the main highway we will travel on. We will also be using I 405 and 90. We will be taking people to Canada, Portland and throughout Washington state.

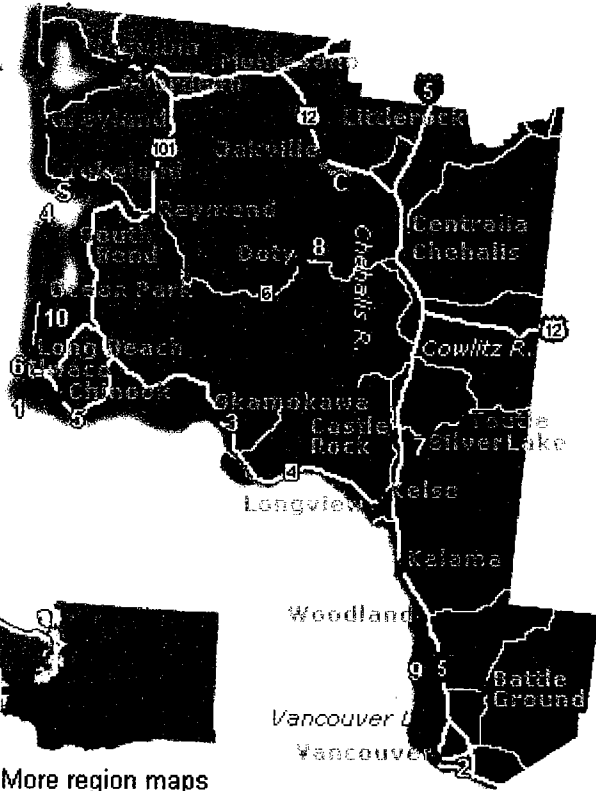
Question #11

We will be following all rules and regulations we have read fully the rules relating to auto transportation companies –rules relating to.. Chapter 480-30 WAC. Also we will be following rules set for us by the Washington state patrol. As in keeping records on file and log books on our service to the public.

Question #12

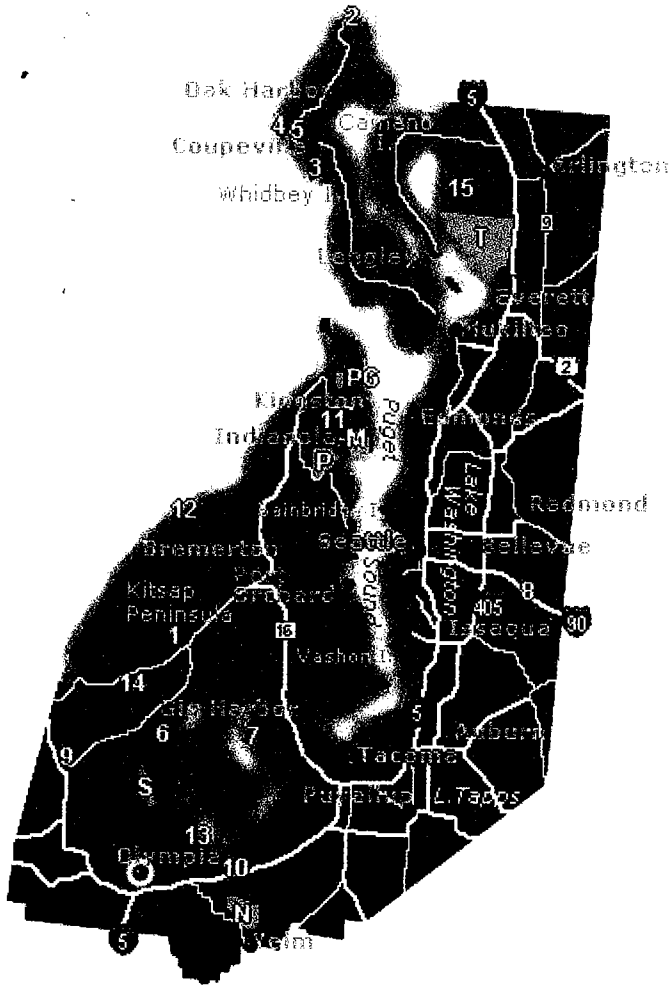
We will be using the Amtrak train station in all destinations. since we will be working along with them.

Maps for Question 7

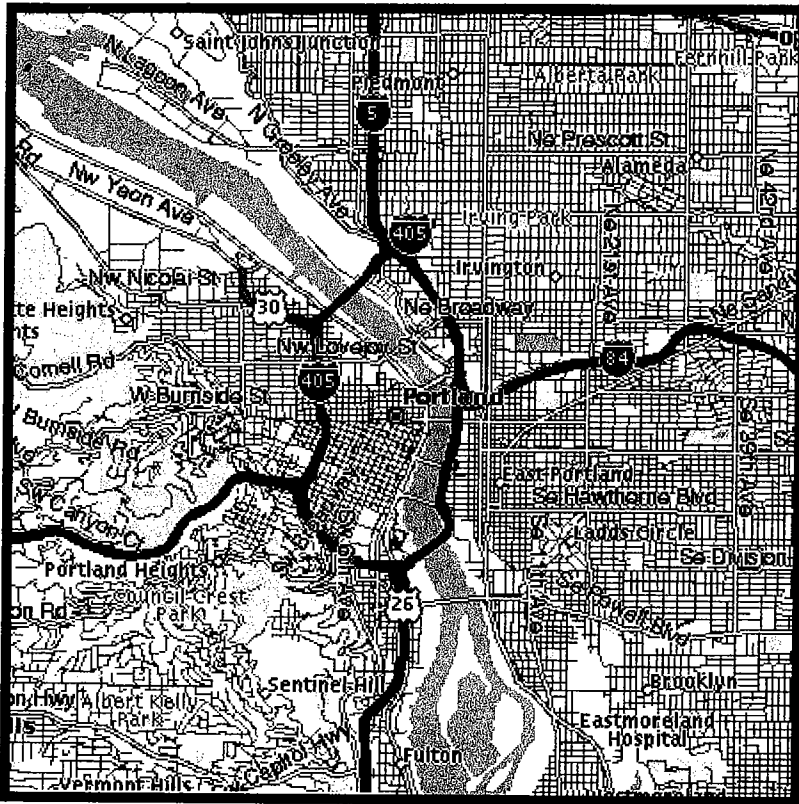


More region maps

Question #7



Question #7



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 INCORPORATION

to

SEATTLE PORTLAND EXPRESS CO.

a/an WA Profit Corporation. Charter documents are effective on the date indicated below.

Date: 1/6/2006

UBI Number: 602-571-162

APPID: 458131



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

A handwritten signature in cursive script that reads "Sam Reed".

Sam Reed, Secretary of State

SEATTLE PORTLAND EXPRESS CO.
9530 AURORA AVE N #205
SEATTLE WA 98103

DETACH BEFORE POSTING



STATE OF
WASHINGTON

MASTER LICENSE SERVICE
PO Box 9084 Olympia WA 98507-9084 (360) 664-1100
REGISTRATIONS AND LICENSES

Domestic Profit Corporation

SEATTLE PORTLAND EXPRESS CO.
9530 AURORA AVE N #205
SEATTLE WA 98103

Unified Business ID #: 602 571 162
Business ID #: 1
Location: 1

UNEMPLOYMENT INSURANCE
INDUSTRIAL INSURANCE

TAX REGISTRATION

The licensee named above has been issued the business registrations or licenses listed. By accepting this document the licensee certifies the information provided on the application for these licenses was complete, true, and accurate to the best of his or her knowledge, and that business will be conducted in compliance with all applicable Washington state, county, and city regulations.

Elizabeth A. Vance
Director, Department of Licensing



U.S. Department of Transportation
Federal Motor Carrier Safety Administration

400 7th Street SW
Washington, DC 20590

Service Date
December 10, 2004

CERTIFICATE
MC-505138-C
SALAH DABASH
D/B/A SEATTLE PORTLAND EXPRESS
SEATTLE, WA

This Certificate is evidence of the carrier's authority to engage in transportation as a common carrier of passengers by motor vehicle in interstate, intrastate and foreign commerce.

This authority will be effective as long as the carrier maintains compliance with the requirements pertaining to insurance coverage for the protection of the public (49 CFR 387) and the designation of agents upon whom process may be served (49 CFR 366). The carrier shall also render reasonably continuous and adequate service to the public. Failure to maintain compliance will constitute sufficient grounds for revocation of this authority.

The transportation service to be performed is described on the reverse side of this document. Authority to transport passengers over regular routes includes authority to serve all intermediate points on these routes, as specified at 49 CFR 356.3.

Angeli Sebastian, Chief
Information Systems Division

NOTE: Carrier is authorized to provide regular-route passenger transportation in intrastate commerce and also must comply with requirements at 49 USC § 13902(b)(5) to establish rates, rules, and practices under applicable State laws.

CONDITION: The carrier is authorized to provide intrastate passenger transportation service under this certificate *only* if the carrier also provides substantial regularly scheduled interstate passenger transportation service on the same route.

TACKING AND JOINDER: Any irregular route authority in this Certificate *may not* be tacked or joined with other irregular route authority unless joinder is specifically authorized. Any *regular* routes authorized in this Certificate *may* be tacked or joined with one another and with other interstate regular route authority you hold, at any common service points, unless joinder is specifically prohibited.

NOTE: Willful and persistent noncompliance with applicable safety fitness regulations as evidenced by a DOT safety fitness rating of "Unsatisfactory" or by other indicators, could result in a proceeding requiring the holder of this certificate or permit to show cause why this authority should not be suspended or revoked.

CPA

Interstate common carrier of passengers over regular routes:

BETWEEN SEATTLE, WA AND PORTLAND, OR OVER INTERSTATE HWY 5, SERVING ALL INTERMEDIATE POINTS.

Interstate common carrier of passengers over regular routes:

BETWEEN SEATTLE, WA AND PORTLAND, OR OVER INTERSTATE HWY 5, SERVING ALL INTERMEDIATE POINTS.
NOTE: APPLICANT SEEKS TO PROVIDE REGULAR-ROUTE SERVICE IN INTERSTATE OR FOREIGN COMMERCE
UNDER 49 U.S.C. 13902 (B) (3) (1996 CODIFICATION) OVER THE SAME ROUTE..

Seattle Portland Express

3/28/06

Dear Tina

The following 3 pages are
the certificate & schedule for our
route between Seattle & Portland.

Thank you,

Jane Lubalak

206-525-6841



U.S. Department of Transportation
Federal Motor Carrier Safety Administration

400 7th Street SW
Washington, DC 20590

Service Date

December 10, 2004

CERTIFICATE

MC-505138-C
SALAH DABASH
D/B/A SEATTLE PORTLAND EXPRESS
SEATTLE, WA

This Certificate is evidence of the carrier's authority to engage in transportation as a **common carrier of passengers** by motor vehicle in interstate, intrastate and foreign commerce.

This authority will be effective as long as the carrier maintains compliance with the requirements pertaining to insurance coverage for the protection of the public (49 CFR 387) and the designation of agents upon whom process may be served (49 CFR 366). The carrier shall also render reasonably continuous and adequate service to the public. Failure to maintain compliance will constitute sufficient grounds for revocation of this authority.

The transportation service to be performed is described on the reverse side of this document. Authority to transport passengers over regular routes includes authority to serve all intermediate points on these routes, as specified at 49 CFR 356.3.

A handwritten signature in black ink, appearing to read "Angeli Sebastian".

Angeli Sebastian, Chief
Information Systems Division

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CPA



Menu Choose Menu Option



Motor Carrier Details

US DOT:	1303286	Docket Number:	MC505138	
Legal Name:	SEATTLE PORTLAND EXPRESS CO.			
Doing-Business-As Name:	SEATTLE PORTLAND EXPRESS			
Business Address	Business Telephone and Fax	Mail Address	Mail Telephone and Fax	Undeliverable Mail
1123 N 91 ST# 102 SEATTLE WA 98103	(206) 523-3739	1123N 91 ST.#102 SEATTLE WA 98103		NO
Authority Type	Authority Status	Application Pending		
Common	ACTIVE	NO		
Contract	NONE	NO		
Broker	NONE	NO		
Property	Passenger	Household Goods	Private	Enterprise
NO	YES	NO	NO	NO
Insurance Type	Insurance Required	Insurance on File		
BIPD	\$1,500,000	\$5,000,000		
Cargo	NO	NO		
Bond	NO	NO		

BOC-3: NO

| [Active/Pending Insurance](#) | [Rejected Insurance](#) | [Insurance History](#) | [Authority History](#) | [Pending Application](#) | [Revocation](#) |

Tuesday , March 14, 2006 at 15:12:48

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United States Department of Transportation - Federal Motor Carrier Safety Administration

	SEATTLE	TACOMA	OLYMPIA	CENTRALIA	KELSO	VANCOUVER	PORTLAND
TACOMA	\$10.00						
OLYMPIA	\$13.00	\$8.00					
CENTRALIA	\$16.00	\$11.00	\$8.00				
KELSO	\$21.00	\$17.00	\$13.00	\$10.00			
VANCOUVER	\$24.00	\$19.00	\$16.00	\$14.00	\$10.00		
PORTLAND	\$25.00	\$20.00	\$18.00	\$16.00	\$11.00	\$6.50	

	SEATTLE	TACOMA	OLYMPIA	CENTRALIA	KELSO	VANCOUVER	PORTLAND
TACOMA	\$10.00						
OLYMPIA	\$13.00	\$8.00					
CENTRALIA	\$16.00	\$11.00	\$8.00				
KELSO	\$21.00	\$17.00	\$13.00	\$10.00			
VANCOUVER	\$24.00	\$19.00	\$16.00	\$14.00	\$10.00		
PORTLAND	\$25.00	\$20.00	\$18.00	\$16.00	\$11.00	\$6.50	