

TC-060722

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

RECEIVED
RECORDS MANAGEMENT
06 APR 24 AM 9:03
STATE OF WASH.
UTIL. AND TRANS.
COMMISSION

APPLICATION FOR BUS CERTIFICATE

Fee: \$150.00

CID 44397 Reception NO. 0001673 Application No. D-79446

Date Received 5-1-06 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: JOSEPH L. EDWARDS
2. D/B/A: SPOKANE VALLEY SHUTTLE
3. MAILING ADDRESS: 16104 E. RICH AVE, SPOKANE VALLEY, WA 99216
4. IF APPLICANT IS A CORPORATION, LIST NAME, TITLES, AND PERCENTAGE OF STOCK OF PRINCIPAL SHAREHOLDERS...
5. Will an attorney be representing you at the hearing? Yes x No

6. If the Commission assigns this application for formal hearing, applicant will present approximately _____ witnesses at the hearing. Estimate how much time your presentation will take. _____
7. Describe your proposed route using state or county highway numbers, AND attach a detailed map or sketch showing the proposed route or area.
DOOR TO DOOR PASSENGER SERVICE BY RESERVATION ONLY
BETWEEN CITY OF SPOKANE VALLEY AND ALL POINTS IN SPOKANE COUNTY
BETWEEN SPOKANE INTERNATIONAL AIRPORT AND CITY OF SPOKANE VALLEY
BETWEEN CITY OF SPOKANE VALLEY AND LIBERTY LAKE, NEWMAN LAKE, GREENACRES,
VERADALE AND POINTS IN EAST SPOKANE COUNTY

(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. W 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. W 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.
EXCEPT FOR SPOKANE TRANSIT AUTHORITY BUSES, AND VARIOUS TAXI-CAB COMPANIES,
THERE IS NO SHUTTLE BUS SERVICE THAT SERVES THE CITY OF SPOKANE VALLEY AND
EAST SPOKANE COMMUNITIES (VERADALE, GREENACRES, LIBERTY LAKE & NEWMAN LAKE)
THIS SERVICE WOULD PROVIDE A COST-EFFECTIVE ALTERNATIVE TO THE HIGH COST OF A
TAXI-CAB.

(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 (WITH EXCEPTION TO SPOKANE TRANSIT AUTHORITY – PUBLIC TRANSPORTATION)

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

15. Complete the following financial data*:

ASSETS		LIABILITIES	
Cash in Bank and on hand	\$ 2,000. ⁰⁰	Salaries/Wages Payable	\$
Notes Receivable	\$	Accounts Payable	\$
Accounts Receivable	\$	Notes Payable	\$ 10,000
Investments	\$	Mortgages Payable	\$ 135,000. ⁰⁰
Other Current Assets	\$	Contracts and Bonds Payable	\$
Prepaid Expenses	\$	Other	\$
Land and Buildings	\$ 150,000. ⁰⁰	TOTAL LIABILITIES	\$
Equipment (buses)	\$ 10,000. ⁰⁰	NET WORTH	
Office Furniture	\$	Preferred Stock	\$
Other Equipment	\$ 20,000. ⁰⁰	Common Stock	\$
Other Assets	\$ 5,000. ⁰⁰	Retained Earnings	\$
	\$	Capital	\$
TOTAL ASSETS	\$ 187,000. ⁰⁰	TOTAL LIABILITIES AND NET WORTH	\$ 145,000. ⁰⁰

*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
	2000 Dodge ^{Crew Cab} Grand	2B4GP24R6YR798477	7

(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**
 X ___ ___

Have you been cited within the last three years by the Commission for violations of it rules or laws?___ **X** ___

If Yes, explain: _____

Are you familiar with the state passenger carrier safety rules?..... **X** ___ ___

Will management review the carrier=s compliance status on a periodic basis?.....**X** ___ ___

NOTIFICATION AND REPORTING OF ACCIDENTS

Are you familiar with the Commission accident reporting rule?..... **YES** **NO** **N/A**
 X ___ ___

Will you take any action against drivers involved in preventable accidents?..... **X** ___ ___

PART 391 - QUALIFICATION OF DRIVERS

YES NO N/A

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

Are oral interviews conducted with new drivers to verify information submitted on their applications?___ ___ **X**

Will you have a system established to ensure drivers= medical certificates remain current?... ___ ___ **X**

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

Will you review the results of the health history and physical examination?.....___ ___ **X**

Will you have a system established that will ensure drivers= operating licenses remain current? **X** ___ ___

Will you have a system established that will ensure drivers= annual reviews and annual record of violations remain current?..... **X** ___ ___

Will you comply with the road test provisions of Section 391.31?..... ___ ___ **X**

Can you maintain and produce complete driver qualification files on drivers?..... ___ ___ **X**

PART 392 - DRIVING OF MOTOR VEHICLES

YES NO N/A

Do you have established procedures concerning the use of alcohol and drugs?.....___ ___ **X**

Do you have a policy for monitoring speed?..... ___ ___ **X**

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?.....	___	___	X
Will you file records of duty status in systematic manner?.....	___	___	X
Will drivers be required to complete recaps of their records of duty status?.....	___	___	X
Will dispatchers be aware of drivers= hours of service prior to trip?.....	___	___	X
Will other independent records be compared to drivers records of duty status for accuracy?...	___	___	X
Will you have a system for recording hours of duty status on 100 mile radius drivers?.....	___	___	X
Will you have a disciplinary policy for noncompliance with Part 395?.....	___	___	X

PART 396 - INSPECTION, REPAIR AND MAINTENANCE

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

PART 396 - INSPECTION, REPAIR AND MAINTENANCE

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

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: Spokane Valley, Washington, 04-21-2006.
(City or Town) (Month/Day/Year)

Joseph L. EDWARDS DBA Spokane Valley Shuttle
(Name of applicant)

By: Joseph L. Edwards
(Signature)

I certify (or declare) under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

4-21-06 Spokane Valley, wa.
(Date and Place)

Joseph L. Edwards
(Signature)

**JOSEPH EDWARDS
SPOKANE VALLEY SHUTTLE**

**BETWEEN the cities of Spokane, Spokane Valley, Spokane International Airport,
Millwood, Liberty Lake, Newman Lake and Otis Orchards.**

Joseph L. Edwards

J.L.E.

#9

Tariff No. 1
JOSEPH L. EDWARDS d/b/a SPOKANE VALLEY SHUTTLE

RATE SCHEDULE

ADULT FARES IN DOLLARS Per/Person
1st Fare – 1 person / 2nd Fare – 2 or more persons
ONE-WAY EXCEPT AS OTHERWISE INDICATED

AND	BETWEEN				
	City of Spokane Valley	Spokane International Airport	City of Spokane	Veradale & Greenacres	Liberty Lake & Newman Lake
City of Spokane Valley	-----	\$30 / \$20	\$20 / \$15	\$15 / \$10	\$20 / \$15
Spokane International Airport	\$30 / \$20	-----	\$15 / \$20	\$30 / \$25	\$35 / \$30
City of Spokane	\$20 / \$15	\$25 / \$20	-----	\$35 / 30	\$40 / \$35
Veradale & Greenacres	\$15 / \$10	\$30 / \$25	\$20 / \$15	-----	\$15 / \$10
Liberty Lake & Newman Lake	\$20 / \$15	\$35 / \$30	\$25 / \$20	\$15 / \$10	-----

Note 1: **Payment:** Payment for fares by cash or check only.

Note 2: **Round trip fares:** There are no round-trip fares.

Note 3: **Children's fares:** Children under 2 years of age, occupying seats, and children under age 12 will be charged 60 percent of the adult fare.

Issue Date:

Issued by: JOSEPH L. EDWARDS d/b/a SPOKANE VALLEY SHUTTLE

Effective Date:

TARIFF NO. 1

of

Company Name: JOSEPH L. EDWARDS d/b/a
SPOKANE VALLEY SHUTTLE

Certificate Number:

For the transportation of passengers in the following territory:

Door to door passenger service by reservation only
Between: the city of Spokane Valley and all points in Spokane County
Between Spokane International Airport and the city of Spokane Valley
Between the city of Spokane Valley and Liberty Lake, Newman Lake,
Greenacres, Veradale and points in east Spokane County

Issued by:

Name: JOSEPH L. EDWARDS

Address: 16104 E. RICH AVENUE

City, State/Zip: SPOKANE VALLEY, WA 99216

Telephone No: (509) 939-5993

Issue Date:

Effective Date:

(For Official Use Only)

Effective: _____ TC- _____ LSN _____

Order/Other _____ By: _____

Tariff No. _____ Revised Page No. _____

Company Name: SPOKANE VALLEY Shuttle

PASSENGER RULES

Animals: Generally dogs, cats and other live animals or birds will not be carried. Exception: Service animals traveling with sight or hearing-impaired 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.

Animals: Dogs traveling with sight or hearing-impaired passengers will be carried free of charge. The dogs will not be permitted to occupy a seat, but must lie or stand at the feet of the passenger. Other pets will be transported only when they are housed in pet carriers. Rates are the same as adult fares.

Objectionable passengers: This company 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 materials that the carrier considers unsafe and not in the best interest of the passengers.

Sick passengers: Passengers who due to drunkenness or use of drugs get sick in vehicle will be charged a \$200 clean-up fee.

Schedule maintenance: Carrier will not be liable for delays caused by accidents, breakdowns, bad conditions of roads, snow storms or other conditions beyond the control of the carrier and does not guarantee arrival at, or departure from, any point at any specific time.

Smoking & use of tobacco products: Smoking and the use of smokeless tobacco in vehicles is not permitted.

Drinking & alcohol: Drinking of alcoholic beverages or the transport thereof is not permitted in vehicles.

Eating: Consumption of food products in vehicle is not permitted. We request that you wait until your destination to dine.

Issue Date: _____ Effective Date: _____

Issued By: _____

(For Official Use Only)

Effective: _____ TC- _____ LSN _____

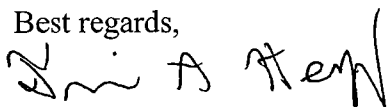
April 21, 2006

To whom it May Concern:

I am writing in support of Mr. Edwards proposed shuttle service between Liberty Lake, Spokane Valley and downtown Spokane. The shuttle service could take people from Liberty Lake to the mall, downtown, theaters and restaurants located throughout the Spokane area. Getting guests from the Airport to Liberty Lake has been frustrating to both the guest and the taxi drivers. A shuttle service could provide local citizens a way of getting around Spokane without having to use their own cars.

Please give this proposal you consideration.

Best regards,

A handwritten signature in black ink, appearing to read "Travis Hegney". The signature is written in a cursive style with a large initial "T" and "H".

Travis Hegney

Asst. Manager

Best Western Peppertree Liberty Lake Inn



April 20, 2006

Dept of Transportation
Washington State

To Whom It May Concern:

The Residence Inn by Marriot, in the Spokane Valley WA, is in need of the shuttle to and from the Spokane Airport. I was approached by Spokane Valley Shuttle Service letting me know that they would like to start running a shuttle service from the Spokane Valley and surrounding area to the airport. Since the Residence Inn by Marriott does not have an airport shuttle, this would be a great service for the guests at this hotel.

Thank you for your attention to this matter.

Sincerely,

A handwritten signature in cursive script that reads "Barbara Latimer".

Barbara Latimer
General Manager
Residence Inn by Marriott
15915 E Indiana
Spokane, WA 99216
(509) 892-9300

Residence Inn by Marriott
Spokane East Valley
15915 East Indiana Avenue, Spokane, WA 99216
Telephone (509) 892 9300 Facsimile (509) 892 9400
Marriott.com/GEGR

Operated under a license agreement from Marriott International Inc.

April 20, 2006

To whom it may concern:

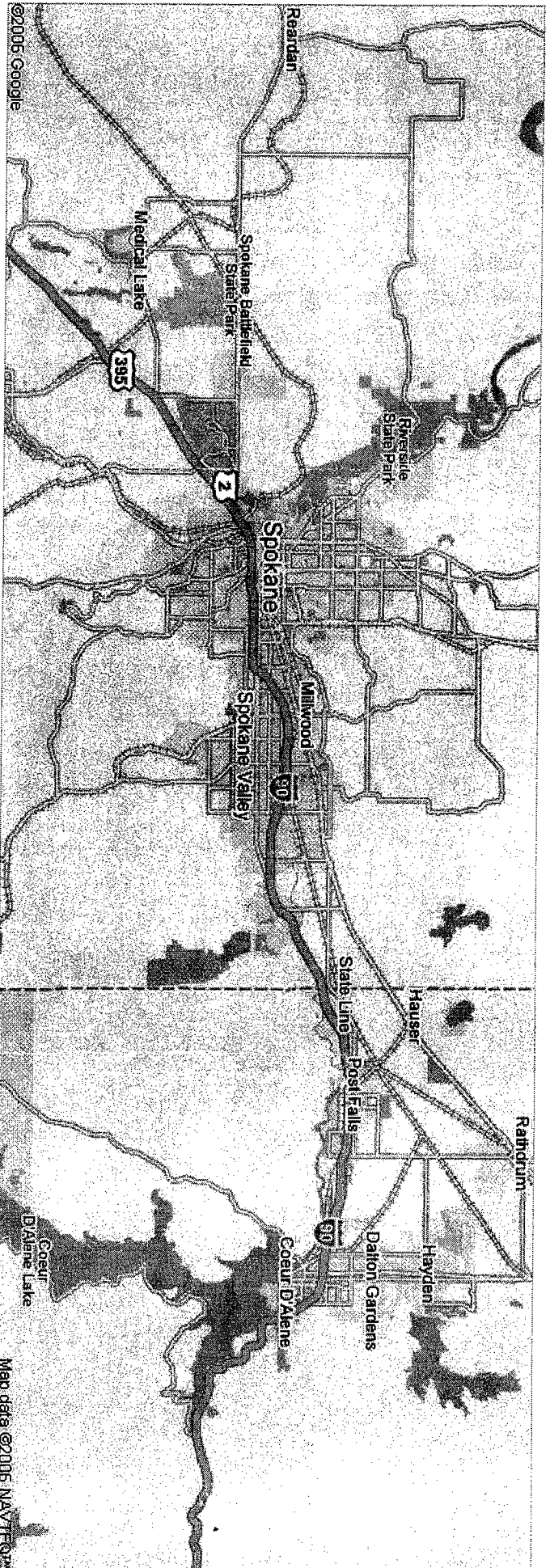
This letter is in regards to the need for a shuttle service in the Spokane Valley area. We have many guests calling us for pickup from the airport as well as into Spokane. We do not provide this service to our guests and it would be helpful if a shuttle service was available.

Thank- you

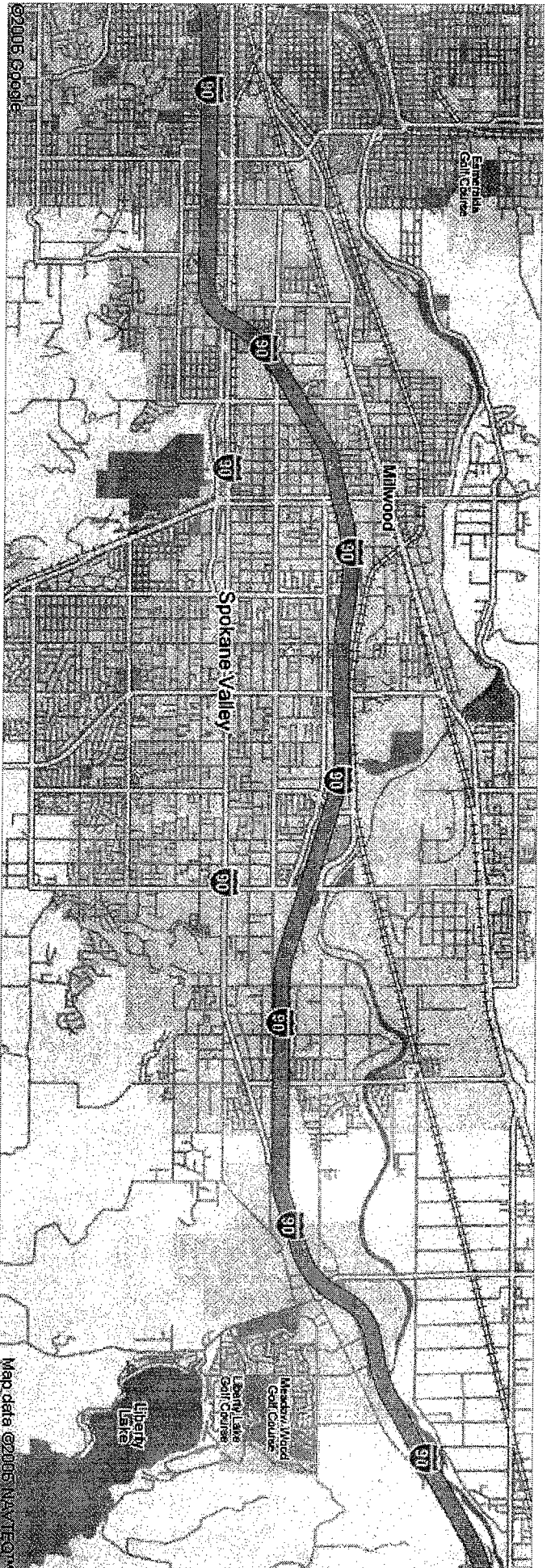
Danette Brown

Danette Brown
Front Desk Manager





The territory is highlighted, Spokane, millwood, Liberty lake
Spokane valley which consists of the following cities: Veradale, Greencross,
Newman Lake, opportunity, and Spokane Airport



all of this page

Tina

Tariff No. 1

Revised Page No. _____

Joseph L. EDWARDS D.B.A.

Company Name: Spokane Valley Shuttle

RATE SCHEDULE

And	Between				
	City of Spokane Valley + Points within Spokane International Airport	Spokane International Airport	City of Spokane	Millwood	Liberty Lake - Newman Lake - Otis Orchards
City of Spokane Valley + Points within Spokane International Airport	\$	\$ 30/25	\$ 20/15	\$ 15/10	\$ 20/15
City of Spokane	\$ 20/15	\$ 15/10	\$	\$ 30/25	\$ 40/30
Millwood	\$ 15/10	\$ 30/25	\$ 15/10	\$	\$ 25/20
Liberty Lake - Newman Lake - Otis Orchards	\$ 20/15	\$ 40/30	\$ 25/20	\$ 20/15	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$

Adult Fares in Dollars per person

1st Fare - 1 person - 2nd Fare - 2 or more persons
 one way Except as otherwise indicated

- Note 1: Payment: Payment for fares by cash or check only.
- Note 2: Round trip fares: there are no Round trip fares.
- Note 3: Children's fares: Children under 2 years of age, occupying seats, and children under age 12 will be charged 60 percent of the Adult fare.

Issue Date: _____

Effective Date: _____

Issued By: Joseph L. Edwards DBA Spokane Valley Shuttle
(For Official Use Only)

Effective: _____ TC- _____ LSN _____

Order/Other _____ By: _____