

**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**

OCT 30 2006

WASH. UT. & TP. COMM

**APPLICATION FOR BUS CERTIFICATE**

Fee: \$150.00

CID 44744 Reception NO. 0003059 Application No. D-79480

Date Received 10/30/06 230-01 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

*Temp. a Sole Prop., However Corporation Paper Has been Mailed*

*penalty*

(Check One Only)  ORIGINAL  EXTENSION

INDIVIDUAL  PARTNERSHIP  
 CORPORATION

NOTE: APPLICATION MUST BE COMPLETED IN FULL

1. NAME OF APPLICANT RED Express Dispatching Inc  
RED Express Airport Shuttle Dispatching

2. D/B/A: Red Express Airport Shuttle  
(Must correspond with name on insurance policy)

3. MAILING ADDRESS 4228 E. Congress PHYSICAL ADDRESS Same  
Spo. WA. 99223

BUSINESS TELEPHONE NUMBER (509) 993 1090 FAX NUMBER (509) 534 4308

UBI # 602 642 935 E-MAIL Douglascharleslarsen@hotmail

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:

Doug Larsen - 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 0 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.  
RED Express will Pick up at Hotels and Private residences within a 30 mile radius of Spokane and Transport to Spokane International Airport and return said passengers if so requested

(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.  
There has been an expressed need for this type of service to be professionally undertaken by many customer I encounter in the operation of my Taxi business

(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.  
residences, Hotels, Intermodal transportation facilities, such as, Bus, Train & Airports Spo Int. & Felts Field

(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.  
no one is currently offering an exclusive Airport Shuttle Service. Most are taxis moonlighting as Shuttle Services

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

15. Complete the following financial data\*:

ASSETS		LIABILITIES	
Cash in Bank and on hand	\$ 10,000	Salaries/Wages Payable	\$ 0
Notes Receivable	\$ 0	Accounts Payable	\$ 0
Accounts Receivable	\$ 0	Notes Payable	\$ 28,000
Investments	\$ <del>8,000</del>	Mortgages Payable	\$ 0
Other Current Assets	\$ 12,000	Contracts and Bonds Payable	\$
Prepaid Expenses	\$ 0	Other	\$
Land and Buildings		<b>TOTAL LIABILITIES</b>	\$
Equipment (buses)	\$ 8,000	<b>NET WORTH</b>	
Office Furniture	\$ 1,000	Preferred Stock	\$
Other Equipment	\$	Common Stock	\$ 3,000
Other Assets	\$	Retained Earnings	\$
	\$	Capital	\$
<b>TOTAL ASSETS</b>	\$ 31,000	<b>TOTAL LIABILITIES AND NET WORTH</b>	\$ 31,000

\*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
(temp) 072202	2006 FORD	1FBSS31L66DA44846	12 pass.
863- <del>700</del> VBU	2006 FORD	<del>FMY492Z3</del> 6KC86684	
		FMY492Z36KC86684	5 pass.

(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?  **NO**

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**

	YES	NO	N/A
Will you have written procedures explaining a systematic, periodic maintenance program?...	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Will you periodically review maintenance records for all equipment?.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Will you comply with the vehicle inspection procedure?.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**PART 396 - INSPECTION, REPAIR AND MAINTENANCE**

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

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, Washington, 9/12/06  
(City or Town) (Month/Day/Year)

RED EXPRESS AIRPORT SHUTTLE  
(Name of applicant)

By: Douglas C Larser  
(Signature)

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

9/12/06  
(Date and Place)

Douglas C Larser  
(Signature)

Red Express Airport Shuttle									
Zip Code	Rates	Comments	Zip Code	Rates	Comments				
99001	\$ 15.00		99203	\$ 20.00					
99004	\$ 16.00		99204	\$ 16.00					
99005	\$ 47.00		99205	\$ 20.00					
99016	\$ 36.00		99206	\$ 29.00					
99016	\$ 41.00	South of 32nd	99207	\$ 20.00					
99019	\$ 41.00		99208	\$ 26.00					
99021	\$ 35.00		99208	\$ 27.00	North of 12400 blk.				
99021	\$ 41.00	East of Bruce Rd.	99212	\$ 22.00					
99022	\$ 17.00		99212	\$ 29.00	North of Spokane River				
99022	\$ 21.00	Medical Lake	99216	\$ 32.00					
99025	\$ 46.00		99217	\$ 26.00					
99026	\$ 41.00	Suncrest	99217	\$ 28.00	North of Argonne				
99027	\$ 41.00		99218	\$ 32.00					
99036	\$ 39.00		99218	\$ 40.00					
99201	\$ 16.00		99223	\$ 28.00	South of 4400 Block				
99202	\$ 18.00		99224	\$ 15.00					
99203	\$ 18.00		99224	18	North of Trails/Government Way.				

TO: Tina L

From: Red Express