



1300 S. Evergreen Park Dr. SW  
 P.O. Box 47250  
 Olympia, WA 98504-7250  
 Phone: 360-664-1222  
 Fax: 360-586-1181  
 TTY: 360-586-8203  
 or  
 1-800-416-5289  
 E-mail: [Transportation@wtuc.wa.gov](mailto:Transportation@wtuc.wa.gov)

Type of Passenger Transportation Authority Requested (check one box)	Fee Required
<input checked="" type="checkbox"/> <b>Auto Transportation Authority (a new certificate)</b> Complete sections 1-8. Submit a proposed tariff and time schedule.	\$ 200
<input type="checkbox"/> <b>Extension of Existing Auto Transportation</b> Certificate No. C- _____ Complete sections 1-8. Submit a proposed tariff and time schedule.	\$ 150
<input type="checkbox"/> <b>Transfer or Lease Auto Transportation Authority</b> Complete sections 1-8 and Attachment B. <input type="checkbox"/> All of Certificate No. C- _____ <input type="checkbox"/> Portion of Certificate No. C- _____	\$ 200
<input checked="" type="checkbox"/> <b>Temporary Auto Transportation Authority (new temporary authority or temporary authority to operate pending a commission decision on a parallel filed permanent application)</b> Complete sections 1-8 and Attachment A.	\$ 150
<input type="checkbox"/> <b>Mortgage of Certificate</b> Complete section 1 and Attachment D.	\$ 35
<input type="checkbox"/> <b>Name Change (company corporate name, trade name or surname of an individual owner or partner)</b> Complete section 1 and Attachments C and E.	\$ 35
<input type="checkbox"/> <b>Reinstatement of Cancelled Certificate</b> Complete sections 1 and 8.	\$200

**TYPE OF PAYMENT:**

Cash  Check  Money Order  AMEX  MasterCard  Visa

Credit Card Information (if applicable):

#02592B

Expiration Date  
Month/Year

Amount: \$ ~~200~~ 4150

Cardholder's signature: *Justin F. Bagley*

Date: 8/28/8

**FOR OFFICIAL USE ONLY**

Date Filed: 8-29-08	Docket #:	Motcar: 5053	Cert. Issued:
I.S. Staff Assigned:	Insurance: <i>ob</i>	Application:	Related App:
DOL/SOS:	Tariff/Time Schedule:	Map:	111 0268:
Text approved for docket:	Safety Inspection:	Reception #:	

SECTION 1 - APPLICATION INFORMATION

Name of Applicant: Agate Pass Transportation LLC

Trade Name(s) if applicable: BOS-UP 90 per phone call

Unified Business Identification Number (UBI): \_\_\_\_\_  
 If you do not know your UBI number or need to request one, contact the Department of Licensing at (360) 664-1400.

Phone Number: (360) 598-3938 Physical Address      Fax Number: Same (Manual Recv) R-mail: info@agatepassbos.com  
 Mailing address, if different from physical address

Street: 6221 Lincoln Pl NE      Street: PO Box 1142

City: Poulsbo      City: Kingston

State/Zip: WA 98370      State/Zip: WA 98346

SECTION 2 - COMPANY INFORMATION

Type of business structure:  
 Individual       Partnership       Corporation       Other (LP, LLP, LLC) LLC

List the name, title and percentage of partner's share or stock distribution for major stockholders:  
Name      Title      Stock Distribution or Percentage of Shares

Leslie F. Bagley      General Manager

Provide the following documents with your application:

- A map of the proposed line, route or service territory that meets the standards described in WAC 480-30-051
- Support statements for temporary authority if applicable.

Describe the proposed service including the line, route or service territory description. Describe in terms such as streets, avenues, roads, highways, townships, ranges, cities, towns, counties or other geographic descriptions.

Passenger Transportation between cedar falls and Vantage trail heads and intermediate points and communities along the John Wayne Pioneer Trail (Iron Horse State Park) via Interstate 90, and connecting roads streets and highways, in King and Kittitas Counties, WA.

How many riders do you expect during your first year of operations? 1500

State the conditions that justify granting of this application.

No one else is presently offering this service, and we've had many requests

Do other passenger transportation companies currently provide service between any of the points or along any portion of the route you propose to serve?

- No
- Yes If yes, list the names and addresses of companies

Bellaire Charters (Bellingham WA)  
1416 Whitcomb St. Ferndale, WA 9875  
Northwestern Stage Lines, Spokane  
4711 S. Ben Franklin WA

Do you currently hold or have you ever held an auto transportation certificate?  
 No  Yes If yes, please indicate your certificate number: C- \_\_\_\_\_

Have you ever applied for and been denied an auto transportation certificate?  
 No  Yes If yes, please explain: \_\_\_\_\_

Have you been cited for violation of state laws or commission rules?  
 No  Yes If yes, please explain: \_\_\_\_\_

*Has current  
 CH/ES  
 CH 62909*

**SECTION 3 - TARIFF AND TIME SCHEDULE**

If this application is for temporary authority, a new certificate or extension of existing certificated authority, you must include a proposed tariff and time schedule that is in compliance with WAC 490 30 251 through WAC 490 30 425

If this application is a transfer or a lease of authority from an existing certificate, you must either file a new tariff and time schedule at the same rate levels as on file or you must adopt the current certificate holder's tariff and time schedule. To file a new tariff, use the standard tariff format included with this application or an approved alternate format. Indicate which option you will use:

- Adopt (Complete Attachment E)
- File a new tariff

**SECTION 4 - HEARING INFORMATION**

Estimate the number of witnesses you will present and the amount of time you will need for your presentation if the commission sets your application for a formal hearing.

Number of witnesses: <u>1-2</u>	Amount of time: <u>40 min</u>
Will an attorney be representing you? If so, complete the following: <u>NO</u>	
Attorney's name:	Attorney's phone number:
Attorney's address:	Fax Number:
Street	E-mail:
City, State, Zip	

**SECTION 5 - FINANCIAL STATEMENT**

You may attach a Balance Sheet or Profit and Loss Statement in place of providing the information requested below.

ASSETS		LIABILITIES	
Cash in Bank	\$ <u>4650</u>	Salaries/Wages Payable	\$ <u>0</u>
Notes Receivable	\$ <u>—</u>	Accounts Payable	\$ <u>2500</u>
Accounts Receivable	\$ <u>6800</u>	Notes Payable	\$ <u>—</u>
Investments	\$ <u>—</u>	Mortgages Payable	\$ <u>—</u>
Other Current Assets	\$ <u>22,000</u>	Contracts and Bonds Payable	\$ <u>—</u>
Prepaid Expenses	\$ <u>—</u>	<b>TOTAL LIABILITIES</b>	\$ <u>2,500</u>
Land and Buildings	\$ <u>—</u>	<b>NET WORTH</b>	
Trucks and Trailers	\$ <u>19,000</u>	Preferred Stock	\$ <u>N/A</u>
Office Furniture	\$ <u>—</u>	Common Stock	\$ <u>N/A</u>
Other Equipment	\$ <u>—</u>	Retained Earnings	\$ <u>N/A</u>
Other Assets	\$ <u>—</u>	Capital	\$ <u>N/A</u>
<b>TOTAL ASSETS</b>	\$ <u>43,450</u>	<b>TOTAL LIABILITIES AND NET WORTH</b>	\$ <u>40,050</u>

In addition to completing the information requested above, you must attach a projected balance sheet and income statement for your first year of operation.

**SECTION 6 - EQUIPMENT LIST**

Describe the equipment you will use in your operations. Attach additional sheets if necessary. You must have your vehicles inspected and receive a valid Commercial Vehicle Safety Alliance decal for each motor vehicle before your application is granted.

Year	Make	License Number	Vehicle ID Number	Seating Capacity
2001	Ford #19	215 WEL	IFDNEY51MA97308	22 Pass
2000	Ford #06	<del>810 UTX</del>	IFDNEY5552YH02474	22 Pass
2007	Pace #1	56322 UTX	CD81GTA2	16' Cargo Trailer
		810 UTX		

**SECTION 7 - SAFETY AND OPERATIONS**

In each of the categories shown below, list the person and position responsible for understanding and complying with the Federal Motor Carrier Safety Regulations (FMCSR) and Washington State laws and rules. Please refer to the WAC rules, fact sheets and publication "Your Guide to Achieving a Satisfactory Safety Rating" for assistance with requirements.

**SAFETY RESPONSIBILITIES**

- **COMMERCIAL DRIVER'S LICENSE (CDL) STANDARDS REQUIREMENTS AND PENALTIES** (Title 49, Code of Federal Regulations Part 383). If you operate commercial motor vehicles, your drivers must have a valid CDL.
- **DRIVER QUALIFICATION REQUIREMENTS** (Title 49, Code of Federal Regulations Part 391). Each of your drivers must meet minimum qualification requirements. You must maintain driver qualification files for each driver.
- **DRIVERS HOURS OF SERVICE** (Title 49, Code of Federal Regulations Part 395). Each of your drivers must maintain hours of service logs. You must maintain true and accurate hours of service records for each driver.
- **CONTROLLED SUBSTANCE AND ALCOHOL USE AND TESTING** (Title 49, Code of Federal Regulations Part 382 and Part 40). If you operate commercial motor vehicles, your drivers must be in a Controlled Substance and Alcohol Use and Testing program. You must have a alcohol and controlled substances testing program.
- **INSPECTION, REPAIR AND MAINTENANCE** (Title 49, Code of Federal Regulations Part 396). You must systematically inspect, repair and maintain all motor vehicles.
- **SAFETY REGULATIONS, GENERAL** (Title 49, Code of Federal Regulations Part 393). You must follow safety regulations.
- **DRIVING COMMERCIAL MOTOR VEHICLES** (Title 49, Code of Federal Regulations Part 392). You must follow regulations for driving commercial motor vehicles.
- **PARTS AND ACCESSORIES NECESSARY FOR SAFE OPERATION** (Title 49, Code of Federal Regulations Part 393). You must maintain parts and accessories in safe condition.

Name: Justin F. Bagley Position: General Manager

**OPERATIONAL RESPONSIBILITIES**

List the person and position responsible for understanding and complying with the requirements of each category shown below.

**TARIFFS, TIME SCHEDULES, RATES AND RATE FILINGS** (WAC 480-30-251 through WAC 480-30-436). You must file a tariff showing all rates and how those rates will be assessed. You must also file a time schedule.

Name: Justin F. Bagley Position: Gen. Mgr.

**ANNUAL REPORTS AND REGULATORY FEES** (WAC 480-30-060 through WAC 480-30-081). You must file an annual report and pay regulatory fees by May 1 of each year.

Name: Justin F. Bagley Position: Gen Mgr.

**CUSTOMER SERVICE** (WAC 480-30-441 through WAC 480-30-461). You must interact with customers according to the rules.

Name: Justin F. Bagley Position: Gen Mgr.

**STATE OF WASHINGTON GENERAL LAWS, RULES AND REGULATIONS.** You must comply with the regulations of local, state, and federal agencies such as, but not limited to: Department of Labor and Industries, Department of Licensing, Secretary of State, Department of Revenue and Internal Revenue Service and Employment Security.

Name: Justin F. Bagley Position: Gen Mgr.

**SECTION 8 - DECLARATION OF APPLICANT:**

I understand that filing this application does not authorize me to start requested operations described until the commission grants the application and issues a certificate.

I understand the responsibilities of a passenger transportation company and I comply with all local, state, and federal regulations governing business in the state of Washington.

I certify that the information contained in this application is true and correct and that I am authorized to execute and file this document on behalf of the applicant.

Printed name: Leslie F. Bagley

Signature: Leslie F. Bagley

Date, County, State: 8/29/08, Kitsap, WA.

FROM :

FAX NO. : 3625983938

Aug. 27 2008 01:16PM P5

08-26-08 12:12

3625983938

FROM :

FAX NO. : 3625983938

Aug. 27 2008 11:15AM P1

**ATTACHMENT A**

**TEMPORARY CERTIFICATE SUPPORT STATEMENT**

Temporary certificate applications must include signed and sworn sworn statements from one or more potential customers identifying all facts relating to need for the proposed service.

Applicant Name: Agate Pass Transportation, LLC

**CUSTOMER SWORN STATEMENT RELATING TO THE NEED FOR SERVICE**

Customer Name: Washington State Park

Address: PO Box 26, Easton, WA 98921

Phone Number: (209) 656-2586 Fax Number: (509) 656-2254 E-mail: tim.schmidt@parks.wa.gov

Describe the need for the requested service:  
Provide shuttle service for visitors to Town where State Park cars park as our trail heads are packed up - dropped off at another trail head then walk/hike/bicycle back to their vehicles

If there is an existing company providing this service in the territory, please indicate the existing company's name:  
NO

Phone Number: ( ) \_\_\_\_\_

Explain why the current company is not able to provide you service:  
\_\_\_\_\_  
\_\_\_\_\_

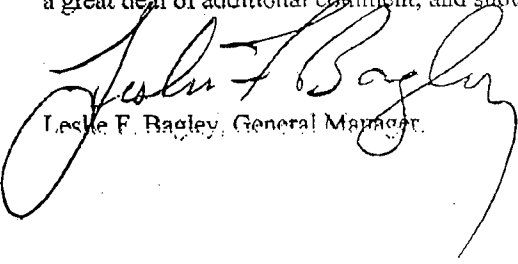
I certify or declare under penalty of perjury under the laws of the state of Washington that the information contained in this statement is true and correct.

Tim Schmidt Tim Schmidt 8/28/08  
Print Name Signature Date, County, State

Agate Pass Transportation LLC  
Bus-Up 90 application form attachment.

Statement of Projected Profits/Loss for First Year of Service.

At this time, we have no way of projecting the year's income or expenses, due to unpredictable weather and uncertain opening and closing dates of the trail. Past experience has shown the cost is approximately \$1500.00 per weekend to operate the service, while income has been steadily increasing to the point of about \$1200.00 per weekend as of this date. We recently received additional publicity and coverage in local media, which has spurred a great deal of additional comment, and should lead to even higher ridership in the near future.



Leske F. Bagley, General Manager.

Apate Pass Transportation —Original Page 4

TIME SCHEDULE NUMER 1:

OF

BUS-UP 90 SHUTTLE  
 CERTIFICATE C-  
 0221 LINCOLN PLANE, FOULSDO, WA 98370

TERRITORY:

CEDAR FALLS TO HYAK

BY THE FOLLOWING ROUTE:

Cedar Falls Trailhead to Hyak Trailhead with intermediate stops  
 At North Bend, Olallie Trail Head, and Snoqualmie Summit via  
 Interstate 90 and connecting streets, roads and highways.

Schedule A: (When also doing the Cedar Falls Waterfront Tour)

Depart Cedar Falls to Hyak: 8:00 AM 1:00 PM 3:00 PM Friday, Saturday, Sunday and Holidays  
 Depart Hyak to Cedar Falls: 8:45 AM 1:45 PM 3:45 PM Friday, Saturday Sunday and Holidays

Schedule B: (When not doing the Cedar Falls Waterfront Tour)

Depart Cedar Falls to Hyak: 9:00 AM 11:00 AM 1:00 PM 3:00 PM Friday, Saturday, Sunday and Holidays  
 Depart Hyak to Cedar Falls: 9:45 AM 11:45 AM 1:45 PM 3:45 PM Friday, Saturday, Sunday and Holidays.

Arrive at Hyak eastbound at 8:30 AM 1:30 PM 3:30 PM

Arrive at Cedar Falls westbound at 9:15 AM 2:15 PM 4:15 PM

Operations via Schedules A or B will be posted on notices at the trailheads,  
 And on the website [www.busup90.com](http://www.busup90.com).

Service is seasonal, depending on conditions on the John Wayne Pioneer Trail.

Intermediate Stops are flag stops only. Drop-offs on request. Pick-ups by prior notification.

Mileage:

Cedar Falls to North Bend:	4.9 miles
North Bend to Olallie:	7.0 miles
Olallie to Snoq. Summit:	14.2 miles
Snoq. Summit to Hyak:	2.9 miles.

Issue Date: August 28, 2008

Effective Date:



Agate Pass Transportation, LLC --- Original Page No. 5

TARIFF NO. J

Cancels

TARIFF NO. \_\_\_\_\_

Of

AGATE PASS TRANSPORTATION, LLC  
BUS-UP 90 SHUTTLE

CERTIFICATE NUMBER C- \_\_\_\_\_

For the transportation of passengers in the following territory:

Between Cedar Falls Trailhead and Hyak Trailhead, Washington.

Issued by:

LESLIE F. BAGLEY, GENERAL MANAGER  
AGATE PASS TRANSPORTATION, LLC  
4221 LINCOLN PL NE, FOULESDO, WA 98379  
PO BOX 1142 KINGSTON, WA 98346-1142

Issuic date: 8/28/08

Effective Date:

Agate Pass Transportation, LLC — Original Page 6

Tariff No. 1  
Bus-Up 90 Shuttle

	North Bend	Ollalie	Snoqualmie Summit	Hyak
<b>Between Cedar Falls and:</b>				
Adults:	\$5	\$10	\$20	\$20
Seniors, Youth And Military:	\$4	\$8	\$20	\$15
<b>Between North Bend And:</b>				
Adults:	_____	\$10	\$20	\$20
Seniors, Youth And Military:		\$8	\$20	\$20
<b>Between Ollalie And:</b>				
Adults:	_____	_____	\$15	\$15
Seniors, Youth And Military:			\$10	\$10
<b>Between Snoq. Summit and:</b>				
Adults:	_____	_____	_____	\$5
Seniors, Youth And Military				\$4

Passengers who make a complete round trip eastbound or westbound from their point of origin to the trail-head, and then from the trailhead at the other end, via the trail, and back to their point of origin, without reversing bus directions will be transported at the full fare rate of \$20 for adults, and \$15 for Seniors, Youth and Military regardless of where they board the bus.

Issuc Date: 8/28/08

Effective Date:

FROM :

FAX NO. : 3625983938

Aug. 27 2008 11:15AM P1

ATTACHMENT A

TEMPORARY CERTIFICATE SUPPORT STATEMENT

Temporary certificate applications must include signed and sworn support statements from one or more potential customers identifying all facts relating to need for the proposed service.

Applicant Name: Agate Pass Transportation, LLC

CUSTOMER SWORN STATEMENT RELATING TO THE NEED FOR SERVICE

Customer Name: Washington State Park

Address: PO Box 26 Eastern, WA 99221

Phone Number: (253) 658-2386 Fax Number: (253) 658-2254 E-mail: tim.schmidt@parks.wa.gov

Describe the need for the requested service:

Provide shuttle service for visitors to Twin Horse State Park. Cars park at one trailhead, are parked up - dropped off and another trailhead then walk/hike/bicycle back to other trailhead

If there is an existing company providing this service in the territory, please indicate the existing company's name:

None

Phone Number: ( )

Explain why the current company is not able to provide you service:

I certify or declare under penalty of perjury under the laws of the state of Washington that the information contained in this statement is true and correct.

Tim Schmidt  
Print Name

[Signature]  
Signature

8/28/08 Eastern, WA  
Date, County, State

Agate Pass Transportation, LLC --Original Page 1

## SECTION 1

## RULES AND REGULATIONS

1. **ADULT FARES:** Fares published herein unless otherwise noted are adult fares and apply to passengers who have reached or passed their 16th birthday.
2. **YOUTH FARES:** Shall apply to persons who have reached their 6th birthday, but have not passed their 16th birthday.
3. **CHILDREN AND INFANTS:** A maximum of two (2) children under 6 years of age, may accompany a paying adult at no additional charge.
4. **SENIOR OR SENIOR CITIZEN FARES:** Shall apply to persons who have reached or passed their 65th birthday.
5. **MILITARY FARES:** All active duty military personnel shall qualify for special military rates.
6. **FAMILY FARES:** Families of to (2) adults and two (2) or more youths shall receive a 10% discount off their total fare.
7. **GROUP FARES:** Groups of 10 or more fare-paying persons traveling together shall receive a 15% discount off their total fare.
8. **INTERMEDIATE APPLICATION:** Fares to and from intermediate points will be the same as the fare to or from the most distant station for which fares are named herein.
9. **ROUND-TRIP FARES:** Except as otherwise provided herein, round-trip fares will be twice the applicable one-way fare.
10. **STOP-OVERS:** Stop-overs will not be allowed at any point enroute unless the passenger upon re-boarding pays the full fare from that station to the destination.
11. **ANIMALS:** No animals will be carried unless kenneled. **EXCEPTIONS:** Service animal traveling with their owners, when properly harnessed and muzzled will carried free of charge, so long as the animal does not occupy a seat, but lies or stands at the feet of its owner.
12. **OBJECTIONABLE PASSENGERS:** This company reserves the right to refuse to transport persons under the influence of drugs, and/or intoxicants, or unable to take care of themselves, or whose condition, conduct or behavior may be objectionable to other passengers.
13. **BICYCLES:** Bicycles will be carried at no charge, on a space-available basis. Trailers towed behind bicycles and tandem bicycles will be carried at no charge, also on a space available basis, after all other passengers' bicycles have been loaded. We reserve the right to refuse transportation for other types of vehicles.
14. **SKIS, SNOWBOARDS, SNOWSHOES:** Will be carried at no charge so long as space is available. Hand-towed sleds will be accommodated on a space-available basis after other passengers' gear has been loaded.
15. **OTHER LUGGAGE AND EQUIPMENT:** This service is operated primarily for those engaging in outdoor recreation and it is assumed that luggage and equipment would be appropriate for outdoor activities. Backpacks, bicycle saddlebags, and other related equipment weighing up to 50 lbs will be transported at no charge, up to a reasonable number of pieces transportable by the owner. Excessively large or heavy equipment, gear or luggage may or may not be accommodated.

Issued: August 28, 2008

Effective:

Agate Pass Transportation, LLC---Original Page 2

RULES AND REGULATIONS  
(CONT'D)

16. **LIABILITY:** All bicycles, equipment and luggage presented for transportation are carried at no charge, and therefore are accommodated at the passenger's own risk. The carrier cannot be liable for any damage sustained during loading, transportation or unloading.
17. **SCHEDULE MAINTENANCE:** Carrier will not be liable for delays caused by accidents, breakdowns, bad road conditions, weather, or other conditions beyond the carrier's control. Carrier does not guarantee to arrive or depart from any point shown in its published time schedule. Schedules endeavor to maintain times indicated, but the same is not guaranteed. Carrier also reserves the right to embargo all service or portions of the service affected by road or trail closures for any reason. Service will be provided weather permitting and may be cancelled in weather not conducive to outdoor activities, at the carrier's discretion.
18. **RESERVATIONS:** All transportation is by reservation only. Prepayment is required to guarantee a seat. This is to preclude overloading of the vehicles. If the vehicle is in no danger of being overloaded, passengers without reservations will be accommodated provided payment is made to the driver. If no reservations have been received prior to departure, the carrier reserves the right to cancel the trip or segment of the trip without notice.
19. **LOST AND FOUND:** Agate Pass Transportation, LLC and Bus-Up 90 are not responsible for personal articles lost or left on vehicles or at pickup or drop-off points.

Issued: August 28, 2008

Effective:

OF

AGATE PASS TRANSPORTATION, LLC  
D/b/a  
BUS-UP 90 SHUTTLE

CERTIFICATE NO. C-

Naming

PASSENGER FARES AND CHARGES

Between

Cedar Falls and Vantage trailheads, and intermediate communities and points along the John Wayne Pioneer Trail (Iron Horse State Park) via Interstate 90, and connecting roads, streets and highways.

WITH  
GOVERNING RULES  
AND REGULATIONS

ISSUED: August 28, 2008

EFFECTIVE:

ISSUED BY;

LESLIE F. BAGLEY  
AGATE PASS TRANSPORTATION, LLC  
6221 LINCOLN PL NE,  
POULSBORO, WA 98370  
PO BOX 1142  
KINGSTON, WA 98346-1142

**Pratt, David (UTC)**

---

**From:** Bill Brannan [billbrannan@qwest.net]  
**Sent:** Thursday, August 28, 2008 4:25 PM  
**To:** Pratt, David (UTC)  
**Cc:** Foster, John (UTC)  
**Subject:** RE: Auto Trans application from Agate Pass Transportation attached

Dave Pratt,  
Northwestern is not currently providing this service and does not object to this application

**Bill Brannan**  
Northwestern Stage Lines, Inc.  
dba Northwestern Trailways  
4611 S. Ben Franklin Lane  
Spokane, WA 99224  
800-366-6975  
[www.northwesterntrailways.com](http://www.northwesterntrailways.com)

-----Original Message-----

**From:** Foster, John (UTC) [mailto:JFoster@utc.wa.gov]  
**Sent:** Thursday, August 28, 2008 4:18 PM  
**To:** Bill Brannan  
**Subject:** RE: Auto Trans application from Agate Pass Transportation attached

Could you please email Dave Pratt a message stating that Northwestern is not currently providing this service and does not object to this application.

His address is [dpratt@utc.wa.gov](mailto:dpratt@utc.wa.gov)

Thank You.

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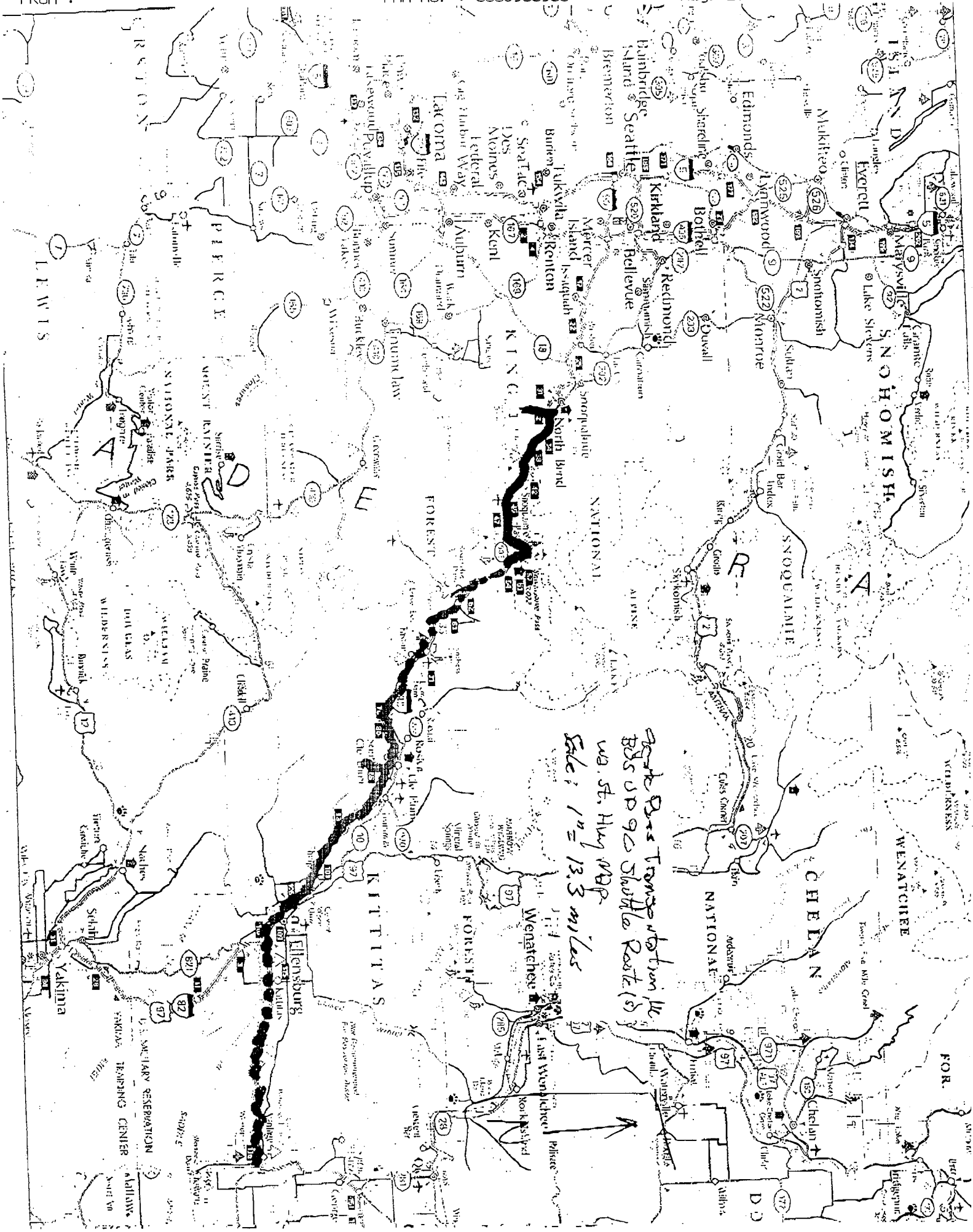
**From:** Bill Brannan [mailto:billbrannan@qwest.net]  
**Sent:** Thursday, August 28, 2008 4:12 PM  
**To:** Foster, John (UTC)  
**Subject:** RE: Auto Trans application from Agate Pass Transportation attached

Hi John  
Received the application  
We do not object.  
Do you need anything else from me?  
Thank You

**Bill Brannan**  
Northwestern Stage Lines, Inc.  
dba Northwestern Trailways  
4611 S. Ben Franklin Lane  
Spokane, WA 99224  
800-366-6975  
[www.northwesterntrailways.com](http://www.northwesterntrailways.com)

-----Original Message-----

**From:** Foster, John (UTC) [mailto:JFoster@utc.wa.gov]  
**Sent:** Thursday, August 28, 2008 4:04 PM  
**To:** billbrannan@qwest.net  
**Subject:** Auto Trans application from Agate Pass Transportation attached



Route 200s Transp station 16  
 BBS UD 90 Shuttle Route 10  
 wa. St. Hwy MAP  
 Scale: 1" = 13.3 miles



# Agate Pass Transportation

PO BOX 1142, KINGSTON, WA 98346-1142 360-981-2022 or 877-981-2022 E-MAIL: INFO@AGATEPASSBUS.COM

Fax to Name: WA Utilities + Transp. Commission

Company: Temporary Auto Transportation Authority

Fax Number: 360 586-1181

Date: 8/28/8

Message:

Hi -  
Here is the application John Foster helped me with. Please try to expedite it so we can still operate this weekend. To speed the process for the part we need immediately, I have not included schedules and fares for the Eastern segment (Hyak to Uvatche) but will do so <sup>with</sup> prior to our desire to operate that segment. Thank you much.

From Agate Pass Transportation, LLC

Voice Phone: 360-598-3938

Fax Phone: (same, but manual receive... you must call and get a live person to send a fax...sorry.)

*John Foster*