

TE-081593

RECEIVED

AUG 22 2008

WASH. UT. & TP. COMM

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@utc.wa.gov

#5214

APPLICATION FOR CHARTER AND EXCURSION CARRIER SERVICE CERTIFICATE

Application Fee and Initial Regulatory Fees due at time of application:
\$200 PLUS \$25 PER VEHICLE

Passenger Charter and Excursion Carrier Services	Fee Required
Application fee (Application for new certificate, to reinstate a previously canceled certificate, to transfer an existing certificate to a new owner or business structure)	\$200.00
Name Change (Application to change a company's corporate name, change a trade name, add a new trade name, or change the surname of an individual owner or partner)	\$ 35.00
Regulatory Fee (per vehicle)	\$ 25.00
TYPE OF PAYMENT	
<input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> AMEX <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa	
Credit Card Information (if applicable) _____	Exp Date Month/Year
Amount \$ <u>225.00</u>	
CERTIFICATION: I, the undersigned, under penalty for false statement, certify that the following information is true and correct, that I am authorized to execute and file this document on behalf of the applicant, and that all information on file is current and valid.	
Cardholder's signature: <u>Stan Whit</u>	Date: <u>8/14/08</u>

(For Commission Use Only) 111-0268-232-01	Company ID: 25.00	Docket TE-
111-0268-232-02	Date Filed: 200.00	Safety Inspection:
111-0268-232-03	Reg Fees:	Insurance:
111-0268	DOL:	SOS:

5214

SECTION 1 - APPLICANT INFORMATION

Name of Applicant: ATS TRAWLS, LLC

Trade Name(s) (if applicable): Around-the-Sound Transportation Specialists

Mailing Address:

Physical Address:

Street 5304 PT Fosdick Dr

Street _____

City GIG HARBOR

City _____

State/Zip WA 98335

State/Zip _____

Phone Number: (253) 858-7088

Fax Number: _____

UBI #: 602 672 260

E-Mail: _____

Type of business structure:

- Individual
- Partnership
- Corporation
- Other (LP, LLP, LLC)

List the name, title, and percentage of partner's share or stock distribution for major stockholders:

<u>Name</u>	<u>Title</u>	<u>Stock Distributions or Percentage of Shares</u>
<u>STEVE HUTCHINS</u>	<u>PRESIDENT</u>	<u>25%</u>
<u>Dianne Hutchins</u>	<u>TREASURER</u>	<u>25%</u>
<u>Martin SHAW</u>	<u>VICE PRESIDENT</u>	<u>25%</u>
<u>TRACY SHAW</u>	<u>SECRETARY</u>	<u>25%</u>

List other certificates or permits held with the commission:

SECTION 2 - EQUIPMENT

(Attach additional sheets if necessary)

License Number	Year And Make Of Vehicle	Vehicle ID Number	Seating Capacity
<u>049WZL</u>	<u>2001 FORD</u>	<u>632</u>	<u>14</u>

SECTION 3 – 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 390). 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: LEEANN BAULIFE

Position: OFFICE MANAGER

OPERATIONAL RESPONSIBILITIES

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

ANNUAL REPORTS AND REGULATORY FEES. You must file an annual safety report and pay regulatory fees by December 31 of each year.

Name: STEVE HUTCHINS

Position: OPERATIONAL MGR/OWNER

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: STEVE HUTCHINS

Position: OWNER

SECTION 4 – DECLARATION OF APPLICANT

I understand that filing this application does not in itself constitute authority to operate as a passenger charter and excursion carrier.

As the applicant for a passenger charter and excursion certificate, I understand the responsibilities of a charter and excursion carrier, and I am in compliance with all local, state, and federal regulations governing business in the State of Washington.

I certify under penalty of perjury under the laws of the State of Washington that the information contained in this application is true and correct.

I certify that I am authorized to execute and file this document.

Printed name of applicant Steve Hutchins

Signature of applicant 

Date 8/14/08 County, State Pierce County, WA

WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION
P.O. BOX 47250 Olympia, WA 98504-7250

CHARTER AND EXCURSION REGULATORY FEE CALCULATION SCHEDULE

Company Name ATS TRANS, LLC

In accordance with RCW 81.70.350 "Regulatory Fees", the Commission requires Charter and Excursion companies to file reports of the number of vehicles operated by the company and pay the sum of \$25 for each vehicle operated. There is a minimum fee of \$25.

1 Total number of vehicles operated

1

2 Total Regulatory Fees owed (enter amount from line 1)

1	x 25.00 =	\$ 25.00
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There is a minimum fee of \$25.00.

Agency Use Only	001-111-02- 68-232-01
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MASTER LICENSE SERVICE
BUSINESS ENTITY INQUIRY

08/29/08
14:55:05

INQR UTL024P1

UBI: 602 672 260 001 0001 State of Inc: WA Loc Status: A
Type: LIMITED LIABILITY COMPANY Date of Inc: 11 29 2006 Corp Status: A

Owner Name: ATS TRANS LLC

Reg. Agent: STEVE HUTCHINS
Reg. Address: 5304 PT FOSDICKS DR NW
GIG HARBOR WA 98335

Exp. Date: 11 30 2008
Total Shares authzd:
Total Shares issued:

Firm Name : JFM TRANSPORTATION
Loc: 5304 POINT FOSDICK DR NW
GIG HARBOR WA 98335 1721

Mail: 5304 POINT FOSDICK DR NW
GIG HARBOR WA 98335 1721

Phone: (253) 858-7088

Registered Tradenames for this UBI? Yes

RFI: No NSF: No

Location First Activity: 01 01 2007

RFP: No Withhold: No

Last License Issue: 02 20 2008

TRANSFER: _____ {Press <ENTER> for Endorsements List}

Enter-PF1---PF2---PF3---PF4---PF5---PF6---PF7---PF8---PF9---PF10--PF11--PF12---

GLIST APLST UBIQ SERV TRDU INQA CgHst INQR MMENU

TRDU TRD351P1

UBI: 602 672 260
Corporation : ATS TRANS LLC

Busn Mail Addr : 5304 PT FOSDICKS DR NW
GIG HARBOR WA 98335

SEL	TRADE_NAME(S)	REGSTRD	CANCELED
1)	AROUND THE SOUND, TRANSPORTATION SPECIALISTS	01/18/2008	
2)	JFM TRANSPORTATION	12/18/2006	

PAGE : 01

TRANSFER: ***** END OF DATA *****

Enter-PF1---PF2---PF3---PF4---PF5---PF6---PF7---PF8---PF9---PF10--PF11--PF12---
Locns Cmpl BusLs TrdN TrdW Top InqR Menu MMenu



5304 Pt. Fosdick Dr. NW
Gig Harbor, WA 98335
(253)858-7088

WUTC
Washington Utilities and Transportation Commission
PO Box 47250
Olympia, WA 98504

Dear Sir:

ATS Trans, LLC, dba Around the Sound Transportation Specialists, wishes to be a certified transportation carrier in the State of Washington. It is our desire to have one vehicle (our vehicle number 632) certified for Charter and Excursion Service. We do not anticipate an extensive amount of service, nor do we anticipate providing service outside of a 50 mile range from our base of operations in Gig Harbor, Washington.

As you can see by the attached application and supporting information, I will obtain insurance immediately upon approval by the WUTC. All arrangements have been made, to the extent that I can even provide the quote, the name of the insurance broker, and the insurance company. I have also imitated a plan to provide the required Form E and all other required insurance information to the UTC upon approval.

Included in this packet of information are:

- Application Forms
- Completed Regulatory Fee Sheet
- Copy of Table of Contents for WAC 480-30 (proof that I have reviewed)
- Cover sheet of "Your Guide to a Satisfactory Rating"
- Proof of ability to obtain \$1.5 million insurance coverage for vehicles transporting less than 15 passenger

The vehicle can be inspected, as well as review of employee files, Drug and Alcohol Compliance and the shop and our maintenance plan can be reviewed.

At this time I have one driver and one vehicle that will be used for this service. The vehicle is a 14 passenger mini-bus equipped with wheelchair lift.

Pleased feel free to contact me on my cell phone and I will proceed with scheduling the inspection. If any additional information is required please feel free to contact me at (360)434-7200. I am available at your convenience.

Sincerely:

Steve Hutchins
President
Around-the-Sound, Transportation Specialists