

TC-082064-A



**RECEIVED**  
 NOV 14 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@wutc.wa.gov](mailto:Transportation@wutc.wa.gov)

Type of Passenger Transportation Authority Requested (check one box)	Fee Required
<input type="checkbox"/> <b>Auto Transportation Authority (a new certificate)</b> Complete sections 1-8. Submit a proposed tariff and time schedule.	\$ 200
<input checked="" type="checkbox"/> <b>Extension of Existing Auto Transportation</b> Certificate No. C- <u>01052</u> 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 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):	Expiration Date Month/Year

Amount: \$ \_\_\_\_\_

Cardholder's signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR OFFICIAL USE ONLY**

Date Filed: <u>11/14/08</u>	Docket #:	Motcar: <u>M42489</u>	Cert. Issued:
LS Staff Assigned: <u>[Signature]</u>	Insurance: <u>[Signature]</u>	Application:	Related App:
DOL/SOS: <u>[Signature]</u>	Tariff/Time Schedule:	Map:	
Text approved for docket:	Safety Inspection:	Reception #: <u>0014959</u>	111 0268:
111-0268-232-02:	111-0268-232-01:	111-0268-230-02:	111-0268-230-01:

SECTION 1 - APPLICATION INFORMATION

141959

Name of Applicant: <u>Miller Schmer Inc.</u>		
Trade Name(s) if applicable: <u>Seattle Express</u>		
Unified Business Identification Number (UBI): <u>602368293</u> If you do not know your UBI number or need to request one, contact the Department of Licensing at (360) 664-1400.		
Phone Number: (206) <u>793-8430</u>	Fax Number: (360) <u>668-1037</u>	E-mail: <u>schmerfamily@hotmail.com</u>
Physical Address		Mailing address, if different from physical address
Street: <u>11618 59<sup>th</sup> Dr. SE</u>		Street:
City: <u>Snohomish</u>		City:
State/Zip: <u>WA / 98296</u>		State/Zip:

SECTION 2 - COMPANY INFORMATION

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:

Name	Title	Stock Distribution or Percentage of Shares
<u>Fred Miller</u>	<u>President</u>	<u>50%</u>
<u>Matt Schmer</u>	<u>Vice-President</u>	<u>50%</u>

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.

We will head East on 180<sup>th</sup> ST, merge onto Hwy 509 North which will become East Marginal Way. Take the Western Ave exit off East Marginal way take Western Ave 1.1 miles turn slight left onto Elliott Ave for 1.2 miles turn right onto Magnolia Bridge, go over bridge and proceed into Terminal 90-91 Lot. Return the same way as we came.

How many riders do you expect during your first year of operations? 6,000

State the conditions that justify granting of this application.

Starting in 2009 terminals 30-31 will be shut down to cruise terminal passengers and be moved to terminals 90-91.

Do other auto 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
- |      |         |
|------|---------|
| Name | Address |
|------|---------|

Do you currently hold, or have you ever held, an auto transportation certificate?

No  Yes If yes, please indicate your certificate number: C- 01052

*also has  
CH-460*

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: \_\_\_\_\_

**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 480-30-251 through WAC 480-30-436.

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</u>	Amount of time: <u>20 minutes</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>5,000.00</u>	Salaries/Wages Payable	\$
Notes Receivable	\$	Accounts Payable	\$
Accounts Receivable	\$	Notes Payable	\$ <u>130,000.00</u>
Investments	\$	Mortgages Payable	\$
Other Current Assets	\$	Contracts and Bonds Payable	\$
Prepaid Expenses	\$	<b>TOTAL LIABILITIES</b>	\$
Land and Buildings	\$	<b>NET WORTH</b>	
Trucks and Trailers	\$	Preferred Stock	\$
Office Furniture	\$	Common Stock	\$
Other Equipment	\$	Retained Earnings	\$
Other Assets	\$ <u>125,000.00</u>	Capital	\$
<b>TOTAL ASSETS</b>	\$ <u>130,000.00</u>	<b>TOTAL LIABILITIES AND NET WORTH</b>	\$ <u>130,000.00</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
1998	Ford E450	759 XQQ	1FDXE40F8WHB01241	24
1999	Ford E350	122 SJ6	1FDXE40F2XHA37070	24

**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 an 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: Matt Schmer

Position: V.P.

**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: Matt Schmer

Position: V.P.

**ANNUAL REPORTS AND REGULATORY FEES** (WAC 480-30-066 through WAC 480-30-081). You must file an annual report and pay regulatory fees by May 1 of each year.

Name: Matt Schmer

Position: V.P.

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

Name: Matt Schmer

Position: V.P.

**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: Matt Schmer

Position: V.P.

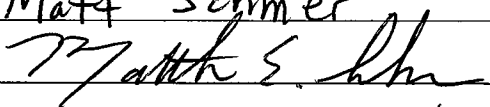
**SECTION 8 – DECLARATION OF APPLICANT:**

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: Matt Schmer

Signature: 

Date, County, State: 11-4-08 Snohomish County, WA

**TIME SCHEDULE**

**Sea-Tac & Tukwila Hotels Serviced 1/01 through 12/31  
Reservations Required - Call 206-793-8430**

Best Western Executel	9:40am	10:25am	11:10am	12:00pm	12:30pm
Best Western Southcenter	9:30am	10:15am	11:00am	11:45am	12:15pm
Clarion Airport	9:50am	10:35am	11:20am	12:10pm	12:40pm
Coast Gateway	9:40am	10:25am	11:10am	12:00pm	12:30pm
Comfort Inn	9:40am	10:25am	11:10am	12:00pm	12:30pm
Comfort Suites	9:30am	10:15am	11:00am	11:45am	12:15pm
Courtyard Marriott Sea-Tac	9:30am	10:15am	11:00am	11:45am	12:15pm
Courtyard Marriott Southcenter	9:30am	10:15am	11:00am	11:45am	12:15pm
Days Inn	9:40am	10:25am	11:10am	12:00pm	12:30pm
Double Tree @ Airport	9:45am	10:30am	11:15am	12:05pm	12:35pm
Double Tree Inn & Suites	9:30am	10:15am	11:00am	11:45am	12:15pm
Embassy Suites	9:30am	10:15am	11:00am	11:45am	12:15pm
Fairfield by Marriott	9:40am	10:25am	11:10am	12:00pm	12:30pm
Hampton Inn	9:40am	10:25am	11:10am	12:00pm	12:30pm
Hampton Inn @ Southcenter	9:30am	10:15am	11:00am	11:45am	12:15pm
Hilton Airport	9:45am	10:30am	11:15am	12:05pm	12:35pm
Holiday Inn Airport	9:50am	10:35am	11:20am	12:10pm	12:40pm
Holiday Inn Express	9:40am	10:25am	11:10am	12:00pm	12:30pm
Homestead Village	9:30am	10:15am	11:00am	11:45am	12:15pm
LaQuinta	9:40am	10:25am	11:10am	12:00pm	12:30pm
Marriott Airport	9:50am	10:35am	11:20am	12:10pm	12:40pm
Quality Inn	9:40am	10:25am	11:10am	12:00pm	12:30pm
Radisson Gateway	9:45am	10:30am	11:15am	12:05pm	12:35pm
Ramada Inn & Suites	9:50am	10:35am	11:20am	12:10pm	12:40pm
Red Lion Seattle Airport	9:45am	10:30am	11:15am	12:05pm	12:35pm
Red Roof Inn	9:50am	10:35am	11:20am	12:10pm	12:40pm
Residence Inn	9:30am	10:15am	11:00am	11:45am	12:15pm
Rodeway Inn	9:50am	10:35am	11:20am	12:10pm	12:40pm
Skyway Inn	9:40am	10:25am	11:10am	12:00pm	12:30pm
Sleep Inn	9:40am	10:25am	11:10am	12:00pm	12:30pm
Super 8	9:45am	10:30am	11:15am	12:05pm	12:35pm
Sutton Suites	9:50am	10:35am	11:20am	12:10pm	12:40pm
Cruise Terminal 90-91 Arrival and Return Times	10:30am	11:15am	12:00pm	12:45pm	1:10pm

**SERVICE PROVIDED SEVEN DAYS A WEEK**

**Please arrive 10 minutes before the scheduled departure time, as we can not return for late arriving guests.**

Issue Date: \_\_\_\_\_ Effective Date: \_\_\_\_\_  
 Issued By: \_\_\_\_\_  
 Effective: \_\_\_\_\_ TC- \_\_\_\_\_ LSN \_\_\_\_\_  
 Order/Other \_\_\_\_\_ By: \_\_\_\_\_

## RATE SCHEDULE

ADULT FARES IN DOLLARS PER PERSON

	ALL HOTELS Cities of Renton, Sea-Tac & Tukwila ROUNDRIP	ALL HOTELS Cities of Renton, Sea-Tac & Tukwila ONE-WAY	SOUTHCENTER ROUNDRIP	SOUTHCENTER ONE-WAY
PIKE PLACE MARKET	\$14	\$9	\$14	\$9
TERMINAL 66 and 90-91	\$24	\$12	n/a	n/a
SOUTHCENTER MALL	\$6	n/a	n/a	n/a

Issue Date: \_\_\_\_\_

Effective Date: \_\_\_\_\_

Issued By: \_\_\_\_\_

Effective: \_\_\_\_\_ TC- \_\_\_\_\_ LSN \_\_\_\_\_

Order/Other \_\_\_\_\_ BY: \_\_\_\_\_

