



UTILITIES AND TRANSPORTATION COMMISSION

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STATE OF WASH. UTIL. AND TRANSP. COMMISSION

TC-090242-AT
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

Main application form with sections: Type of Passenger Transportation Authority Requested (check one box), Fee Required, Auto Transportation Authority (a new certificate), Extension of Existing Auto Transportation, Transfer or Lease Auto Transportation Authority, Temporary Auto Transportation Authority, Mortgage of Certificate, Name Change, Reinstatement of Cancelled Certificate.

TYPE OF PAYMENT:

Cash Check Money Order AMEX MasterCard Visa

Credit Card Information (if applicable):

Expiration Date Month/Year

Amount: \$

Cardholder's signature: Date:

0017417

OK # 4214

FOR OFFICIAL USE ONLY

Table with 4 columns: Date Filed, Docket #, Motcar, Cert. Issued; LS Staff Assigned, Insurance, Application, Related App; DOL/SOS, Tariff/Time Schedule, Map; Text approved for docket, Safety Inspection, Reception #, 111 0268; 111-0268-232-02, 111-0268-232-01, 111-0268-230-02, 111-0268-230-01.

SECTION 1 – APPLICATION INFORMATION

Name of Applicant: Rocket Enterprises LLC		
Trade Name(s) if applicable: Rocket Transportation <i>OK</i>		
Unified Business Identification Number (UBI): 602711630 <i>OK</i> 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) 683-8087	Fax Number: (360) 683-3719	E-mail: Kathy@GoRocketMan.com
Physical Address		Mailing address, if different from physical address
Street: 260647 Hwy 101		Street: PO BOX 1120
City: Sequim		City: Carlsborg
State/Zip: WA 98382		State/Zip: WA 98324

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
Rafael Roman	Managing Partner	33.3%
Kathy Roman	Managing Partner	33.3%
David Pedersen	Managing Partner	33.3%

Provide the following documents with your application: *transfer only*

- 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.

Existing route as authorized under current certificate – attachments from original filing enclosed.

How many riders do you expect during your first year of operations? 8000

State the conditions that justify granting of this application.
Ownership of both companies is the same – change is a different LLC. Roman Solutions LLC was set up for different business operations and doesn't easily work together. Need for change became apparent after original filing.

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
Olympic Bus Lines	111 E Front St, Port Angeles, WA 98382
Kitsap Airporter	5748 Bethel Rd SE, Port Orchard, WA 98367

Do you currently hold, or have you ever held, an auto transportation certificate? No Yes If yes, please indicate your certificate number: C- 62991

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: 4	Amount of time: less than ½ day
Will an attorney be representing you? If so, complete the following:	
Attorney's name: Andrew Steen	Attorney's phone number: 203-223-7739
Attorney's address:	Fax Number: 206-203-7107
Street 1420 Fifth Ave, Suite 4100	E-mail: steena@lanepowell.com
City, State, Zip Seattle, WA 98101-2338	

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	\$	Salaries/Wages Payable	\$
Notes Receivable	\$	Accounts Payable	\$
Accounts Receivable	\$	Notes Payable	\$
Investments	\$	Mortgages Payable	\$
Other Current Assets	\$	Contracts and Bonds Payable	\$
Prepaid Expenses	\$	TOTAL LIABILITIES	\$
Land and Buildings	\$	NET WORTH	
Trucks and Trailers	\$	Preferred Stock	\$
Office Furniture	\$	Common Stock	\$
Other Equipment	\$	Retained Earnings	\$
Other Assets	\$	Capital	\$
TOTAL ASSETS	\$	TOTAL LIABILITIES AND NET WORTH	\$

All Attachment

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
2004	Sprinter 2500SHC158		See attached list for details	9 + Wheelchair
2004	Sprinter 2500SHC158			9 + Wheelchair
2005	Sprinter2500HC140			9 Ambulatory 6 + Wheelchair
2004	Sprinter2500SHC118			4 + Wheelchair
2001	Ford Crown Victoria			5 Ambulatory
2001	Toyota Camry			4 Ambulatory
1999	Toyota Camry			4 Ambulatory

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:	Position:
Rafael Roman	CEO, Director of Personnel

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: David Pedersen	Position: Operations Manager
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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: Kathy Roman	Position: Finance and Technology Director
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CUSTOMER SERVICE (WAC 480-30-441 through WAC 480-30-461). You must interact with customers according to the rules.

Name: David Pedersen	Position: Operations Manager
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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: Kathy Roman	Position: Finance and Technology Director
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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: Kathy Roman

Signature: Kathy M Roman

Date, County, State: 2-9-2009, Clallam, WA

ATTACHMENT B

JOINT APPLICATION FOR TRANSFER OR LEASE OF CERTIFICATED AUTHORITY

The commission must approve any sale, assignment, lease or transfer of a company's certificate, whether in whole or in part. This does not apply to change in ownership resulting from an acquisition of control of a corporation through stock sale or purchase.

Certificate Number C- 62991

Check appropriate box:

- Transfer All
- Transfer Portion
- Lease All
- Lease Portion

Roman Solutions LLC

Current Name on Certificate (Seller/Lessor)

Rocket Transportation

Current Trade Name on Certificate (Seller/Lessor)

260643 Hwy 101, Sequim, WA 98382 360-683-8087

Address (Seller/Lessor) Phone Number

Fax: 360-683-3719 E-mail: Kathy@GoRocketMan.com

- Do you owe the commission any fines or penalties? No Yes
- Have you filed your annual report for the last calendar year? No Yes
- Have you regulatory fees for the last calendar year? No Yes

Does the buyer/lessee agree to begin service as soon as the commission authorizes the transfer or lease?

Yes

No, If not, then when? _____

If the commission assigns this application for formal hearing, does both the seller/lessor and the buyer/lessee agree to be present at the hearing?

Yes

No

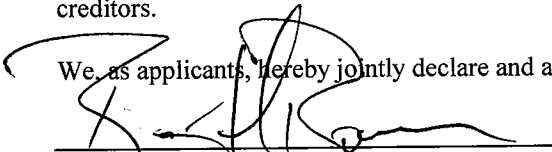
You must include a map and copy of the certificate to be transferred/leased. If you are applying for authority to transfer or lease a portion of the certificate, you must include a map and description of both the portion to be transferred/leased and the portion to be retained by the existing certificate holder.

If this application is for transfer, please attach a copy of the sales or other agreement to sell. If this application is to lease, please attach a copy of the executed lease agreement.

DECLARATION

Both the seller/lessor and the buyer/lessee declare this application is not made for the purpose of hindering, delaying or defrauding creditors.

We, as applicants, hereby jointly declare and affirm that all information is true to the best of our knowledge.



 Seller's/Lessor's Signature

2.09.09 Clallam WA

 Date, County, State



 Buyer's/Lessee's Signature

29-2009 Clallam, WA

 Date, County, State

TRANSFER AGREEMENT

Whereas the same three individuals who are owners and members of Roman Solutions LLC are the sole owners and members of Rocket Enterprises LLC;

Whereas Roman Solutions LLC has applied for, was granted, and now conducts certain business operations pursuant to, Certificate of Authority No. C-062991 granted by the Department of Transportation;

Whereas Roman Solutions LLC and Rocket Enterprises LLC agree, by and through their members, that Rocket Enterprises LLC is better suited to conduct those business operations permitted by the same Certificate of Authority;

Roman Solutions LLC and Rocket Enterprises LLC hereby agree as follows:

- 1) Contingent upon the proper permission granted by the appropriate governmental body or bodies, Roman Solutions LLC hereby transfers its Certificate of Authority and all rights, obligations, and privileges associated therewith to Rocket Enterprises LLC;
- 2) Rocket Enterprises LLC will continue the business operations permitted by the Certificate of Authority in substantially the same manner as Roman Solutions LLC has done, with the same resources, assets, and business plan.
- 3) This Agreement shall not be enforceable except by the parties: Roman Solutions LLC and Rocket Enterprises LLC. This Agreement shall be governed by the laws of the State of Washington, and venue for any litigation arising out of this Agreement shall be proper in the state or federal courts in the State of Washington.

ROMAN SOLUTIONS LLC

By

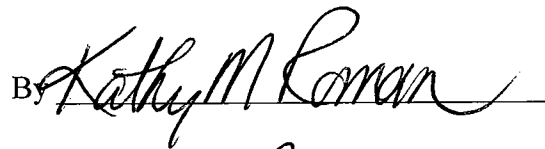


Its

Managing Partner

ROCKET ENTERPRISES LLC

By



Its

Managing Partner

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02/09/09

Cash Basis

Rocket Transportation
Profit & Loss
January through December 2008

	Jan - Dec 08
Ordinary Income/Expense	
Income	
Dividend Income	674.48
PT Rocket Income	
Services	436,489.96
Total PT Rocket Income	436,489.96
Rocket Enterprises LLC Income	
Interest Income	2.55
Services	113,695.11
Rocket Enterprises LLC Income - Other	4,722.60
Total Rocket Enterprises LLC Income	118,420.26
Total Income	555,584.70
Expense	
Advertising	16,451.17
Automobile Expense	
Car Wash	718.41
Fuel	49,314.23
Insurance	29,605.95
Lift Maintenance	358.84
Maintenance	23,430.64
Registration	576.75
Repairs	3,253.73
Vehicle Lease	144.50
Total Automobile Expense	107,403.05
Bank Service Charges	
Credit Card Fees	6,787.31
Finance Charge	0.00
Service Charge	510.33
Total Bank Service Charges	7,297.64
Contributions	100.00
Dues and Subscriptions	1,190.00
Employee Training	492.50
Interest Expense	
Payroll	8.68
Interest Expense - Other	2,705.49
Total Interest Expense	2,714.17
Internet	1,225.40
Licenses and Permits	59.00
Office	
Garbage	307.20
Office Supplies	2,140.21
Software	402.33
Total Office	2,849.74
Payroll Expenses	
FICA Expense	10,134.22
FUTA Expense	843.80
L&I Expense	11,433.29
Medicare	2,370.10
Officer Wages	24,000.00
Penalty	63.23
Shuttle Wages	32,602.14
SUTA Expense	529.91
Wages	106,848.41
Payroll Expenses - Other	0.00
Total Payroll Expenses	188,825.10
Postage and Delivery	171.44

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02/09/09

Cash Basis

Rocket Transportation
Profit & Loss
January through December 2008

	Jan - Dec 08
Professional Fees	
Accounting	1,182.38
Legal Fees	4,060.57
Pre Employment Screening	2,278.10
Total Professional Fees	7,521.05
Rent	3,500.00
Rocket Enterprises, LLC	
Advertising	858.93
Airporter Fees	1,267.50
Automobile	
Fuel	26,539.11
Insurance	6,141.78
Total Automobile	32,680.89
Bank Service Charges	4.50
Licenses & Permits	321.11
Taxes	
Business and Occupations	2,046.70
Total Taxes	2,046.70
Rocket Enterprises, LLC - Other	43.50
Total Rocket Enterprises, LLC	37,223.13
Taxes	
Business & Occupations	10,975.06
Federal	1,259.25
Property	31.40
Taxes - Other	0.00
Total Taxes	12,265.71
Telephone	
Answering Service	16,166.42
Cell	8,973.99
Telephone	954.92
Toll Free	363.83
Total Telephone	26,459.16
Travel & Ent	
Bridge Toll	1,963.00
Ferry	14,563.65
Meals	273.45
Parking	16.36
Total Travel & Ent	16,816.46
Total Expense	432,564.72
Net Ordinary Income	123,019.98
Net Income	123,019.98

Tariff Number 1

Of

Roman Solutions, LLC d/b/a Rocket Transportation

For the transportation of passengers as described in Certificate Number 62991

On-demand, door-to-door service by reservation only;

All passengers must have either their origin or destination in Jefferson or Clallam counties;

BETWEEN Jefferson and Clallam counties and Kitsap County, Seattle and Tacoma Amtrak stations, Seattle and Tacoma Greyhound bus terminals, Seattle and Tacoma hospitals, Seattle waterfront cruise ship piers, SeaTac Airport and hotels along the route

Issued by:

Rafael Roman – Managing Partner
260643 Highway 101
Sequim, WA 98382

(360) 683-8087
FAX (360) 683-3719
Trips@GoRocketMan.com

Issue Date:

Effective Date:

Issued by: _____

Rafael Roman, Managing Partner

Tariff No.1

Company Name: Roman Solutions d/b/a Rocket Transportation

PASSENGER RULES

Adult Fares: Published fares are adult fares and apply to passengers who have reached or passed their 12th birthday.

Children's Fares: A child under the age of two will ride for free with an accompanying, fare-paying adult. This free fare only applies to one child per adult. Additional children under the age of two must pay the standard fare for children under twelve years of age, which is the ordinarily adult rate, discounted by ten percent (10%). Rocket Transportation will not transport unaccompanied children under the age of twelve. Children riding with Rocket Transportation must ride in a car seat in accordance with state law. Rocket Transportation will not provide car seats.

Unused tickets: Any completely unused tickets, paid for in advance, will remain valid for six months from the date of sale. A six month extension will be granted if requested prior to the end of the original six month life of the ticket. Only one extension will be granted.

Refunds: Unused tickets and unused portions of round-trip or commutation tickets may be redeemed for a refund. Such a refund will be calculated by charging the regular fares for the portion or portions used, and refunding the balance of the purchase price.

Round trip tickets: A round trip ticket may not be used as two separate one way tickets on separate trips. Although a passenger may seek a refund of the unused portion of a round-trip ticket, it will not be good for future travel.

Cancellations: Passengers who cancel a trip less than two full business days before scheduled pick up time will incur a standard cancellation charge, constituting 15% of the total booking price.

No Shows: A customer who has made a reservation but fails to properly cancel, reschedule, or appear at the designated pick-up point by the scheduled departure time is not eligible for a refund unless the failure was caused by an airline delay or cancellation.

Right of Refusal: Rocket Transportation reserves the right to deny any requested reservation for travel.

Issue Date:

Effective Date:

Issued by: _____

Rafael Roman, Managing Partner

Tariff No. 1

Company Name: Roman Solutions d/b/a Rocket Transportation

Roman Solutions, LLC d/b/a Rocket Transportation

For the transportation of passengers:

On-demand, door-to-door service by reservation only;

All passengers must have either their origin or destination in Jefferson or Clallam counties;

BETWEEN Jefferson and Clallam counties and Kitsap County, Seattle and Tacoma Amtrak stations, Seattle and Tacoma Greyhound bus terminals, Seattle and Tacoma hospitals, Seattle waterfront cruise ship piers, SeaTac Airport and hotels along the route

Door-to-door service is unscheduled.

Reservations must be made on at least 24 hours advance notice.

The actual time the vehicle will arrive to pick up passengers depends on the number of passengers making reservations, and the locations that those passengers request pickup. Rocket Transportation will develop actual routes to balance passenger convenience and company efficiency.

Service is available 365 days a year between 5:00 a.m. and 9:00 p.m. but Rocket Transportation reserves the right to provide service outside of these hours at its own discretion

Note: Rocket Transportation is not responsible for delays caused by weather, accidents, or other circumstances beyond its control.

Issue Date:

Effective Date:

Issued by: _____

Rafael Roman, Managing Partner

Directions to Harborview Medical Center

325 9th Ave, Seattle, WA 98104 - (206) 731-3000
143 mi – about 2 hours 52 mins

Save trees. Go green!
Download Google Maps on your phone at google.com/gmm

