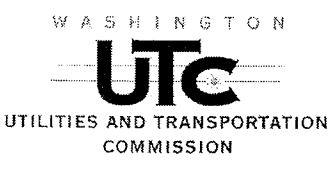


TC-091575-CT

RECEIVED

OCT 01 2009

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

Type of Passenger Transportation Authority Requested (check one box)	Fee Required
<u>Auto Transportation Authority</u> <input checked="" type="checkbox"/> New Certificate (auto transportation company certificates include statewide charter and excursion carrier service) – Complete sections 1-8 and Attachment E. Submit a proposed tariff and time schedule.	\$ 200
Do you plan on providing charter/excursion service <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<input type="checkbox"/> <u>Extension of Existing Auto Transportation Certificate No. C-</u> _____ Complete sections 1-8. Submit a proposed tariff and time schedule.	\$ 150
<u>Transfer or Lease Auto Transportation Authority</u> – 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"/> <u>Temporary Auto Transportation Authority</u> (New temporary authority or temporary authority to operate pending a commission decision on a parallel filed permanent application) – Complete sections 1-8 and Attachment A.	\$ 150
<input type="checkbox"/> <u>Mortgage of Certificate</u> – Complete section 1 and Attachment D.	\$ 35
<input type="checkbox"/> <u>Name Change</u> (Change company's corporate name, change a trade name, add a new trade name, or change the surname of an individual owner or partner) – Complete section 1 and Attachment C.	\$ 35
<input type="checkbox"/> <u>Reinstatement of Cancelled Certificate</u> – 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: \$ _____ Company Name: _____
 Cardholder's signature: _____ Date: _____

FOR OFFICIAL USE ONLY			
Date Filed: 10/1/09	Docket #:	Motcar: 57410	Cert. Issued:
LS Staff Assigned:	Insurance:	Application:	Related App:
DOL/SOS: DL/N/A	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:

0019439
 2009 (Licensing Services)
 \$1200 ck#

SECTION 1 - APPLICATION INFORMATION

Name of Applicant: <u>Xinbao Wang</u>		
Trade Name(s) (if applicable): <u>Ellensburg Express</u>		
Unified Business Identification Number (UBI): <u>602 935 818</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: <u>(509) 607 5213</u>	Fax Number: ()	E-mail: <u>synbaxp@yahoo.com</u>
Physical Address		Mailing address (if different from Business Address)
Street: <u>602 N Pine St Unit 2</u>	Street: _____	
City: <u>Ellensburg</u>	City: _____	
State/Zip: <u>WA 98926</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>Xinbao Wang</u>	<u>manager</u>	<u>100%</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 in terms such as streets, avenues, roads, highways, townships, ranges, cities, towns, counties, or other geographic descriptions.

passenger shuttle service between 400 E. University Way Ellensburg, WA 98926 and 519 South King St Seattle, WA 98104 via interstate highway 90.

State the conditions that justify the granting of this application.

The Ellensburg Express will use 12 or 15 passenger van to provide the shuttle service between Ellensburg and Seattle. The primary goal is to reduce the car pollution, maximum use of public transportation systems (light rail and public bus system) and lower the travel costs between Ellensburg and Seattle. This is a great opportunity for local business and people.

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

Company name: Airporter shuttle

Address: 1416 Whitehorn St Ferndale WA

What is your USDOT number? 1933406 (If you currently don't have a USDOT number, you can go online to www.fmcsa.dot.gov/online-registration to apply or call 360-596-3816 or 360-596-3803)

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: _____

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. *please the attachment*

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 attached to this application or an approved alternate format. Indicate which option you will use:

Adopt (Complete attachments _____) or File a new tariff

SECTION 4 – HEARING INFORMATION

If the Commission assigns this application for formal hearing, estimate the number of witnesses you will present and the amount of time you will need for your presentation.

Number of witnesses: <u>2</u>	Amount of time: <u>15 min</u>
Will an attorney be representing you? If yes, complete the following:	
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, Profit and Loss Statement, or business plan if available.

ASSETS		LIABILITIES	
Cash in Bank	\$ <u>30500.00</u>	Salaries/Wages Payable	\$ <u>0.00</u>
Notes Receivable	\$ <u>0.00</u>	Accounts Payable	\$ <u>0.00</u>
Accounts Receivable	\$ <u>0.00</u>	Notes Payable	\$ <u>0.00</u>
Investments	\$ <u>0.00</u>	Mortgages Payable	\$ <u>0.00</u>
Other Current Assets	\$ <u>3500.00</u>	Contracts and Bonds Payable	\$ <u>0.00</u>
Prepaid Expenses	\$ <u>3500.00</u>	TOTAL LIABILITIES	\$ <u>0.00</u>
Land and Buildings	\$ <u>0.00</u>	NET WORTH	
Trucks and Trailers	\$ <u>20000.00</u>	Preferred Stock	\$ <u>0.00</u>
Office Furniture	\$ <u>1000.00</u>	Common Stock	\$ <u>0.00</u>
Other Equipment	\$ <u>1500.00</u>	Retained Earnings	\$ <u>0.00</u>
Other Assets	\$ <u>0.00</u>	Capital	\$ <u>0.00</u>
TOTAL ASSETS	\$ <u>60000.00</u>	TOTAL LIABILITIES AND NET WORTH	\$ <u>0.00</u>

SECTION 6 – EQUIPMENT LIST

Describe the equipment that will be used (attach additional sheets if necessary). Vehicles must pass inspection and be issued a valid Commercial Vehicle Safety Alliance inspection decal for each motor vehicle before your application may be granted.

Year	Make	License Number	Vehicle ID Number	Seating Capacity
2004	Chevrolet Express	303 ZMK	1GAHG39U941169335	15
1998	Ford Club Wagon	3FT Z FJ	1FBSS31LTWHA90419	15

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) Any driver who operates a vehicle that meets the definition of a commercial motor vehicle must have a valid CDL.

Name: Xinbao Wang Position: Manager

DRIVER QUALIFICATION REQUIREMENTS (Title 49, Code of Federal Regulations Part 391) Driver's must meet minimum qualification requirements and each company must maintain driver qualification files for each driver.

Name: Xinbao Wang Position: Manager

DRIVERS HOURS OF SERVICE (Title 49, Code of Federal Regulations Part 395) Drivers must maintain logs and each company must maintain true and accurate hours of service records for each driver.

Name: Xinbao Wang Position: Manager

CONTROLLED SUBSTANCE AND ALCOHOL USE AND TESTING (Title 49, Code of Federal Regulations Part 382) All persons who drive commercial vehicles requiring a CDL must be in a Controlled Substance and Alcohol Use and Testing program that is in compliance with FMCSR in Title 49, Code of Federal Regulations Part 382 and Title 49, Code of Federal Regulations Part 40. Each company will have in place a system for complying with FMCSR governing alcohol use and controlled substances testing requirements (Title 49 Code of Federal Regulations Part 382 and Title 49 Code of Federal Regulations Part 40).

Name: Xinbao Wang Position: Manager

INSPECTION, REPAIR AND MAINTENANCE (Title 49, Code of Federal Regulations Part 396) Every motor carrier shall systematically inspect, repair, and maintain all motor vehicles subject to its control.

Name: Xinbao Wang Position: Manager

SAFETY REGULATIONS, GENERAL (Title 49, Code of Federal Regulations Part 390)

Name: Xinbao Wang Position: Manager

DRIVING OF COMMERCIAL MOTOR VEHICLES (Title 49, Code of Federal Regulations Part 392)

Name: Xinbao Wang Position: Manager

PARTS AND ACCESSORIES NECESSARY FOR SAFE OPERATION (Title 49, Code of Federal Regulations Part 393)

Name: Xinbao Wang Position: 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) Companies must file a tariff showing all rates it will impose on its customers, together with rules that govern how rates will be assessed. Companies must also file a time schedule. Charter and excursion only carriers are not required to file tariffs and time schedules per WAC 480-30-251.

Name: Xinbao Wang Position: Manager

ANNUAL REPORTS AND REGULATORY FEES (WAC 480-30-066 through WAC 480-30-081) Auto Transportation companies must file an annual report of their financial and operational activity and pay regulatory fees by May 1 of each year. Charter and excursion carriers must file an annual safety report and pay regulatory fees by December 31 of each year.

Name: Xinbao Wang Position: Manager

CUSTOMER SERVICE Person responsible for customer service complaints, and customer notice requirements.	
Name: <u>Xinbao Wang</u>	Position: <u>the manager</u>
STATE OF WASHINGTON GENERAL LAWS, RULES AND REGULATIONS Individuals and companies doing business in the state of Washington must comply with the regulations of local, state, and federal agencies such as, <u>but not limited to</u> : Department of Labor and Industries (industrial insurance, safety, prevailing wage); Department of Licensing (vehicle and drivers licenses, business licensing, fuel permits, fuel tax); Secretary of State (corporate registrations); Department of Revenue and Internal Revenue Service (taxes); and Employment Security.	
Name: <u>Xinbao Wang</u>	Position: <u>The manager</u>

SECTION 8 - DECLARATION OF APPLICANT:

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

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

I certify under penalty for false statement, 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: Xinbao Wang

Signature: Xinbao Wang

Date, County, State: 09/12/2009

Time Schedule No.1

First version 09/09

Passenger Transportation Company Name: Ellensburg Express
USDOT number 1933406
UBI 602935818

Non-stop Passenger Shuttle Service between Ellensburg, WA and Seattle, WA

Time Schedule

Route from Ellensburg to Seattle

		Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning run	Departure	6:45AM	6:45AM	6:45AM	6:45AM	6:45AM	7:45AM	7:45AM
	Arrival	8:45AM	8:45AM	8:45AM	8:45AM	8:45AM	9:45AM	9:45AM
Afternoon run	Departure	2:05PM	2:05PM	2:05PM	2:05PM	2:05PM	2:30PM	2:30PM
	Arrival	4:05PM	4:05PM	4:05PM	4:05PM	4:05PM	4:30PM	4:30PM

Route from Seattle to Ellensburg

		Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning run	Departure	10:15AM	10:15AM	10:15AM	10:15AM	10:15AM	11:30AM	11:30AM
	Arrival	12:15PM	12:15PM	12:15PM	12:15PM	12:15PM	1:30PM	1:30PM
Afternoon run	Departure	5:00PM	5:00PM	5:00PM	5:00PM	5:00PM	5:15PM	5:15PM
	Arrival	7:00PM	7:00PM	7:00PM	7:00PM	7:00PM	7:15PM	7:15PM

NOTE: The weather condition may affect the schedule

Issued by: Xinbao Wang, Owner and manager, 602 N Pine St Unit 2., Ellensburg, Washington

Issue date: 9/9/2009

Effective: 10/01/2009

For official use only

Tariff No.1

Version.1 09/09

Of Ellensburg Express shuttle service

The rate for passenger service:

One way flat rate is \$19 for a regular passenger (\$38/Person for round trip)

Discount rate is \$15 just for the college student (\$30/Person for round trip)

Those rates will apply to the Ellensburg Express shuttle service between Ellensburg and Seattle downtown (international district) via interstate 90.

Effective from: 10/01/2009

Issued date: 9/9/2009

Issued by:

Xinabo Wang

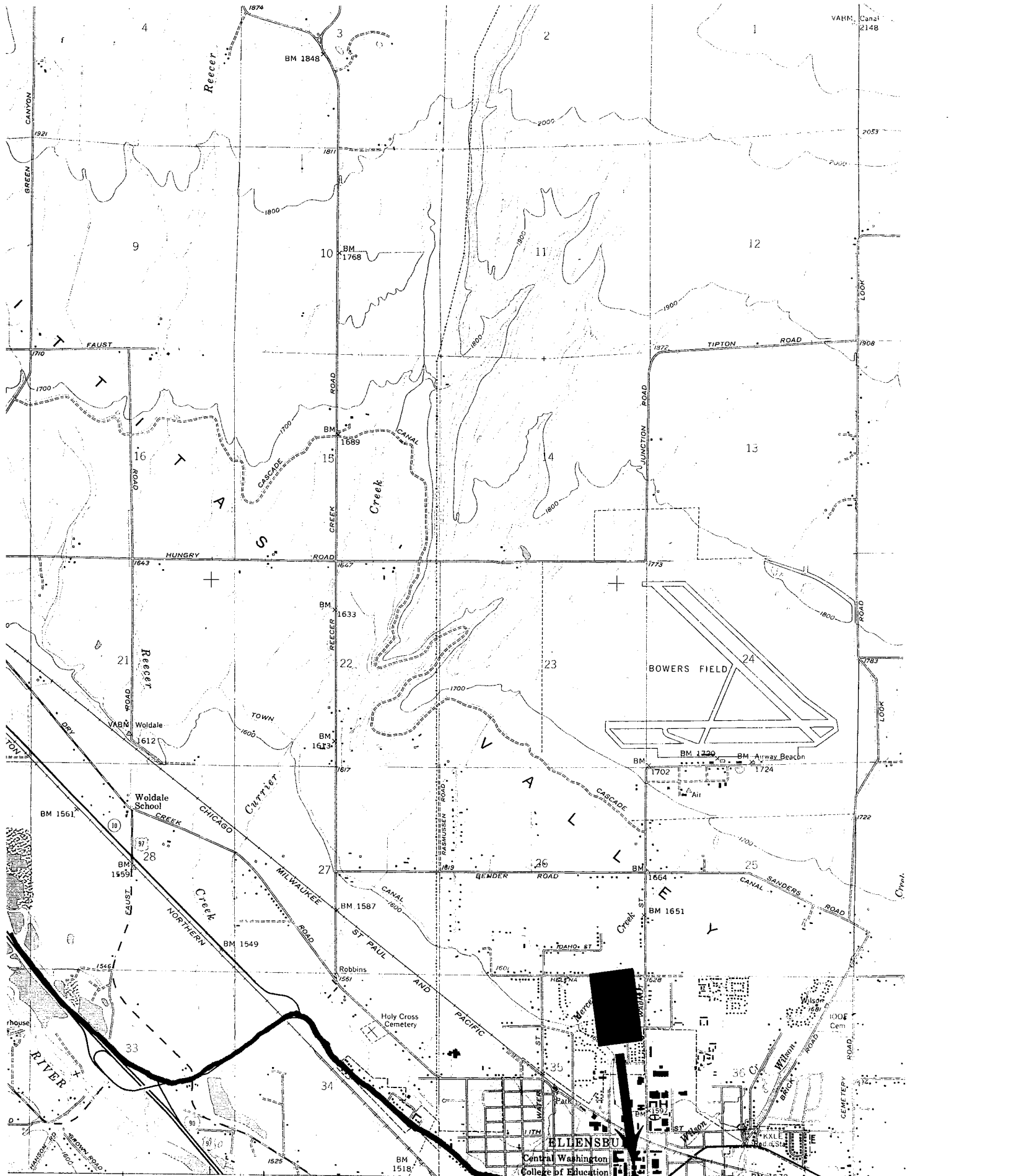
Ellensburg Express manager

602 N Pine St Apt 2, Ellensburg, WA 98926

Phone: 5096075213

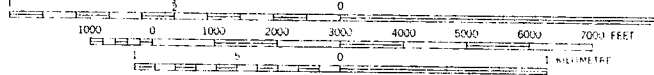
Email:synbaxp@yahoo.com

For official use only



VAHM Canal 2148

SCALE 1:24 000

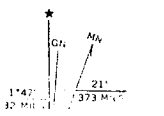


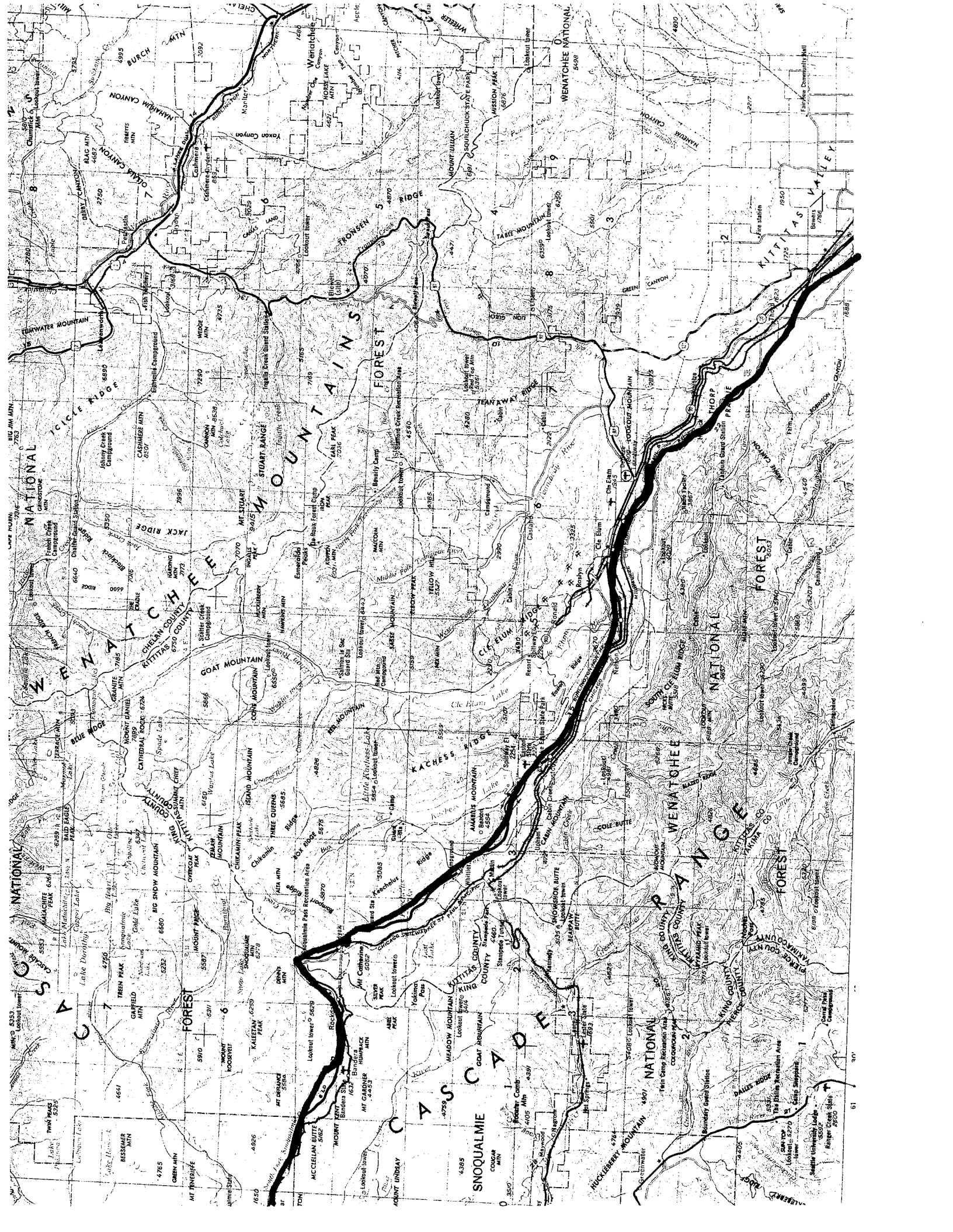
CONTOUR INTERVAL 20 FEET
DOTTED LINES REPRESENT 10 FOOT CONTOURS
NATIONAL GEODESIC SURVEY

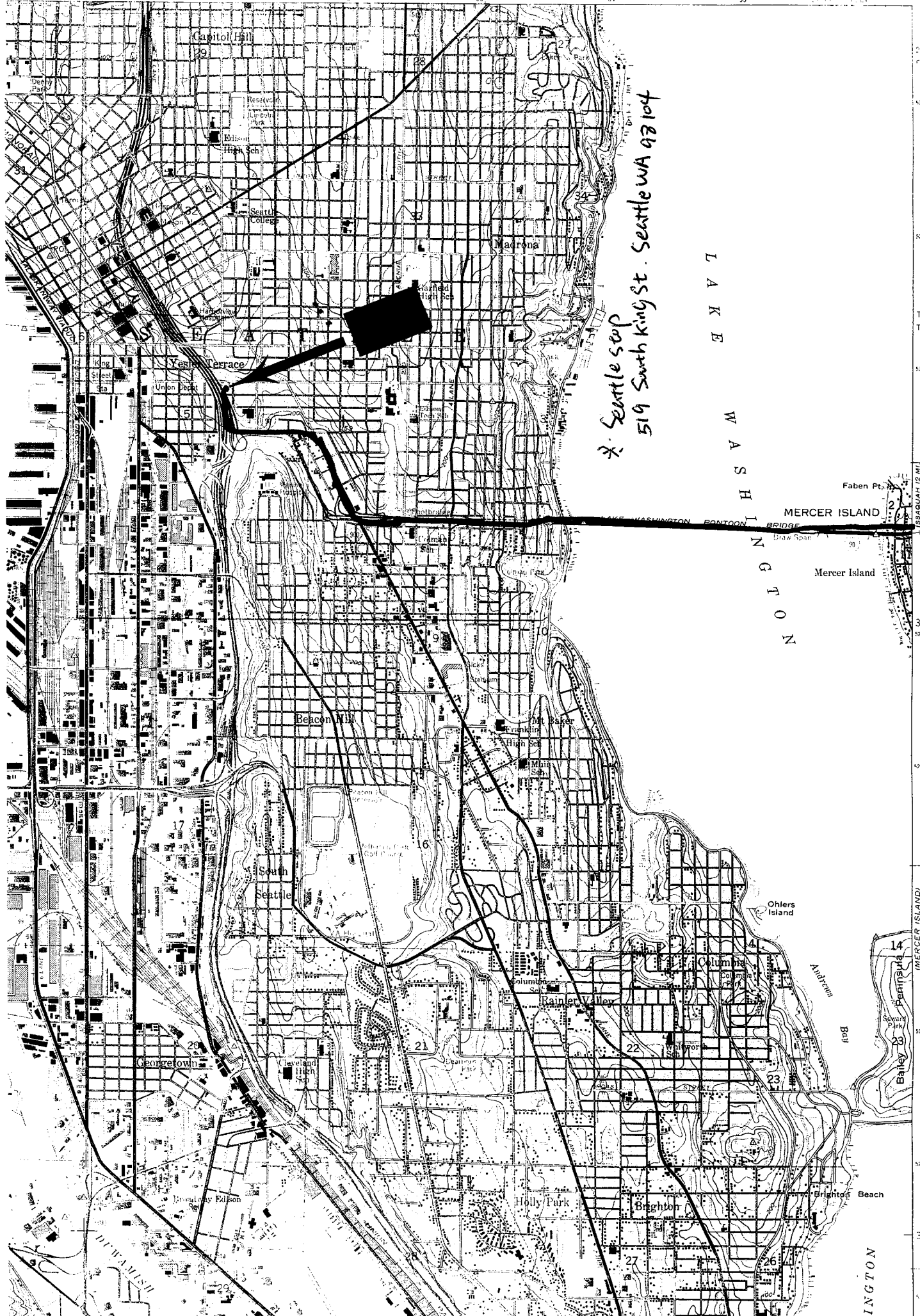
*Ellensburg Stop
400 E University Way
Ellensburg, WA 98926*

ROAD CLASSIFI
Primary highway, all weather, Ligh
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hard surface wea

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* Seattle scope
519 South King St. Seattle WA 98104

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565

Document list:

UTC permit application ✓

Attachments: schedule and Tariff ✓

The copies of the USGS maps ✓

\$200 dollar check application fee ✓

Thanks!