

TC-091642-CT

WASHINGTON



UTILITIES AND TRANSPORTATION COMMISSION

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
Auto Transportation Authority \$ 200
[X] 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.
Do you plan on providing charter/excursion service [X] Yes [] No
[] Extension of Existing Auto Transportation Certificate No. C- \$ 150
Transfer or Lease Auto Transportation Authority - Complete sections 1-8 and Attachment B. \$ 200
[] All of Certificate No. C-
[] Portion of Certificate No. C-
[] Temporary Auto Transportation Authority (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
[] Mortgage of Certificate - Complete section 1 and Attachment D. \$ 35
[] Name Change (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
[] Reinstatement of Cancelled Certificate - Complete sections 1 and 8 \$200

TYPE OF PAYMENT:

[] Cash [] Check [] Money Order [] AMEX [] MasterCard [X] Visa

Credit Card Information (if applicable): Expiration Date Month/Year

Amount: \$ 200.00 Company Name: SPORT ADVENTURES
Cardholder's signature: Date: 10/13/09

FOR OFFICIAL USE ONLY
Date Filed: 10/16/09 0019483
Docket #: Motcar: 5759
LS Staff Assigned: Insurance: Application: Related App:
DOL/SOS: Tariff/Time Schedule: Map:
Text approved for docket: Safety Inspection: Reception #: 111 0268:

"SPORT ADVENTURES"

200-02 \$200.00

SECTION 1 - APPLICATION INFORMATION

Name of Applicant: <u>SPORT ADVENTURES</u>		
Trade Name(s) (if applicable): <u>N/A</u>		
Unified Business Identification Number (UBI): <u>WAITING FOR APPROVAL FROM DOL</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>(206)3255569</u>	Fax Number: <u>(206)3281937</u>	E-mail: <u>SPORTTOUR@AOL.COM</u>
<u>Physical Address</u>		<u>Mailing address (if different from Business Address)</u>
Street: <u>3810 E. GALER ST</u>	Street: <u>SAME</u>	
City: <u>SEATTLE</u>	City: _____	
State/Zip: <u>WA 98112</u>	State/Zip: _____	

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
<u>STEVE PERRY</u>	<u>PRESIDENT</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.

WE WILL OPERATE IN THE WESTERN WASHINGTON AREA. MAP OF AREA ENCLOSED.

State the conditions that justify the granting of this application.

WE WISH TO OPERATE A BICYCLE AND HIKING TOUR COMPANY ALONG WITH BICYCLE RENTAL SERVICE. DAY TOURS ONLY.

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

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
2002	CHEVY VAN	775 ZLS	1GAHG39R521242807	15
2005	CHEVY VAN	557 UJC	1GAHG39U151241033	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: STEVE TERRY Position: PRESIDENT

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: SAME AS ABOVE Position: SAME AS ABOVE

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: SAME AS ABOVE Position: SAME AS ABOVE

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: SAME AS ABOVE Position: SAME AS ABOVE

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: SAME AS ABOVE Position: SAME AS ABOVE

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

Name: SAME AS ABOVE Position: SAME AS ABOVE

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

Name: SAME AS ABOVE Position: SAME AS ABOVE

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

Name: SAME AS ABOVE Position: SAME AS ABOVE

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: SAME AS ABOVE Position: SAME AS ABOVE

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: SAME AS ABOVE Position: SAME AS ABOVE

CUSTOMER SERVICE Person responsible for customer service complaints, and customer notice requirements.

Name: SAME AS ABOVE

Position: SAME AS ABOVE

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, but not limited to: 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: SAME AS ABOVE

Position: SAME AS ABOVE

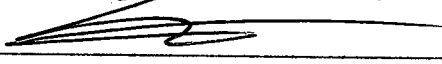
SECTION 8 - DECLARATION OF APPLICANT:

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: STEVE PERRY

Signature: 

Date, County, State: 10/13/09 KING, WA.

TARIFF ADOPTION NOTICE

*not needed
if CH/ES only*

Tariff No. _____

SPORT ADVENTURES

(Name of new company)

MA

(Trade name of new company)

adopt all tariffs and supplements to the tariffs,
filed with the Washington Utilities and Transportation by:

(Name of prior company)

before the date of its (new company) acquired possession
of that (prior) company, or a portion of the authority
of that (prior) company.

Notice issued by:

Name: _____

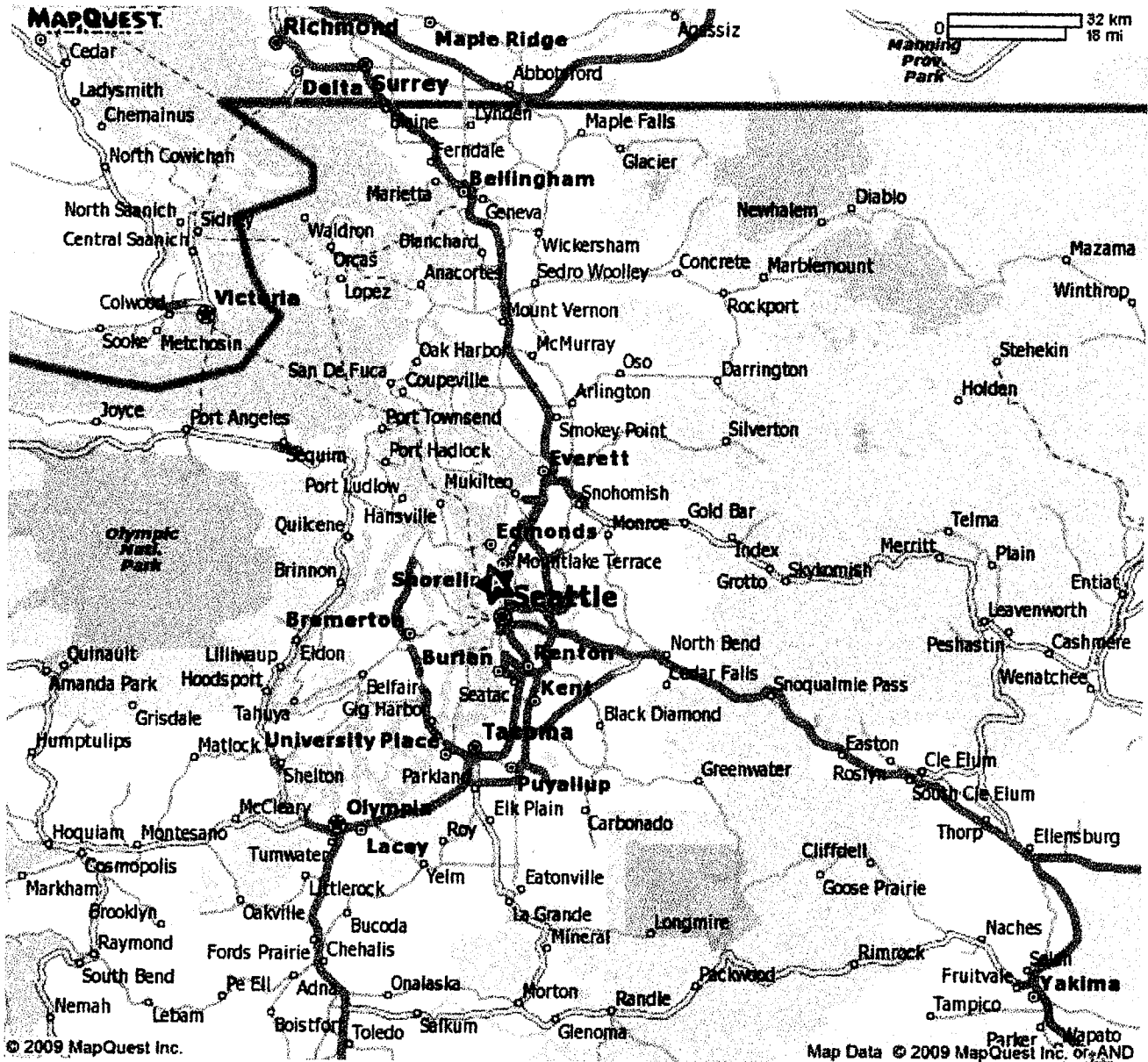
Title: _____

Telephone Number: _____

Fax Number: _____

E-Mail Address: _____

Date filed with Commission: _____



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10/13/09

WUTC
P. O. Box 47250
1300 S, Evergreen Park Drive SW
Olympia, WA. 98504

Dear Sir or Madam:

Enclosed is our application for approval for a WUTC Excursion and Carrier License.

Along with the application are our Certificate of Liability Insurance and a map of the area inwhich we will be operating.

We are going to perform bicycle and hiking tours around the greater Seattle area along with a bicycle rental service. On occasion we will be transporting guests to trailheads and well as the equipment needed. Most other times we will only be transporting equipment and no clients.

I hope that this application and the accompany enclosures give the WUTC enough information to be able to approval a license for Sport Adventures. If not please do not hesitate in contact me for further clarification.

Thank you.

With regards, I am,
Yours sincerely,

A handwritten signature in black ink, appearing to be the name 'Steve', written in a cursive style with a long horizontal stroke extending to the right.

Steve
Sport Adventures
3810 East Galer St.
Seattle, WA. 98112
Phone: 206 325 5569
Fax: 206 328 1937
Email: sporttour@aol.com