

TS-091835-CT



1300 S. Evergreen Park Drive 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

COMMERCIAL FERRY APPLICATION

Application is made in accordance with RCW 81.84 for a Certificate of Public Convenience and Necessity to operate vessels in furnishing Passenger Ferry Service.

\$200.00 APPLICATION FEE MUST ACCOMPANY THIS APPLICATION

* PLEASE CALL 360 661-7286 FOR CREDIT CARD # *
Complete this application in its entirety, adding additional sheets if necessary.

FOR OFFICIAL USE ONLY

Form with fields: RECEPTION NO. 0019581, AMOUNT \$ 200.00, MAP, INSURANCE, SAFETY INSP. CERT., TARIFF, TIME SCHEDULE, SHIPPER SUPPORT, DATE REC'D 11/23/09, ID NO. 5795, DOCKET NO.

Table with 2 columns: INDICATE TYPE OF APPLICATION (Only one type per application) and INDICATE TYPE OF SERVICE APPLYING FOR. Includes checkboxes for Original Certificate, Extension of Authority, etc.

- 1. Name of Applicant ISLAND EXPRESS CHARTERS, INC.
2. Trade Name, if applicable ISLAND EXPRESS CHARTERS
3. Physical Address 2011 SKYLINE WAY ANACORTES WA 98221
4. Mailing Address 4005 ROBIN LT ANACORTES WA 98221

Telephone Number (360) 299 2875 Fax Number (360) 299-8272

UBI # 602193299 Email INFO@ISLANDEXPRESSCHARTERS.COM

Island Express Charters, Inc.

November 20, 2009

Washington Utilities and Transportation Commission
Ms. Penny Ingram
P.O. Box 47250
Olympia, WA 98504-7250

RE: Island Express Charters, Inc. - Commercial Ferry Application

Dear Ms. Ingram,

I received a letter on November 16, 2009 from UTC stating that a previous finding classifying Island Express Charters, Inc. as a "Charter Service" was no longer the case. As a result of this decision, I had until noon on November 20, 2009 to prepare and submit an application to operate as a "Commercial Ferry."

I believe I was denied the proper due process in this matter and still contend that we operate as a "Charter Service."

I am submitting a "Commercial Ferry Application" that is not complete. I was not given adequate time to acquire all the information necessary to complete the application. The service that we provide is unique and I will need more time to gather the information necessary to fully complete the application and to insure that all of our customers will be taken care of.

I have submitted our current Passenger Rate & Rules as posted on our web site. This is not a complete list of tariffs or islands we serve. I reserve the right to add islands and tariffs on this original application.

In submitting this application I am not agreeing with the decision to reclassify Island Express Charters, Inc. as a "Commercial Ferry." I contend that we operate as a "Charter Service" as was stated in an e-mail received August 17, 2009 from Ms. Betty Young, UTC Compliance Specialist.

Sincerely,



Reynaldo Rubalcava
President / Owner

X

List names and addresses of all persons having an interest in the business. If a CORPORATION, gives names and addresses of two principal officers, noting their titles, and indicate in which state incorporated. If a PARTNERSHIP, attach a certified copy of the partnership agreement, which sets forth the responsibility of the interested individuals.

ISLAND EXPRESS CHARTERS, INC.

REYNALDO RUBALCAVA PRESIDENT

KAREN RUBALCAVA VICE PRES, SEC, TREASURER

5. List the territory in which you wish to operate: PER U.S.C.G. ENDORSEMENTS,
LAKEES, BAYS AND SOUNDS: PUGET SOUND AND THE
CONNECTING AND TRIBUTARY WATERS THERE TO EAST OF
THE BOUNDARY LINE AS DEFINED IN 46 CFR 7.145.
BOTH OF OUR VESSELS HAVE THESE ENDORSEMENTS.

6 Attach a map which shows in detail the proposed routes, clearly showing beginning, ending, and intermediate points to be served. Also show the routes of other carriers giving similar service into the same or neighboring territory (if known to applicant).

7. Will an attorney be representing you at the hearing? Yes No

If yes, give specific attorney's name NOT YET KNOWN

Telephone Number () _____ Address _____

8. Attach a copy of the tariff you propose using. The tariff must contain proposed fares and rates to be assessed for service and the rules and regulations governing same. The tariff must comply with WAC 480-51-080 and the rules in the Commission's Tariff Circular No. 6 (WAC 480-149).

9. Attach a copy of the time schedule you propose using. The schedule must show routes, trips, times, points served, distances and available facilities. The time schedule must comply with WAC 480-51-090 of the Commission's Laws and Rules Relating to Commercial Ferry Service.

10. List vessels which are owned (unless otherwise stated) and will be used in the proposed service
 (Attach additional sheet if needed)

Name	Passenger Freight or Ferry Type	Power	Passenger Capacity	Freight Capacity	Owned, Leased, other?
ISLAND EXPRESS	PASSENGER	MOTOR	42	1,500 lbs	OWNED
ISLAND EXPRESS II	PASSENGER	MOTOR	28	1,000 lbs	LEASED

11. List the docks which will be used in the proposed service. (List all facilities giving names, location, description, value if owned, and any other information of value showing the proposed service)

N/A

12. Complete the following financial statement:

FINANCIAL STATEMENT

Cash on hand and in bank	\$	NOT ENOUGH TIME	Notes payable	\$	
Notes receivable		TO GATHER THIS	Accounts payable		
Accounts receivable		INFORMATION	Other liabilities:		
Stocks in other companies		—			
Vessels (listed above)		—			
Bonds		—			
Docks (listed above)		—			
Machinery, tools, etc.		350,000.00			
Real estate (listed below)		NONE			
Other assets (listed below)					
Total	\$		Total	\$	

a. List all Real Estate as to location and value (List here only such property as cannot be listed under item 10)

NONE

b. List total "Other Assets" mentioned above:

NONE

13. List conditions that exist which would justify the granting of a Certificate of Public Convenience and Necessity:

X

14. List names and addresses of all persons, firms, or corporations now furnishing similar service between any of the points or along any portion of the route proposed to be served:

PARALLETE CHARTER SERVICE

15. State applicant's prior experience, if any, in providing commercial ferry service:

WE HAVE BEEN OPERATING IN THE AREA AS A "CHARTER SERVICE" FOR 6 YEARS.

16. All applicants must attach separate sheets containing the following information:

* NOT ENOUGH TIME TO ALL OF THESE ITEMS *

- a. Pro forma financial statement of operations (projections of incomes and expenses for first year operations).
- b. Ridership and revenue forecasts.
- c. The cost of service for the proposed operation.
- d. An estimate of the cost of the assets to be used in providing service.
- e. Certificate from United States Coast Guard on inspection.
- f. Evidence of proper insurance as required by WAC 480-51-070.

17. If certificate is granted, carrier will begin operations within ASAP days of that grant.

18. If this is a transfer application, you must:

If this is an application for a temporary certificate you must:

- Complete attachment A.
- If this application is for transfer of a portion of certificated authority, attach document clearly showing authority to be transferred and a document clearly showing the authority to be retained.

- Attach proof of insurance
- Attach statements from potential customers showing immediate and urgent need for service.
- Attach proof that all vessels to be operated under the temporary are inspected and found to be safe and seaworthy.

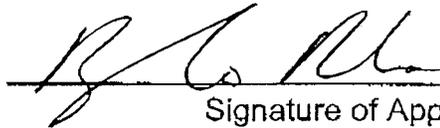
If this is an acquisition of control of the stock, you must:

- Attach copy of the corporate minutes authorizing such transfer.

The applicant certifies he/she is familiar with the provisions of Chapter 81.84 RCW and Chapter 480-51 WAC, Laws and Rules of the Washington Utilities and Transportation Commission, governing the operation of vessels and ferries upon the waters of the state of Washington. Applicant further certifies that vessels operated under Certificates of Public Convenience and Necessity are in no way released from the necessity of observing all Federal and State laws providing for the registration of vessels, the observance of navigation and maritime rules and regulations, and other matters subject to Federal or State enactments.

Applicant affirms that its operations shall be at all times within the provisions of such acts, and requests the Washington Utilities and Transportation Commission to make its order granting a Certificate of Public Convenience and Necessity as provided in Chapter 81.84 RCW and Chapter 480-51 WAC.

The applicant swears or affirms that he/she has read the foregoing application and knows the contents, that the same is true of his/her own knowledge, except as to matters which are therein stated on information or belief, and as to those matters he/she believes them to be true.



Signature of Applicant

11-19-09

Date

Revised Title Page

Tariff No. _____

Cancels

Tariff No. _____

Of

Name of Company: ISLAND EXPRESS CHARTERS, INC.

Certificate of Convenience and Necessity Number: _____

Operating under the Trade Name of: _____

**NAMING FARES AND RATES FOR
COMMERCIAL FERRY SERVICE**

IN THE FOLLOWING DESCRIBED TERRITORY:

Issued by: REYNALDO RUBALCAVA

Name/Title of Issuing Agent: PRESIDENT

Mailing Address: 4005 ROBIN CT.

Telephone Number: 360 299 2875

E-mail Address: REY@ISLANDEXPRESSCHARTERS.COM

Fax Number: 360 299 8272

Issue Date: _____

Effective Date: _____

For Commission Use Only:

Page Effective Date:	Docket No.:	Commission Order No.:
_____	_____	_____

Island Express Charters, Inc.

Island Express Passenger Fares

- [Home](#)
- [About us](#)
- [Directions & Parking](#)
- [Passenger Fares](#)
- [Photo Gallery](#)
- [News and Links](#)
- [Testimonials](#)
- [Contact Us](#)

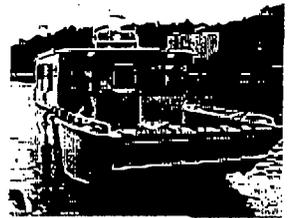
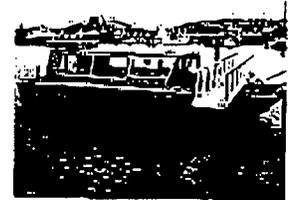
New for 2009: \$4.00 off when purchasing roundtrip transportation in advance

Destination	Passenger Fare per person (one way)
Blakely Center Cypress Decatur Guemes Obstruction/Obstruction Pass Sinclair Vendovi	\$38
Barnes	\$74
Clark	\$74
Deer Harbor	\$71*
Doe Bay Resort	\$41
East Sound	\$75
Eliza	\$42
Fisherman's Bay	\$66
Friday Harbor	\$57*
Hunter Bay	\$38
Jones Island	\$74
North Orcas	\$81
Olga	\$38
Orcas Landing	\$49
Roche Harbor	\$95
Rosario Resort	\$49
Stuart Island	\$88
Sucia Island	\$82
Waldron	\$85

*** Indicates passenger landing fees included**

[Click Here to View Anacortes Departure Location & Map](#)

- ♦ **Advanced reservations are required.**
- ♦ **The *Island Express* charters at \$425.00 per hour, max. capacity of 36 persons, hourly minimums apply.**
- ♦ **The *Island Express II* charters at \$325.00 per hour, max. capacity of 22 persons, hourly minimums apply.**
- ♦ **Children 12 under are discounted \$5 off the appropriate fare when traveling with an adult.**



Children under 2 ride free when traveling with a paying adult.

- ♦ Leashed pets are welcome and free.
- ♦ Fares are to be paid prior to sailing. Cash, Visa, MasterCard and checks are accepted.
- ♦ Bicycles are \$6.00 and kayaks \$15.00 to transport.
- ♦ Reservations made less than 8 hours prior to traveling will be charged an additional 25% surcharge on the applicable fare.
- ♦ Trips commencing after dark and before sunrise are subject to be charged the charter rate of the vessel.
- ♦ A 50% down payment will be taken at the time of booking. 25% of the down payment will be non-refundable if a cancellation is made less than 48 hrs before sailing.
- ♦ **Cargo (furniture, building material, ATV's, and appliances) will be charged at 20 cubic feet = 1 applicable passenger fare for its destination. Minimums apply.**
- ♦ Returned checks (NSF) will be charged \$30.
- ♦ **Please allow 30 minutes to unload/load and park.**

Please verify applicable fare when making a reservation. Fares are subject to change without notice.

info@islandexpresscharters.com

Phone 1-360-299-2875 or toll-free 1-877-473-9777.

Copyright 2003-2009 Island Express Charters. All rights reserved. Web site by Water Works Design

Time Schedule No. _____

Cancels _____

Time Schedule No. _____

Of _____

Name of Company: ISLAND EXPRESS CHARTERS INC.

Certificate of Convenience and Necessity Number: _____

Operating under the Trade Name of: _____

Providing Commercial Ferry Service
In The Following Described Territory:

With Terminals At (name terminal/dock locations):

Issued by: REYNALDO RUBALCAVA

Name/Title of Issuing Agent: PRESIDENT

Mailing Address: 4005 ROBIN CT.

Telephone Number: (360) 299 2875

E-mail Address: REY@ISLANDEXPRESS
CHARTERS.COM FAX 360 299 8272

Issue Date: _____

Effective Date: _____

For Commission Use Only:

Page Effective Date: _____	Docket No.: _____	Commission Order No.: _____
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Time Schedule No. _____

Revised Page No. _____

Company Name: ISLAND EXPRESS CHARTERS, INC.

Time Schedule
"RESERVATION BASIS ONLY"

Name of Dock or Intermediate Point	Arrival Time	Departure Time	Miles

Notes: WE WILL OPERATE BETWEEN ANA COMTES AND ALL THE ISLANDS OF THE SAN JUANS ON A "RESERVATION BASIS ONLY." I WILL PROVIDE A COMPLETE LIST IN THE DAYS TO COME.

Issue Date

Effective Date

Issued By (Name and title):

For Commission Use Only:

Page Effective Date:

Docket No.:

Commission Order No.:

Time Schedule No. _____

Revised Page No. _____

Company Name: ISLAND EXPRESS CHARTERS, INC.

Time Schedule

"RESERVATION BASIS ONLY"

Notes:

Issue Date

Effective Date

Issued By (Name and title):

For Commission Use Only:

Page Effective Date:

Docket No.:

Commission Order No.:

STATEMENT OF SUPPORT

APPLICANT STATEMENT

(To be completed by the individual requesting operating authority)

Applicant Name:

ISLAND EXPRESS CHARTERS, INC.

Application Docket No.

THE APPLICATION - What authority are you applying for? Include any amendments.

COMMERCIAL FERRY

SUPPORT STATEMENT

(To be completed by the individual or business/organization supporting the request for operating authority)

The Transportation Need: Briefly describe the transportation service that you need and that the application could provide to you or your business/organization if this request for operating authority is granted: We could not access our property without the charter service provided by Island Express. We don't have a dock and beach access is dictated by tides and currents.

Are your transportation needs being met now? Yes No If not, explain problems you have experienced:

If the request is denied, would it have any affect on you or your business/organization: Yes No If yes, please explain: Island Express, with its bow-loading design, is the only water taxi able to land at our shallow beach.

VERIFICATION

Name and Title: Megan Kruse

Business/Organization: Lot 6, Decatur Island

Street/Mailing Address: City Address: 1519 3rd Ave #801

City, State, Zip Code Seattle WA 98101

Telephone Number: 206 571-6554 Fax Number: 206 467-8887

(I will be out of the country from Nov 20 - Nov 29, 2009)

I understand that this information is being given as the basis for a grant of operating authority by the Washington Utilities & Transportation Commission, and agency of the state of Washington. I certify or declare under penalty of perjury under the laws of the state of Washington that the information contained in this statement is true and correct.

Megan Kruse

PRINT NAME

Megan Kruse

SIGNATURE

19 NOV 09

DATE

STATEMENT OF SUPPORT

APPLICANT STATEMENT

(To be completed by the individual requesting operating authority)

Applicant Name:

Application Docket No.

ISLAND EXPRESS CHARTERS, INC.

THE APPLICATION – What authority are you applying for? Include any amendments.

COMMERCIAL FERRY

SUPPORT STATEMENT

(To be completed by the individual or business/organization supporting the request for operating authority)

The Transportation Need: Briefly describe the transportation service that you need and that the application could provide to you or your business/organization if this request for operating authority is granted: the type of service we need is on demand as our needs of Island

living arises. to sustain and meet our needs we must maintain the flexibility of scheduling and charter service that Island Express is currently providing.

Are your transportation needs being met now? Yes No If not, explain problems you have experienced: at this point in time, Island Express is meeting our transportation needs.

If the request is denied, would it have any affect on you or your business/organization: Yes No If yes, please explain: without this service my family and guests would not be able to use our home on Cypress Island.

this is a much needed service that we depend on for transportation to and from the Island.

VERIFICATION

Name and Title: Jim H. Roberts

Business/Organization: Madrona Estates, Cypress Island

Street/Mailing Address: P.O. Box 851

City, State, Zip Code Quacortes, WA 98221

Telephone Number: 360-770-4882

Fax Number: _____

I understand that this information is being given as the basis for a grant of operating authority by the Washington Utilities & Transportation Commission, and agency of the state of Washington. I certify or declare under penalty of perjury under the laws of the state of Washington that the information contained in this statement is true and correct.

Jim H. Roberts

PRINT NAME

J. H. Roberts

SIGNATURE

11/19/09

DATE



Global Insurance Specialists, LLC

dba GIS Insurance Services in California

CERTIFICATE OF INSURANCE

To:	Island Express Charters, Inc. Mr. Rey Rubalcava	Email:	rey@islandexpresscharters.com
		Fax:	(360) 299-8272

Assured: Island Express Charters, Inc.
4005 Robin CT
Anacortes, WA 98221

Vessel: "Island Express II" – 2004 35' Aluminum Vessel

Period: April 15, 2009 12:01 am, Pacific Standard Time to
April 15, 2010 12:01 am, Pacific Standard Time

Coverage:

- 1) Hull & Machinery
- 2) Protection & Indemnity
- 3) Mortgagee's Interest
- 4) Pollution

Sum Insured /

- 1) \$ 350,000

Limit of Liability :

- 2) \$1,000,000
- 3) \$ 181,112 (in favor of Horizon Bank)
- 4) \$1,000,000

Security:

- 1-3) National Casualty Company thru International Specialty, Inc.
- 4) 100% Underwriters at Lloyd's thru Salvus Bain Mgmt. (USA)

Policy No.:

- 1-3) OMO 000 9497
- 4) OP08 7331

This is to certify that policies of insurance listed above have been issued to the insured named herein for the period indicated. Notwithstanding any terms, conditions or requirements of any contract or other document with respects to which this certificate pertains, the insurance afforded by the policies described above is subject to all terms, conditions and exclusions of such policies.

Dated at Seattle, WA
This 19th Day of November 2009

By: 
Global Insurance Specialists, LLC



Global Insurance Specialists, LLC

dba GIS Insurance Services in California

CERTIFICATE OF INSURANCE

To:	Horizon Bank 2211 Rimland Drive, Suite 230 Bellingham, WA 98226	cc:	Mr. Rey Rubalcava Island Express Charters, Inc. rey@islandexpresscharters.com
Attn:	Mr. Patrick Goode		
Email:	patrick.goode@horizonbank.com		

Assured: Island Express Charters, Inc.
4005 Robin CT
Anacortes, WA 98221

Vessel: "Island Express" – 2003 40' Aluminum Vessel

Period: April 15, 2009 12:01 am, Pacific Standard Time to
April 15, 2010 12:01 am, Pacific Standard Time

Coverage:

- 1) Hull & Machinery
- 2) Protection & Indemnity
- 3) Mortgagee's Interest

Limit of Liability :

- 1) \$ 345,000
- 2) \$1,000,000
- 3) \$ 181,112

Security: National Casualty Company through International Specialty, Inc.

Policy No.: OMO 000 9497

This is to certify that policies of insurance listed above have been issued to the insured named hereon for the period indicated. Notwithstanding any terms, conditions or requirements of any contract or other document with respects to which this certificate pertains, the insurance afforded by the policies described above is subject to all terms, conditions and exclusions of such policies.

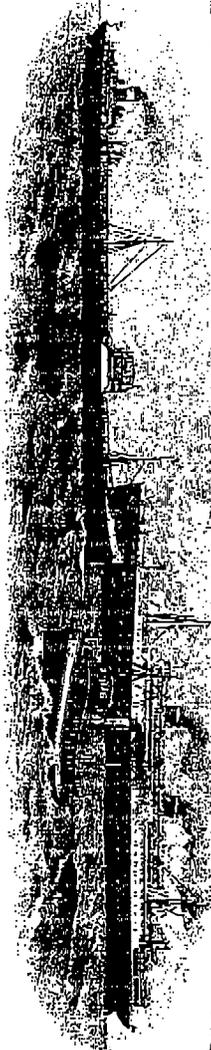
Dated at Seattle, WA
This 27th Day of April 2009

By: *LA Thompson*
Global Insurance Specialists, LLC

SERIAL NUMBER
1521324

ISSUE NUMBER 5

UNINSPECTED STEAMERS COAST GUARD



ALCOHOLIC

U.S. MERCHANT MARINE OFFICER

This is to certify that

*** REYNALDO RUBALCAVA ***

*having been duly examined and found competent by the undersigned is licensed to serve
for the term of five years from the below issue date as:*

MASTER OF STEAM OR MOTOR VESSELS OF NOT MORE THAN 1600 GROSS REGISTERED TONS
(DOMESTIC TONNAGE), 3000 GROSS TONS (TTC TONNAGE) UPON NEAR COASTAL WATERS. MATE OF
UNINSPECTED FISHING INDUSTRY VESSELS OF NOT MORE THAN 2000 GROSS REGISTERED TONS
(DOMESTIC TONNAGE) UPON NEAR COASTAL WATERS. "SEE REVERSE"

Given under my hand this 6th day of November 2008

ISSUE PORT: MARTINSBURG, WV
EXPIRATION DATE: NOVEMBER 6, 2013

D. C. STALFORT, CAPT, USCG
COMMANDING OFFICER, NATIONAL MARITIME CENTER

RADAR OBSERVER (UNLIMITED).



D. C. STALFORD, CAPT, USCG

COMMANDING OFFICER, NATIONAL MARITIME CENTER

SIGNATURE OF LICENSEE:



MARINER #: 2034934

DATE OF BIRTH: AUGUST 10, 1967

PLACE OF BIRTH: EL PASO, TX

PRESENT ADDRESS: 4005 ROBIN COURT, ANACORTES, WA 98221



United States of America
Department of Homeland Security
United States Coast Guard

Certification Date: 13 Dec 2006
Expiration Date: 13 Dec 2011
IMO Number:

Certificate of Inspection

Vessel Name: ISLAND EXPRESS II Official Number: 1156840 Call Sign: WDB9429 Service: Passenger (Inspected)

Home Port: ANACORTES WA Hull Material: Aluminum Horsepower: 630 Propulsion: Diesel Outdrive

Place Built: LA CONNER, WA Delivery Date: 03Sep2004 Date Keel Laid: 06Apr2004 Gross Tons: R-14 Net Tons: R-11 DWT: Length: R-35

Owner: VENDOVI BOAT CO LLC
4502 - 14TH AVENUE NW
SEATTLE, WA 98107
UNITED STATES

Operator: ISLAND EXPRESS CHARTERS INC
4005 ROBIN COURT
ANACORTES, WA 98221
UNITED STATES

This vessel must be manned with the following licensed and unlicensed personnel. Included in which there must be 0 certified lifeboatmen, 0 certified tankermen, 0 HSC type rating, and 0 GMDSS Operators.

- | | | | | |
|------------------|----------------------------|---------------------|----------------------------|---------------|
| 1 Master | 0 Master & 1st Class pilot | 0 Radio Officer(s) | 0 Chief Engineer | 0 QMED/Rating |
| 0 Chief Mate | 0 Mate & 1st Class Pilot | 0 Able Seamen/ROANW | 0 1st Asst. Engr/2nd Engr. | 0 Others |
| 0 2nd Mate/OICNW | 0 Lic. Mate/OICNW | 0 Ordinary Seamen | 0 2nd Asst. Engr/3rd Engr. | |
| 0 3rd Mate/OICNW | 0 1st Class Pilot | 1 Deckhands | 0 3rd Asst. Engr. | |
| | | | 0 Lic. Engr. | |

In addition, this vessel may carry 28 passengers, 0 other persons in crew, 0 persons in addition to crew, and no others. Total persons allowed: 30

Route Permitted and Conditions of Operation:

---Lakes, Bays, and Sounds---

PUGET SOUND AND THE CONNECTING AND TRIBUTARY WATERS THERETO EAST OF THE BOUNDARY LINE AS DEFINED IN 46 CFR 7.145.

IF THE VESSEL IS AWAY FROM THE DOCK, OR PASSENGERS ARE ON BOARD OR HAVE ACCESS TO THE VESSEL FOR ANY PERIOD EXCEEDING 12 HOURS IN ANY 24 HOUR PERIOD, AN ALTERNATE MASTER AND CREW SHALL BE PROVIDED.

UNDER THE PROVISIONS OF 46CFR176.114, THIS VESSEL MAY BE OPERATED AS AN UNINSPECTED PASSENGER VESSEL ON THE ABOVE ROUTE, CARRYING NOT MORE THAN SIX PASSENGERS WITH A CREW OF ONE LICENSED MASTER. THIS VESSEL MAY BE OPERATED AS A RECREATIONAL VESSEL WITHOUT A

SEE NEXT PAGE FOR ADDITIONAL CERTIFICATE INFORMATION

With this inspection for Certification having been completed at Seattle, UNITED STATES, the Officer in Charge, Marine Inspection, SECTOR SEATTLE certified the vessel, in all respects, is in conformity with the applicable vessel inspection laws and the rules and regulations prescribed thereunder.

Annual/Periodic/Quarterly Reinspections				This Amended certificate issued by:
Date	Zone	A/P/Q	Signature	
-	-	-	-	J. D. DWYER, By direction of the Officer in Charge, Marine Inspection SECTOR SEATTLE Inspection Zone
-12/27/09	-SECSKA	- A	- <i>John Dwyer</i>	
-	-	-	-	
-	-	-	-	



Department of Homeland Security
United States Coast Guard

Certificate of Inspection

ISLAND EXPRESS II

Page 2 of 3

 Certification Date:
13Dec2006

LICENSED CREW.

THIS VESSEL IS AUTHORIZED TO CARRY FREIGHT FOR HIRE, SEE STABILITY LETTER FOR LOADING RESTRICTIONS/CONDITIONS.

Overnight accommodations for 0 passengers.

---Hull Exams---

Exam Type	Next Exam	Last Exam	Prior Exam
Drydock	10Dec2009	10Dec2007	12Oct2005
Internal structure	10Dec2009	10Dec2007	--

---Stability---

Letter	Approval Date /	Office/
	02Sep2004	SEAMS

---Lifesaving Equipment---

	Number Persons		Required
Total Equipment for	30		
Lifeboats (Total)	0	0	Life Preservers (Adult) 30
Lifeboats (Port)*	0	0	Life Preservers (Child) 3
Lifeboats (Starbd)*	0	0	Ring Buoys (Total) 1
Motor Lifeboats*	0	0	With Lights* 1
Lifeboats W/Radio*	0	0	With Line Attached* 1
Rescue Boats/Platforms	0	0	Other* 0
Inflatable Rafts	0	0	Immersion Suits 0
Life Floats/Buoyant App	1	15	Portable Lifeboat Radios 0
			Equipped with EPIRB? No
			(* included in totals)

---Fire Fighting Equipment---

Fixed Extinguishing Systems

Capacity	Agent	Space Protected
12	Halon 1301	ENGINE COMPARTMENT

Fire Extinguishers - Hand portable and semi-portable

Qty	Class Type
1	B-I
1	B-II

---Certificate Amendments---

Current Amendment

Port Amending/ Sector Seattle

Date Amended/ 10Dec2007

-Remarks-

Completed credit drydock examination.



Department of Homeland Security
United States Coast Guard

Certificate of Inspection

Page 3 of 3

Certification Date:
13Dec2006

ISLAND EXPRESS II

END



United States of America
Department of Homeland Security
United States Coast Guard

Certification Date: 03 Apr 2008
Expiration Date: 03 Apr 2013
IMO Number:

Certificate of Inspection

For ships on international voyages this certificate fulfills the requirements of SOLAS 74 as amended, regulation V/14, for a SAFE MANNING DOCUMENT.

Vessel Name ISLAND EXPRESS	Official Number 1137487	Call Sign	Service Passenger (Inspected)
Hailing Port ANACORTES WA	Hull Material Aluminum	Horsepower 630	Propulsion Diesel Outdrive
Place Built SEATTLE, WA	Delivery Date 21Mar2003	Date Keel Laid 01Oct2002	Gross Tons R-22
UNITED STATES			Net Tons R-18
			DWT F
			Length R-40
			F
Owner ISLAND EXPRESS CHARTERS INC 4005 ROBIN COURT ANACORTES, WA 98221 UNITED STATES	Operator ISLAND EXPRESS CHARTERS INC 4005 ROBIN COURT ANACORTES, WA 98221 UNITED STATES		

This vessel must be manned with the following licensed and unlicensed personnel. Included in which there must be 0 certified lifeboatmen, 0 certified tankermen, 0 HSC type rating, and 0 GMDSS Operators.

1 Master	0 Master & 1st Class pilot	0 Radio Officer(s)	0 Chief Engineer	0 QMED/Rating
0 Chief Mate	0 Mate & 1st Class Pilot	0 Able Seaman/ROANW	0 1st Asst. Engr/2nd Engr.	0 Oilers
0 2nd Mate/OICNW	0 Lic. Mate/OICNW	0 Ordinary Seamen	0 2nd Asst. Engr/3rd Engr.	
0 3rd Mate/OICNW	0 1st Class Pilot	1 Deckhands	0 3rd Asst. Engr.	
			0 Lic. Engr.	

In addition, this vessel may carry 42 passengers, 0 other persons in crew, 0 persons in addition to crew, and no others. Total persons allowed: 44

Route Permitted and Conditions of Operation:

---Lakes, Bays, and Sounds---

LAKES, BAYS, AND SOUNDS: PUGET SOUND AND THE CONNECTING AND TRIBUTARY WATERS THERETO EAST OF THE BOUNDARY LINE AS DEFINED IN 46 CFR 7.145.

IF THE VESSEL IS AWAY FROM THE DOCK, OR PASSENGERS ARE ON BOARD OR HAVE ACCESS TO THE VESSEL FOR A PERIOD EXCEEDING 12 HOURS IN ANY 24 HOUR PERIOD, AN ALTERNATE MASTER AND CREW SHALL BE PROVIDED.

UNDER THE PROVISIONS OF 46 CFR 176.114, THIS VESSEL MAY BE OPERATED AS AN UNINSPECTED PASSENGER VESSEL ON THE ABOVE ROUTE, CARRYING NOT MORE THAN SIX PASSENGERS WITH A CREW OF ONE LICENSED MASTER. THIS VESSEL MAY BE OPERATED AS A RECREATIONAL VESSEL WITHOUT A

SEE NEXT PAGE FOR ADDITIONAL CERTIFICATE INFORMATION

With this Inspection for Certification having been completed at Anacortes, WA, the Officer in Charge, Marine Inspection, SECTOR SEATTLE certified the vessel, in all respects, is in conformity with the applicable vessel inspection laws and the rules and regulations prescribed thereunder.

Annual/Periodic/Quarterly Reinspections			
Date	Zone	A/P/Q	Signature
12Mar2009	SEC Seattle	A	Lazo-Swails, J
-	-	-	-
-	-	-	-
-	-	-	-

This Amended Certificate issued by:
J. D. DWYER, By direction of the
Officer in Charge, Marine Inspection
SECTOR SEATTLE
Inspection Zone



Department of Homeland Security
United States Coast Guard

Certificate of Inspection

Certification Date:
03Apr2008

ISLAND EXPRESS

LICENSED CREW.

THIS VESSEL IS AUTHORIZED TO CARRY FREIGHT FOR HIRE. A FREEBOARD OF AT LEAST TWO FEET TWO INCHES FROM THE MAIN DECK, MEASURED AT AMIDSHIPS (FRAME SEVEN), MUST BE MAINTAINED.

Overnight accommodations for 0 passengers.

---Hull Exams---

Exam Type	Next Exam	Last Exam	Prior Exam
Drydock	14Mar2011	12Mar2009	14Mar2007
Internal structure	14Mar2011	12Mar2009	14Mar2007

---Stability---

Letter Approval Date / 07Jul2003 Office/ Marine Safety Center (MSC)

---Lifesaving Equipment---

	Number	Persons		Required
Total Equipment for	44		Life Preservers (Adult)	44
Lifeboats (Total)	0	0	Life Preservers (Child)	5
Lifeboats (Port)*	0	0	Ring Buoys (Total)	1
Lifeboats (Starbd)*	0	0	With Lights*	1
Motor Lifeboats*	0	0	With Line Attached*	1
Lifeboats W/Radio*	0	0	Other*	0
Rescue Boats/Platforms	0	0	Immersion Suits	0
Inflatable Rafts	0	0	Portable Lifeboat Radios	0
Life Floats/Buoyant App	1	22	Equipped with EPIRB?	No

(* included in totals)

---Fire Fighting Equipment---

Fixed Extinguishing Systems

Capacity	Agent	Space Protected
15	Halon 1301	Engine Room

Fire Extinguishers - Hand portable and semi-portable

Qty	Class Type
1	B-I
1	B-II

---Certificate Amendments---

Current Amendment

Port Amending/ Sector Seattle

Date Amended/ 12Mar2009

-Remarks-

Completed Drydock Examination and Internal Structural Examination.

ISLAND EXPRESS CHARTERS, INC.

4005 Robin Court, Anacortes, WA 98221 www.islandexpresscharters.com
(877) 473-9777 toll free (360) 299-2875 local (360) 661-7286 cell

DATE: November 20, 2009

TO: Tina - WA State UTC, Licensing Dept.
Fax: (360) 586-1181

FROM: Rey Rubalcava
 Island Express Charters, Inc.
Phone: (360) 299-2875
Fax: (360) 299-8272

RE: Commercial Ferry Application

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