

C-091931-A

WASHINGTON



UTILITIES AND TRANSPORTATION COMMISSION

RECEIVED
REGISTRATION MANAGEMENT

2009 DEC 16 AM 11:15

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

STATE OF WASH.
UTILITIES AND TRANSPORTATION

Type of Passenger Transportation Authority Requested (check one box)

Fee Required

Auto Transportation Authority (a new certificate)

\$ 200

Complete sections 1-8. Submit a proposed tariff and time schedule.

Extension of Existing Auto Transportation

\$ 150

Certificate No. C-975

Complete sections 1-8. Submit a proposed tariff and time schedule.

** Removing language*

Transfer or Lease Auto Transportation Authority

\$ 200

Complete sections 1-8 and Attachment B.

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)

\$ 150

Complete sections 1-8 and Attachment A.

Mortgage of Certificate

\$ 35

Complete section 1 and Attachment D.

Name Change (company corporate name, trade name or surname of an individual owner or partner)

\$ 35

Complete section 1 and Attachments C and E.

Reinstatement of Cancelled Certificate

\$200

Complete sections 1 and 8.

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: 12/17/09	Docket #:	Motor: M24635	Cert. Issued:
LS Staff Assigned:	Insurance: on file	Application:	Related App:
DOL/SOS: [Signature]	Tariff/Time Schedule:	Map: P/A	
Text approved for docket:	Safety Inspection:	Reception #:	111 0268:

111 0260 23202 150.00
0019647

111 0260 2320 01.

111 0260 2320 01.

111 0260 2320 01.

OUT 22559

SECTION 1 – APPLICATION INFORMATION

Name of Applicant: Shuttle Express, Inc.		
Trade Name(s) if applicable:		
Unified Business Identification Number (UBI): 600-030-043 If you do not know your UBI number or need to request one, contact the Department of Licensing at (360) 664-1400.		
Phone Number: (425) 981-7070	Fax Number: (425) 981-7071	E-mail: jrowley@shuttleexpress.net
Physical Address	Mailing address, if different from physical address	
Street: 800 S.W. 16 th St.	Street:	
City: Renton	City:	
State/Zip: WA, 98057	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:

<u>Name</u>	<u>Title</u>	<u>Stock Distribution or Percentage of Shares</u>
Jimmy Sherrell	President / CEO	

Provide the following documents with your application: N/A

- 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 would like to remove the following restriction from our permit:

1) Service may be provided in vehicles no larger than a seven passenger van.

How many riders do you expect during your first year of operations? N/A

State the conditions that justify granting of this application.
The vehicle restriction is outdated; vans are made with more seats now.

Do other auto transportation companies currently provide service between any of the points or along any portion of the route you propose to serve? N/A

- No Yes If yes, list the names and addresses of companies

<u>Name</u>	<u>Address</u>

Do you currently hold, or have you ever held, an auto transportation certificate?
 No Yes If yes, please indicate your certificate number: C-975

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: _____

The commission ruled our independent operators were not legal. _____

USDOT #
1610028

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: N/A

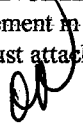
- Adopt (Complete Attachment E)
- File a new tariff

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: 1	Amount of time: One hour.
Will an attorney be representing you? If so, complete the following: No.	
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. In addition to completing the information requested above, you must attach a projected balance sheet and income statement for your first year of operation. ~~See attached PDF of~~ 

SECTION 6 – EQUIPMENT LIST

YEAR	MAKE & MODEL	VIN NUMBER	LICENSE	PAX
2005	Ford Econo Line 350	1FBSS31L76HA65684	A84651Y	10
2005	Ford Econo Line 350	1FBSS31L76HA65685	A84656Y	10
2005	Ford Econo Line 350	1FBSS31L76HA65686	A84873Y	10
2005	Ford Econo Line 350	1FBSS31L76HA65687	B67545E	10
2005	Ford Econo Line 350	1FBSS31L76HA65688	B67546E	10
2005	Ford Econo Line 350	1FBSS31L76HA65689	A84655Y	10
2005	Ford Econo Line 350	1FBSS31L76HA65690	A84657Y	10
2005	Ford Econo Line 350	1FBSS31L76HA65691	A84658Y	10
2005	Ford Econo Line 350	1FBSS31L76HA65692	A84874Y	10
2005	Ford Econo Line 350	1FBSS31L76HA65693	A84875Y	10
2005	Ford Econo Line 350	1FBSS31L16HA64527	A84652Y	10

2005	Ford Econo Line 350	1FBSS31L16HA64528	A84654Y	10
2005	Ford Econo Line 350	1FBSS31L76HA65681	A84872Y	10
2006	Ford Econo Line 350	1FBSS31L56DB32433	B19010C	10
2006	Ford Econo Line 350	1FBSS31L76DB32434	B19024C	10
2006	Ford Econo Line 350	1FBSS31L96DB32435	B19027C	10
2006	Ford Econo Line 350	1FBSS31L26DB32436	B19015C	10
2006	Ford Econo Line 350	1FBSS31L46DB32437	B19012C	10
2006	Ford Econo Line 350	1FBSS31L66DB32438	B19013C	10
2006	Ford Econo Line 350	1FBSS31L26DB32439	B19025C	10
2006	Ford Econo Line 350	1FBSS31L46DB32440	B19019C	10
2006	Ford Econo Line 350	1FBSS31L66DB32441	B19023C	10
2006	Ford Econo Line 350	1FBSS31LX6DB32443	B19011C	10
2006	Ford Econo Line 350	1FBSS31L16DB32444	B19029C	10
2006	Ford Econo Line 350	1FBSS31L36DB32445	B19018C	10
2006	Ford Econo Line 350	1FBSS31L56DB32446	B19028C	10
2006	Ford Econo Line 350	1FBSS31L76DB32447	B19021C	10
2006	Ford Econo Line 350	1FBSS31L96DB32448	B19022C	10
2006	Ford Econo Line 350	1FBSS31L56DB32450	B19026C	10
2006	Ford Econo Line 350	1FBSS31L76DB32451	B19017C	10
2006	Ford Econo Line 350	1FBSS31L96DB32452	B19020C	10
2006	Ford Econo Line 350	1FBSS31L66HB00843	B08643E	10
2006	Ford Econo Line 350	1FBSS31L26HB00838	B08645E	10
2006	Ford Econo Line 350	1FBSS31L46HB00839	B08646E	10
2006	Ford Econo Line 350	1FBSS31L26HB00841	B08647E	10
2006	Ford Econo Line 350	1FBSS31LX6HB00845	B08648E	10
2006	Ford Econo Line 350	1FBSS31L06HB00854	B08650E	10
2006	Ford Econo Line 350	1FBSS31L46HB00856	B08651E	10
2006	Ford Econo Line 350	1FBSS31L16DB18318	B08644E	10
2006	Ford Econo Line 350	1FBSS31L26HA32038	B08649E	10
2007	Ford Econo Line 350	1FBSS31L47DA26699	B16248G	10
2007	Ford Econoline 138	1FTNS24L47DB09564	B67511E	8
2007	Ford Econoline 138	1FTNS24L67DB07668	B67510E	8
2007	Ford Econoline 138	1FTNS24LX7DB07673	B67509E	8
2007	Ford Econoline 138	1FTNS24L67DB04933	B97247E	8
2007	Ford Econoline 138	1FTNS24W07DB24654	B97246E	8
2007	Ford Econoline 138	1FTNS24W57DB24651	B16205G	8
2007	Ford Econoline 138	1FTNS24W77DB24652	B16206G	8
2005	Chevy ADA Van	1GBDV13E95D114535	388SVT	6
2006	Ford E-350	1FBSS31L26DA90612	B39703K	10
2006	Ford E-350	1FBSS31L36DA90618	B51909G	10
2006	Ford E-350	1FBSS31L06DA90611	B51904G	10
2006	Ford E-350	1FBSS31L96DA90624	B51912G	10
2006	Ford E-350	1FBSS31L66DA90614	B51908G	10
2006	Ford E-350	1FBSS31L46DA90613	B51907G	10
2006	Ford E-350	1FBSS31L16DA90620	B51910G	10
2006	Ford E-350	1FBSS31L56DA90622	B51911G	10

2006	Ford E-350	1FBSS31L06DA90625	B51913G	10
2006	Ford E-350	1FBSS31L86DA90629	B51905G	10
2006	Ford E-350	1FBSS31L86DB28005	B53722G	10
2007	Ford E-350 XLT	1FBSS31L47DB25782	B35564L	10
2007	Ford E-350 XLT	1FBSS31L57DB25774	B35559L	10
2007	Ford E-350 XLT	1FBSS31L87DB25770	B35562L	10
2007	Ford E-350 XLT	1FBSS31L17DB25786	B35560L	10
2007	Ford E-350 XLT	1FBSS31L57DB25788	B35561L	10
2007	Ford E-350 XLT	1FBSS31L97DB25759	B35563L	10
2007	Ford E-350 XLT	1FBSS31L47DB35583	B35557L	10
2007	Ford E-350 XLT	1FBSS31L97DB35546	B35558L	10
2007	Ford E-350 XLT	1FBSS31L67DB35570	B35733L	10
2007	Ford E-350 XLT	1FBSS31L17DB42345	B71030L	10
2007	Ford E-350 XLT	1FBSS31L27DB25263	B71029L	10
2006	Ford Econo Line 350	1FBSS31L36HA92796	XVAN302	10
2006	Ford Econo Line 350	1FBSS31L76HB41790	XVAN303	10
2006	Ford Econo Line 350	1FBSS31L26HA02683	XVAN304	10
2006	Ford Econo Line 350	1FBSS31L96HA02695	XVAN305	10
2006	Ford Econo Line 350	1FBSS31L06HA88284	XVAN306	10
2006	Ford Econo Line 350	1FBSS31L16HB29618	XVAN307	10
2006	Ford Econo Line 350	1FBSS31L96HA92785	XVAN308	10
2006	Ford Econo Line 350	1FBSS31LX6HA32272	XVAN309	10
2006	Ford Econo Line 350	1FBSS31L06DA19800	XVAN310	10
2006	Ford Econo Line 350	1FBSS31L56DA19808	XVAN311	10
2007	Ford E-350 Extended	1FBSS31L17DA31651	B71031L	10
2006	Ford E-350 Extended	1FBSS31LX6HB29634	B71033L	10
2006	Ford E-350 Extended	1FBSS31L96HA47779	B71035L	10
2006	Ford E-350 Extended	1FBSS31L56HA47780	B71032L	10
2006	Ford E-350 Extended	1FBSS31L86HB12394	B71034L	10

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: Dean Deangelo	Position: V.P. of Operations
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: John Rowley	Position: General Manager
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: Bob Myles	Position: Operations Manager
CUSTOMER SERVICE (WAC 480-30-441 through WAC 480-30-461). You must interact with customers according to the rules.	
Name: Sharon Games	Position: Manager of Guest Services
STATE OF WASHINGTON GENERAL LAWS, RULES AND REGULATIONS. You must comply with the regulations of local, state, and federal agencies such as, <u>but not limited to</u> : Department of Labor and Industries, Department of Licensing, Secretary of State, Department of Revenue and Internal Revenue Service and Employment Security.	
Name: JoAnn Huntoon	Position: Chief Operating Officer

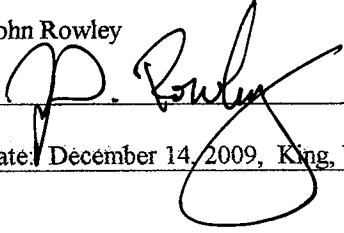
SECTION 8 – DECLARATION OF APPLICANT:

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: John Rowley

Signature: 

Date, County, State: December 14, 2009, King, Washington

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AUTO TRANSPORTATION COMPANIES

ANNUAL REPORT

****Not Confidential****

M24635 / C000975
SHUTTLE EXPRESS INC
800 SW 16TH ST
RENTON, WA 98057

Correct name and address, if different than shown

WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION for the YEAR ENDED DECEMBER 31, 2008

Inquiries concerning this Annual Report should be addressed to:

NAME: JoAnn Huntoon TITLE: CFO

ADDRESS: 800 SW 16th St.

CITY: Renton STATE: WA ZIP: 98057

TELEPHONE: 425-981-7063 FAX: 425-981-7070 E-MAIL: JHuntoon@ShuttleExpress.net

The company must notify the Commission, in writing, of any changes to the above information.

TYPE OF PAYMENT - DO NOT SEND CASH IN THE MAIL		For Commission Use Only																						
___ Check ___ Money Order ___ AMEX ___ Visa ___ MasterCard		Credit Card Authorization #: _____																						
Credit Card Number:			Expiration Date Month/Year																					
<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																								
<p>CERTIFICATION: I, the undersigned, under penalty for false statement, certify that the information is true, valid and correct, that I am authorized to execute on behalf of the applicant, and that I agree to pay the above total amount according to card issuer agreement.</p>																								
Name (Printed): _____		Title: _____																						
Signature: _____		Date: _____																						

For Commission Use Only		
Reception Number: _____	001-111-02-68-230-11: _____	Ref No: _____
001-111-02-68-230-01: _____	001-111-02-68-032-05: _____	001-108-01-70-230-13: _____

Original to be mailed to the Washington Utilities and Transportation Commission, PO Box 47250, Olympia, WA 98504-7250
Web Site: www.utc.wa.gov

Annual Report Certification

I certify that I, JoAnn Huntton, the responsible account officer for Shuttle Express have examined the foregoing report; that, to the best of my knowledge, information and belief, all statements of fact contained in said report are true and said report is a correct statement of the business and affairs of the above-named respondent in respect to each and every matter set forth therein during the period from January 1, 2008, to December 31, 2008, inclusive.

Name (Printed): JoAnn Huntton Title: CFO

Signature: JoAnn Huntton Date: 4-27-09

Online Annual Report Certification

I acknowledge that the foregoing Annual Report has been submitted electronically; that, to the best of my knowledge, information and belief, all statements of fact contained in all attached schedules are true and said report is a correct statement of the business and affairs of the above-named respondent in respect to each and every matter set forth therein during the period from January 1, 2008, to December 31, 2008, inclusive. I agree that my name typed in lieu of my handwritten signature shall be sufficient to deem the report complete.

Authorized By:
Please Type Full Name Here

Authorized Date:
Please Type Full Date Here

Instructions for preparing this report are included in the uniform system of accounts for buses. The instructions should be carefully studied and every item in this report definitely answered. Where the word "none" fully and completely states the fact it may be given as an answer.

**SCHEDULE 1
OPERATIONS**

1. Washington Unified Business Identifier (UBI) No.: 600-030-043
(If you do not know your UBI No. please contact the Department of Licensing at 360-664-1400)

2. Individual Partnership Corporation Other (LP, LLP, LLC, etc.)

List the name, title, and percentage of partner's share or stock distribution for major stockholders. If LLC, list members and percentage of ownership.

Name	Title	Percentage of shares, stock or ownership
JIMMY SHEARRELL	CEO / PRESIDENT	100%

3. List each terminal located in Washington State.

Location of terminals in Washington State
800 SW 16 th ST, Renton, WA 98057

ADDITIONAL COMPANY INFORMATION

#1 From
Bob M.

4. Please complete the following:

Safety Director Name: <u>Bob Myles</u>	Telephone Number: <u>425-981-7070</u>
Number of Vehicles 16 passengers or less: <u>63</u>	Number of Vehicles 17 passengers or more: <u>14</u>
Customer Service Contact Name: <u>Sharon James</u>	Telephone Number: <u>425-981-7070</u>

Number of commercial motor vehicle drivers employed in 2008: 195

Number of recordable intrastate and interstate accidents in 2008.

(Please include the total recordable accidents for both intrastate and interstate passenger service operations based in Washington.)

Recordable Accidents	Intrastate	Interstate
An occurrence involving a commercial vehicle on a public road in interstate or intrastate commerce that resulted in:		
A. A fatality.	<u>0</u>	<u>0</u>
B. An injury to a person requiring immediate treatment away from the scene of the accident.	<u>0</u>	<u>0</u>
C. Disabling damage to a vehicle, requiring it to be towed from the accident scene.	<u>0</u>	<u>0</u>
Total number of recordable accidents	<u>0</u>	<u>0</u>

Total operating miles for the year 2008:

Intrastate 8,201,000 Interstate 22,140

Intrastate: Trips that operate exclusively within the state of Washington.

Interstate: Trips that operate outside the state of Washington.

8,223,140

**SCHEDULE 2
INCOME STATEMENT**

Operating Revenues		
3210	Charter Bus Revenue <i>Charter Revenue / BUS</i>	2401108
3200	Passenger Revenue <i>DTD / scheduled / STP</i>	12562167
3220-3500	Baggage-Mail-Express-Newspapers	—
3600	Misc. Station Revenue <i>Sedan / Limo</i>	2670444
3700-3900	Other Operating Revenues <i>(All discounts)</i>	(1064630)
Total Revenues		\$16570089
Operating Expenses		
4100	Equipment Maintenance and Garage Expense	779,874
4200	Transportation Expense	9,821,077
4300	Station Expense	850,341
4400	Traffic Solicitation and Advertising Expense	365,265
4500	Insurance and Safety Expense	538,322
4600	Administrative and General Expense	1923,054
5000	Depreciation and Amortization Expense	711,527
5200	Operating Taxes and Licenses Expense	639,213
5300	Operating Rents Expense	564,305
Total Operating Expenses		\$16132901
Net Operating Income (total revenue less total operating expenses)		\$437108
Other Income and Expense		
6000	Other Income	186673
7500	Other Deductions <i>- Expense</i>	111,202
8000	Income Taxes <i>- Expense</i>	26,113
Net Income or Loss		\$486,466

REGULATORY FEE CALCULATION SCHEDULE

Company Name Shuttle Express, Inc.

Annual Report Year 2008

In accordance with RCW 81.24.020 "Regulatory Fees", the Commission requires Auto Transportation companies to file reports of gross intrastate operating revenue and pay fees on that revenue. Every company subject to regulation shall file with the Commission a statement under oath showing its gross intrastate operating revenue from operations for the preceding year and pay to the Commission a fee as instructed below.

1 Passenger Revenue		1	12,563,167.00
2 Express and Baggage Revenue		2	0.00
3 U.S. Mail and Other Operating Revenue		3	0.00
4 Total Gross Intrastate Operating Revenue ** (add lines 1, 2 and 3)		4	12,563,167.00
5 Less Non Fee-Paying Revenue (includes interstate revenues)		5	\$ 277,332.00
6 Balance-Adjusted Gross Intrastate Operating Revenue (subtract line 5 from 4)		6	\$12,285,835.00
7 Regulatory Fee Calculations:		7	
7a If line 6 is UNDER \$5,000, Enter ZERO (Filing ZERO indicates schedule is complete)		7a	\$
7b If line 6 is OVER \$5,000-enter amount from line 6	7b		\$12,285,835.00 x .004(.4%) = \$49,143.34
8 Total Regulatory Fees owed (add lines 7a or 7b)		8	\$49,143.34
		Agency Use Only	001-111-02-68-230-01

	Fees due WA Motor Vehicle Fund		Vehicle Miles		Fee Calculation		
	Vehicle Propulsion	Total	Non-Fee Paying Miles		Rate Per Mile	Amount Owed	
9	Gasoline	7,080,124	22140	7,057,984	x .0015 =	\$ 10,620.19	
10	Other Fuel	1,143,016		1,143,016	x .0020 =	\$ 2,286.03	
11	Total Washington Motor Vehicle Fund Fees owed (add lines 9 and 10)					\$	12,906.22
				Agency Use Only	001-108-01-70-230-01		

Complete Lines 12 through 16 if filing after May 1

12 Penalties on Regulatory Fees filed after May 1		12	
12a Total Penalties on Regulatory Fees owed - enter amount from line 8	12a		\$ x .02 (2%) = \$
13 Interest on Regulatory Fees filed after May 1		13	
13a Amount from line 8 _____ x Number of months past May _____ x .01 (1%) =		13a	\$
14 Penalties on Vehicle Mileage fees after May 1		14	
14a Penalties on Vehicle Mileage fee - enter amount from line 11 (Per RCW 46.16.125)	14a		\$ x 1.0 (100%) = \$
15 Total Penalties and Interest owed (add lines 12a, 13a and 14a)		15	\$ -
		Agency Use Only	001-111-02-68-230-11
16 Total Regulatory, Penalty and Interest Fees Due (add lines 8, 11 and 15)		16	\$62,049.56

** Note: Gross Washington intrastate operating revenue is defined as all revenue collected for the year from rates under tariffs and contracts on file at the Washington Utilities and Transportation Commission. The revenues subject to the Commission's regulatory fees are gross Washington intrastate operating revenues before deductions for uncollectibles, unbillables, or the payment of state and federal taxes, i.e. "Gross Revenues" means before any deductions from Revenue Receipts.