

SECTION 1 - APPLICANT INFORMATION

Name of Applicant: James Nelson

Trade Name(s) (if applicable): Nelson Shuttle Service LLC

Mailing Address:

Physical Address:

Street 15003 SE 274th PL

Street same

City Kent

City same

State/Zip wa 98042

State/Zip same

Phone Number: 253 277 2893

Fax Number: 253

UBI #: 602 994 2620

E-Mail: Nelson Shuttle Service @ comcast.net

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 Distributions or Percentage of Shares
<u>James Nelson</u>	<u>member</u>	<u>equal</u>
<u>Soletta Nelson</u>	<u>member</u>	<u>equal</u>

List other certificates or permits held with the commission: none ?

List your USDOT # _____ (If you don't have one you can go online at www.fmcsa.dot.gov/online-registration or contact the Washington State Patrol at 360-596-3816 or 360-596-3803 for assistance.)

SECTION 2 - EQUIPMENT

(Attach additional sheets if necessary)

License Number	Year And Make Of Vehicle	Vehicle ID Number	Seating Capacity
<u>TR4USN1</u>	<u>2006 Econo Jan 250</u>	<u>1FBNE3LL76HA255712</u>	<u>2</u>

SECTION 3 – 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 a 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:

OPERATIONAL RESPONSIBILITIES

List the person and position responsible for understanding and complying with the requirements of each category shown below.

ANNUAL REPORTS AND REGULATORY FEES. You must file an annual safety report and pay regulatory fees by December 31 of each year.

Name:

Position:

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:

Position:

SECTION 4 – DECLARATION OF APPLICANT

I understand that filing this application does not in itself constitute authority to operate as a passenger charter and excursion carrier.

As the applicant for a passenger charter and excursion certificate, I understand the responsibilities of a charter and excursion carrier, and I am in compliance with all local, state, and federal regulations governing business in the State of Washington.

I certify under penalty of perjury under the laws of the State of Washington that the information contained in this application is true and correct.

I certify that I am authorized to execute and file this document.

Printed name of applicant Joletta Nelson

Signature of applicant 

Date 3-8-10 County, State King, Wa

WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION
P.O. BOX 47250 Olympia, WA 98504-7250

CHARTER AND EXCURSION REGULATORY FEE CALCULATION SCHEDULE

Company Name Nelson Shuttle Service LLC

In accordance with RCW 81.70.350 "Regulatory Fees", the Commission requires Charter and Excursion companies to file reports of the number of vehicles operated by the company and pay the sum of \$25 for each vehicle operated. There is a minimum fee of \$25.

1 Total number of vehicles operated

1

2 Total Regulatory Fees owed (enter amount from line 1)

1	x 25.00 =	\$ 25 ⁰⁰
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There is a minimum fee of \$25.00.

<p><i>(For Commission Use Only)</i> 001-111-02-68-232-01 Reception Number:</p>	<p>Docket TE-</p>	<p>Permit No:</p>
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CHARTER AND EXCURSION REGULATORY FEE

Company Name Nelson Shuttle Service LLC

Company Address 15003 SE 274th Pl

Company City Kent State WA Zip 98042

Company Permit Number _____

In accordance with RCW 81.70.350 "Regulatory Fees", the Commission requires Charter and Excursion companies to file reports of the number of vehicles operated by the company and pay the sum of \$25 for each vehicle operated. There is a minimum fee of \$25.

1. Total number of vehicles operated 1

2. Total Regulatory Fees owed (enter amount from line 1) 1 X 25.00 = \$ 25⁰⁰

There is a minimum fee of \$25.00

<input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> AMEX <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa											
Credit Card Information (if applicable)										Exp Date Month/Year	
Amount \$ _____											

CERTIFICATION:

I, the undersigned, under penalty for false statement, certify that the following information is true and correct, that I am authorized to execute and file this document on behalf of the applicant, and that all information on file is current and valid.

NAME (Printed): Joletta Nelson

SIGNATURE: *J Nelson* DATE: 3-10-10
JN

<i>For Commission Use Only</i>	
Reception Number: _____	Ref. No.: _____
001-111-02-68-232-01:	001-111-02-68-032-05:

APPLICANT STATEMENT

(To be completed by the individual requesting operating authority)

Applicant Name: James Nelson
Nelson Shuttle Service LLC

Application Docket No.:

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

Auto transportation, motor carrier service

SUPPORT STATEMENT

(To be completed by the individual 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. SHUTTLE SERVICE TO THE AIRPORT DOWNTOWN CRUISE LINES

FOR HOTEL GUESTS

Are your transportation needs being met now? Yes No If not, explain problems you have experienced. IT IS TOO EXPENSIVE FOR OUR HOTEL TO RUN A SHUTTLE

NELSON SHUTTLE HAS PROVIDED A GREAT SERVICE TO US AT A PRICE WE CAN AFFORD AND IT HAS INCREASED OUR HOTEL BUSINESS.

If the request is denied, would it have any affect on you or your business/organization:

Yes No If yes, please explain. WE WOULD NOT OFFER SHUTTLE SERVICE AS WE WOULD NOT BE AVAILAB ABLE TO AFFORD IT.

VERIFICATION

Name and Title: TASINDER CHANAL (COO)

Business/Organization: YALU INN SEA TAC

Street/Mailing Address: 22246 PACIFIC HWY. S

City, State, Zip Code: AES MOINES WA 98198

Telephone Number: 206 878 8427

Fax Number: 206-878-9147

I understand that this information is being given as the basis for a grant of operating authority by the Washington Utilities and Transportation Commission, an 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.

TASINDER CHANAL
PRINT NAME

[Signature]
SIGNATURE

3-11-10
DATE

IMPORTANT!!!

PLEASE READ THIS NOTICE AND FOLLOW INSTRUCTIONS SO YOUR APPLICATION MAY BE PROCESSED

Washington law allows the Washington Utilities and Transportation Commission (WUTC) to grant operating authority only when it is required by the present or future public convenience and necessity. Even though your application is not protested, you need one or more statements from persons proving that your services are needed, otherwise your application will be denied.

When the form is completed by a person supporting your application, send it to the WUTC at the address below. If you desire, a hearing can be scheduled for your witness to appear in support of your application.

Support statements should reach the WUTC **WITHIN 30 DAYS** or the APPLICATION MAY BE DISMISSED. We also suggest that you keep a copy of each statement.

If you have questions or need additional assistance, contact Licensing Services (360) 664-1222.

WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION

Licensing Services

PO Box 47250

Olympia, WA 98504-7250

Note: Please be sure to write your application/docket number on all forms.

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(To be completed by the individual requesting operating authority)

Applicant Name:

James Nelson
Nelson Shuttle Service LLC

Application Docket No.:

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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.

GIVES OUR GUESTS OPTIONS TO GET TRANSPORTATION FROM OUR HOTEL TO THE CRUISE SHIP LINES, DOWNTOWN SEATTLE, AND ANY PLACE OUR HOTEL SHUTTLE DOES NOT GO

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. AS MENTIONED ABOVE OUR HOTEL SHUTTLE IS LIMITED IN PROVIDING TRANSPORTATION FROM OUR HOTEL TO THE AIRPORT. WE LIKE TO PROVIDE QUICK AFFORDABLE OPTIONS FROM MANY OF OUR GUEST THAT WANT DIRECT TRANSPORT (NOT TOURS) TO DIFFERENT PLACES IN SEATTLE. THE CRUISE SHIP SEASON IS A VERY BUSY TIME FOR US & WE NEED THE SUPPORT

VERIFICATION

Name and Title: Nadeem Pirani General Manager

Business/Organization: Best Western Executive

Street/Mailing Address: 20717 International Blvd

City, State, Zip Code: Seattle WA 98198

Telephone Number: 206-228 7676 Fax Number: 206824 9000

I understand that this information is being given as the basis for a grant of operating authority by the Washington Utilities and Transportation Commission, an 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.

Nadeem Pirani
PRINT NAME

[Signature]
SIGNATURE

3-12-10
DATE