

TC-100703-AT



RECEIVED

APR 28 2010

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
Auto Transportation Authority \$ 200
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 Yes No
Extension of Existing Auto Transportation Certificate No. C- \$ 150
Complete sections 1-8. Submit a proposed tariff and time schedule.
Transfer or Lease Auto Transportation Authority - Complete sections 1-8 and Attachment B. \$ 200
X All of Certificate No. C-1076
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
X 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 Visa
Credit Card Information (if applicable): Expiration Date Month/Year
Amount: \$235.00 Company Name: Stars & Stripes Shuttle
Cardholder's signature: Date:

Table with 4 columns: Date Filed, Docket #, Motcar, Cert. Issued; LS Staff Assigned, Insurance, Application, Related App; DOL/SOS, 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

235.00
0020247
ck # 2203392
2009 (Licensing Services)

**SECTION 1 – APPLICATION INFORMATION**

<b>Name of Applicant:</b> Stars & Stripes Shuttle Service, LLC		
<b>Trade Name(s)</b> (if applicable): Stars & Stripes Shuttle		
<b>Unified Business Identification Number (UBI):</b> 603-000-237 (If you do not know your UBI number or need to request one contact the Department of Licensing at (360)664-1400)		
<b>Phone Number:</b> (509) 389-3087	<b>Fax Number:</b> ( )	<b>E-mail:</b>
<u>Physical Address</u>		<u>Mailing address</u> (if different from Business Address)
Street: 12728 W 13th Ave	Street: <del>7106</del> 7106 Nebraska Ave	
City: Airway Heights	City: FAFB	
State/Zip: WA 99001	State/Zip: WA 99011	

**SECTION 2 – COMPANY INFORMATION**

<b>Type of business structure:</b>		
<input type="checkbox"/> Individual	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation
		<input checked="" type="checkbox"/> Other (LP, LLP, LLC) <u>LLC</u>
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>
Scott McElroy	President	50%
Eryn McElroy	Vice-President	50%

**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.

Door-to-Door Airporter Service between Spokane International Airport and Fairchild Air Force Base. Basic shuttle services between Fairchild Air Force Base, the city of Airway Heights and downtown Spokane (including Gonzaga University).

Door-to-Door Airporter Service between Spokane International Airport, Eastern Washington University and the city of Cheney.

Door-to-Door Airporter Service between Spokane International Airport and all parts of Spokane County.

State the conditions that justify the granting of this application.

Currently, we provide Airport and downtown Spokane shuttle service for the SERE (Survival, Evasion, Resistance and Escape) otherwise known as "Survival" School at Fairchild Air Force Base, Service to Eastern Washington University at Cheney. We also provide a safe way home for permanently assigned personnel at Fairchild AFB to come home after a night of too much drinking.

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 As far as we know, no other shuttle service (with exception to Wheatland that serves between Pullman and Spokane International Airport), serves the Spokane County area.

What is your USDOT number? **2004834** (If you currently don't have a USDOT number, you can go online to [www.fmcsa.dot.gov/online-registration](http://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

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.

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 **C-1076**

**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:	Amount of time:
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	\$ 16,000	Salaries/Wages Payable	\$ 12,000 monthly
Notes Receivable	\$	Accounts Payable	\$
Accounts Receivable	\$	Notes Payable	\$
Investments	\$	Mortgages Payable	\$
Other Current Assets	\$	Contracts and Bonds Payable	\$
Prepaid Expenses	\$	<b>TOTAL LIABILITIES</b>	\$ 12,000
Land and Buildings	\$	<b>NET WORTH</b>	
Trucks and Trailers	\$	Preferred Stock	\$
Office Furniture	\$	Common Stock	\$
Other Equipment	\$	Retained Earnings	\$
Other Assets	\$	Capital	\$
<b>TOTAL ASSETS</b>	\$ 16,000	<b>TOTAL LIABILITIES AND NET WORTH</b>	\$ 0

**SECTION 6 – EQUIPMENT LIST**

Year	Make	License Number	Vehicle ID Number	Seating Capacity
2002	FORD E-350			15 (including driver)
2003	FORD E-350			15 (including driver)
2005	FORD E-350			15 (including driver)
2001	FORD E-450 BUS			15 (including driver)
1998	DODGE RAM VAN			15 (including driver)

**SECTION 7 – SAFETY AND OPERATIONS**

<p>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.</p>	
<b>SAFETY RESPONSIBILITIES</b>	
<p><b>COMMERCIAL DRIVER'S LICENSE (CDL) STANDARDS REQUIREMENTS AND PENALTIES</b> (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.</p>	
Name: Scott McElroy	Position: President & Owner
<p><b>DRIVER QUALIFICATION REQUIREMENTS</b> (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.</p>	
Name: Scott McElroy	Position: President & Owner
<p><b>DRIVERS HOURS OF SERVICE</b> (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.</p>	
Name: Scott McElroy	Position: President & Owner
<p><b>CONTROLLED SUBSTANCE AND ALCOHOL USE AND TESTING</b> (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).</p>	
Name: Scott McElroy	Position: President & Owner
<p><b>INSPECTION, REPAIR AND MAINTENANCE</b> (Title 49, Code of Federal Regulations Part 396) Every motor carrier shall systematically inspect, repair, and maintain all motor vehicles subject to its control.</p>	
Name: Scott McElroy	Position: President & Owner
<p><b>SAFETY REGULATIONS, GENERAL</b> (Title 49, Code of Federal Regulations Part 390)</p>	
Name: Scott McElroy	Position: President & Owner
<p><b>DRIVING OF COMMERCIAL MOTOR VEHICLES</b> (Title 49, Code of Federal Regulations Part 392)</p>	
Name:	Position:
<p><b>PARTS AND ACCESSORIES NECESSARY FOR SAFE OPERATION</b> (Title 49, Code of Federal Regulations Part 393)</p>	
Name: Scott McElroy	Position: President & Owner
<b>OPERATIONAL RESPONSIBILITIES</b>	
<p>List the person and position responsible for understanding and complying with the requirements of each category shown below.</p>	
<p><b>TARIFFS, TIME SCHEDULES, RATES AND RATE FILINGS</b> (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.</p>	
Name: Scott McElroy	Position: President & Owner
<p><b>ANNUAL REPORTS AND REGULATORY FEES</b> (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.</p>	
Name: Scott McElroy	Position: President & Owner

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

Name: Scott McElroy

Position: President & Owner

**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: Scott McElroy

Position: President & Owner

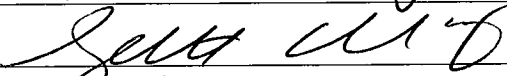
***SECTION 8 – DECLARATION OF APPLICANT:***

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: Scott McElroy

Signature: 

Date, County, State: 4/25/10 Spokane WA

**ATTACHMENT B**

**JOINT APPLICATION FOR TRANSFER OR LEASE OF CERTIFICATED AUTHORITY**

The commission must approve any sale, assignment, lease, or transfer of a company's certificate, or any portion of the operating authority described in a company's certificate. This does not apply to change in ownership resulting from an acquisition of control of a corporation through stock sale or purchase.

Certificate Number C-1076

Check appropriate box:

- Transfer All\***       Transfer Portion\*       Lease All\*\*       Lease Portion\*\*

WILLIAM R. THOMPSON dba Stars & Stripes Shuttle  
Current Name on Certificate (Seller/Lessor)  
STARS & STRIPES SHUTTLE  
Current Trade Name on Certificate (Seller/Lessor)  
PO BOX 1167, FAIRCHILD AFB, WA 99011      509-244-0730  
Address (Seller/Lessor)      Phone Number

Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

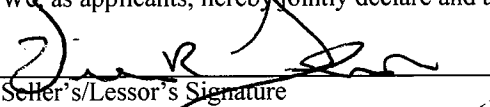
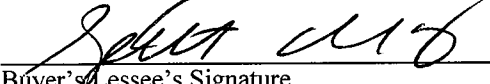
- Have all fines and /or penalties been paid?       No       Yes  
Has the closing annual report been filed?       No       Yes  
Does the buyer/lessee agree to begin service as soon as the commission authorizes the transfer or lease?  
 Yes  
 No, If not, then when? \_\_\_\_\_

If the commission assigns this application for formal hearing, does both the seller/lessor and the buyer/lessee agree to be present at the hearing?  
 Yes  
 No

Both the seller/lessor and the buyer/lessee certify that this application is not made for the purpose of hindering, delaying or defrauding creditors.

This application must include a map and copy of the certificated authority to be transferred/leased. If applying for permission to transfer or lease a portion of the certificated authority, then the application must include a map and description of both the portion to be transferred/leased and the portion to be retained by the existing certificate holder.

We, as applicants, hereby jointly declare and affirm that all information is true to the best of our knowledge.

      4/26/10 Spokane WA  
Seller's/Lessor's Signature      Date, County, State  
      4/26/10 Spokane WA  
Buyer's/Lessee's Signature      Date, County, State

\*If this application is for transfer, please attach a copy of the sales or other agreement to sell.  
\*\*If this application is to lease, please attach a copy of the executed lease agreement.

**ATTACHMENT C**

**AUTO TRANSPORTATION NAME CHANGE  
(WAC 480-30-146)**

*NA*

A company must file a name change application to change its corporate name, change its trade name, add a trade name to a certificate, or change the surname of an individual owner or partner to reflect a change resulting from marriage or other legal action. If a name change results from a change in ownership the company must file an application to transfer the certificate.

You must include:

- Copies of any corporate minutes or other legal documents authorizing the name change
- Proof that the new name is properly registered with the Department of Licensing, Office of the Secretary of State, or other agencies, as may be required

WILLIAM R. THOMPSON  
Current Name on Certificate

STARS & STRIPES SHUTTLE  
Current Trade Name on Certificate

PO BOX 1167, FAIRCHILD AFB, WA 99011  
Address

Phone Number	Fax Number	E-mail address
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If a **corporation**, list the name, title, and percentage of partner's share or stock distribution for major stockholders under current name:

<u>Name</u>	<u>Title</u>	<u>Stock Distribution or Percentage of Shares</u>

I request the name on Auto Transportation Certificate C-1076 be changed to:

New Name: Stars & Stripes Shuttle Service, LLC

New Trade Name (if applicable) \_\_\_\_\_ UBI# 603-000-237

If a corporation, list the name, title, and percentage of partner's share or stock distribution for major stockholders under the new name:

<u>Name</u>	<u>Title</u>	<u>Stock Distribution or Percentage of Shares</u>
Scott McElroy	President	50%
Eryn McElroy	Vice-President	50%

You must file a new tariff using the same rate levels as currently on file, or adopt the current tariff in the new name. To file a new tariff use the standard tariff format attached to the application or an approved alternate form. Indicate which option you will use:

Adopt a current tariff

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.

Scott McElroy  
Print Name of Applicant

*Scott McElroy, President*  
Signature and Title of Applicant

4/26/10 Spokane WA  
Date, County, State