

TC-101283-CT

WASHINGTON

RECEIVED

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



JUL 29 2010

WASH. UT. & TP. COMM

Type of Passenger Transportation Authority Requested (check one box)	Fee Required
Auto Transportation Authority <input checked="" type="checkbox"/> 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.	\$ 200
Do you plan on providing charter/excursion service <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Extension of Existing Auto Transportation Certificate No. C- _____ Complete sections 1-8. Submit a proposed tariff and time schedule.	\$ 150
Transfer or Lease Auto Transportation Authority – Complete sections 1-8 and Attachment B.	\$ 200
<input type="checkbox"/> All of Certificate No. C- _____	
<input type="checkbox"/> Portion of Certificate No. C- _____	
<input type="checkbox"/> 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
<input type="checkbox"/> Mortgage of Certificate – Complete section 1 and Attachment D.	\$ 35
<input type="checkbox"/> 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
<input type="checkbox"/> 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: \$ 225.00 Company Name: Seatac Charter LLC

Cardholder's signature: _____ Date: _____

FOR OFFICIAL USE ONLY

Date Filed: <u>7/29/10</u>	Docket #:	Motcar: <u>6102</u>	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: <u>200.00</u>	111-0268-232-01: <u>25.00</u>	111-0268-230-02:	111-0268-230-01:

2009 (Licensing Services) **0025426**

\$225.00 CK # 2205

What is your USDOT number? 2048722 (If you currently don't have a USDOT number, you can go online to 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 Yes If yes, please indicate your certificate number: C-_____

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 (Complete attachments _____) or File a new tariff

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: <u>0</u>	Amount of time: <u>1 hr</u>
Will an attorney be representing you? If yes, complete the following: <u>NO</u>	
Attorney's name:	Attorney's phone number:
Attorney's address:	Fax Number:
Street	E-mail:
City, State, Zip	

SECTION 5 - FINANCIAL STATEMENT *Business Plan attached*

You may attach a Balance Sheet, Profit and Loss Statement, or business plan if available.

ASSETS		LIABILITIES	
Cash in Bank	\$	Salaries/Wages Payable	\$
Notes Receivable	\$	Accounts Payable	\$
Accounts Receivable	\$	Notes Payable	\$
Investments	\$	Mortgages Payable	\$
Other Current Assets	\$	Contracts and Bonds Payable	\$
Prepaid Expenses	\$	TOTAL LIABILITIES	\$
Land and Buildings	\$	NET WORTH	
Trucks and Trailers	\$	Preferred Stock	\$
Office Furniture	\$	Common Stock	\$
Other Equipment	\$	Retained Earnings	\$
Other Assets	\$	Capital	\$
TOTAL ASSETS	\$	TOTAL LIABILITIES AND NET WORTH	\$

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

Name: Robert Isham

Position: President

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: Robert Isham

Position: President

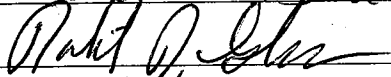
SECTION 8 – DECLARATION OF APPLICANT:

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: Robert Isham

Signature: 

Date, County, State: 6/23/10 King, WA

ATTACHMENT E

CHARTER AND EXCURSION CARRIER REGULATORY FEES

(A minimum fee of \$25.00 is required)

Name of applicant: Seatac Charters, LLC

Trade name (s) (if applicable): _____

Phone Number: 206-824-1112 Fax Number: 206-824-1112

Physical Address

Mailing Address (if different from Business Address)

Street: 20924 8th Ave S

Street: _____

City: Des Moines

City: _____

State/Zip: Wa, 98198

State/Zip: _____

There is a minimum fee of \$25.00 that an auto transportation company with charter and excursion carrier service must pay.

Number of Vehicles: 1 X \$25.00 = \$ 25.00

Seatac Charters, LLC
Business Plan

Business Description:

Seatac Charters, LLC is a bus charter company for hire within the State of Washington. We are a new business providing transportation for school transfers, airport transfers, and cruise ships.

The business philosophy: To provide excellent customer service to our customers. The most important thing to the business would be maintaining a high quality of employees to provide excellent customer service to our customers that in turn would make our company successful.

Management and Operations:

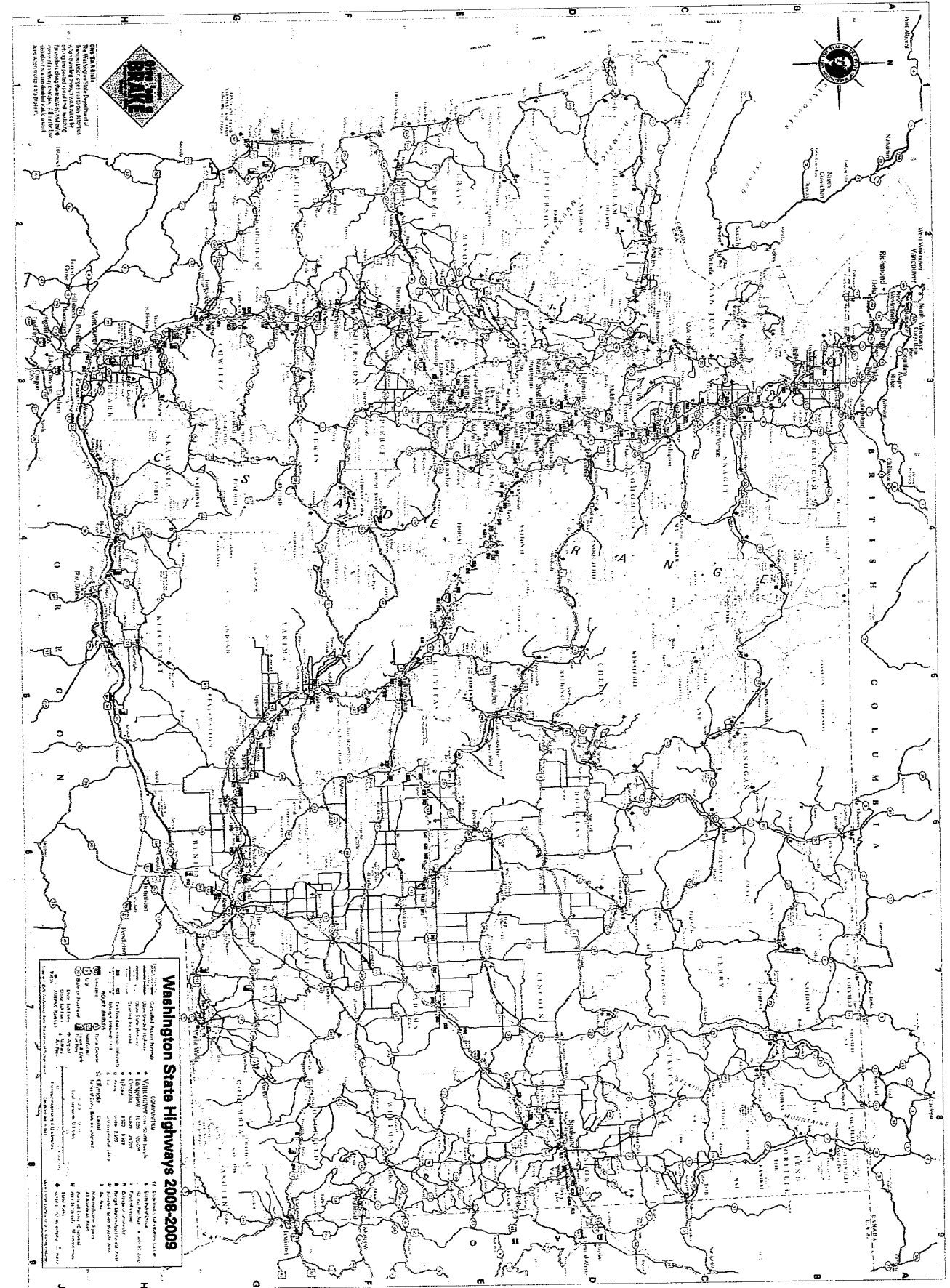
Robert Isham, Sr. is the President with 100% ownership. His extensive business experience gives him the professional and experiential background to manage, control and grow Seatac Charters to a solid and profitable operation. Robert's professional management experience and forty plus years of experience includes ownership and operation of companies in the following industries: landscaping, restaurants, gas station, boat charters, and now bus charters.

Robert Isham, who is the President/General Manager, provides customer service to clients and serves as dispatcher on a daily basis.

Bookkeeping, customer service and administrative support is provided through one person. In addition to the referenced responsibilities, our administration personnel maintains all state and federal required paperwork, licensing, insurance and reporting to the various regulatory agencies.

Customer payment is by cash, check, credit card, or purchase order.

Washington State only



Index to Washington Communities

Community	Page
Abingdon	1
Abington	2
Abraham	3
Abundant	4
Abundant	5
Abundant	6
Abundant	7
Abundant	8
Abundant	9
Abundant	10
Abundant	11
Abundant	12
Abundant	13
Abundant	14
Abundant	15
Abundant	16
Abundant	17
Abundant	18
Abundant	19
Abundant	20
Abundant	21
Abundant	22
Abundant	23
Abundant	24
Abundant	25
Abundant	26
Abundant	27
Abundant	28
Abundant	29
Abundant	30
Abundant	31
Abundant	32
Abundant	33
Abundant	34
Abundant	35
Abundant	36
Abundant	37
Abundant	38
Abundant	39
Abundant	40
Abundant	41
Abundant	42
Abundant	43
Abundant	44
Abundant	45
Abundant	46
Abundant	47
Abundant	48
Abundant	49
Abundant	50
Abundant	51
Abundant	52
Abundant	53
Abundant	54
Abundant	55
Abundant	56
Abundant	57
Abundant	58
Abundant	59
Abundant	60
Abundant	61
Abundant	62
Abundant	63
Abundant	64
Abundant	65
Abundant	66
Abundant	67
Abundant	68
Abundant	69
Abundant	70
Abundant	71
Abundant	72
Abundant	73
Abundant	74
Abundant	75
Abundant	76
Abundant	77
Abundant	78
Abundant	79
Abundant	80
Abundant	81
Abundant	82
Abundant	83
Abundant	84
Abundant	85
Abundant	86
Abundant	87
Abundant	88
Abundant	89
Abundant	90
Abundant	91
Abundant	92
Abundant	93
Abundant	94
Abundant	95
Abundant	96
Abundant	97
Abundant	98
Abundant	99
Abundant	100

ACORD CERTIFICATE OF LIABILITY INSURANCE		DATE (MM/DD/YYYY) 07/28/2010
PRODUCER VERN FONK INSURANCE AGENCY, INC 23820 PACIFIC HWY S. STE 104 Kent, WA 98032	Phone: (206)859-4834	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.
INSURED SEATAC CHARTERS, LLC 20924 8TH AVE Des Moines, WA 98198	INSURERS AFFORDING COVERAGE INSURER A: CANAL INSURANCE COMPANY INSURER B: INSURER C: INSURER D: INSURER E:	NAIC #

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR. ADD'L LTR. INSRD.	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY COMMERCIAL GENERAL LIABILITY CLAIMS MADE OCCUR GENE. AGGREGATE LIMIT APPLIES PER POLICY PRO. LOC.				EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMPROP AGG \$
A	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS X SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS	PIA05736001	04/29/2010	04/29/2011	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	GARAGE LIABILITY ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY AGG \$
A	EXCESS/UMBRELLA LIABILITY OCCUR X CLAIMS MADE DEDUCTIBLE RETENTION \$	PIA05736001	08/01/2010	04/29/2011	EACH OCCURRENCE \$ 4,000,000 AGGREGATE \$ 4,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER				WC STATUTORY LIMITS OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
1995 SETRA BUS WKK138TAXS1030420

CERTIFICATE HOLDER

WUTC
1300 SO EVERGREEN PARK DRIVE SW
Olympia, WA 98504

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL **30** DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

Stella Bisette

(STE)