

1300 S. Evergreen Park Dr. SW P.O. Box 47250 Olympia, WA 98504-7250 Phone; 360-664-1222 Fax: 360-586-1181 'PTY: 360-586-8203 TC-120188-A

or 1-800-416-5289 E-mail: <u>Transportation@syste.wa.gov</u>

Type of Passenger Transportation Authority Requested (check one box)	Fee Required
Auto Transportation Authority New Certificate (auto transportation company certificates include statewide charter and excursion carrier service) – Complete sections I-8 and Attachment E. Submit a proposed tariff and time schedule.	\$ 200
Do you plan on providing charter/excursion service	
Extension of Existing Auto Transportation Certificate No. C- 1073 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. All of Certificate No. C Portion of Certificate No. C	\$ 200
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
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	T=
Credit Card Information (if applicable);	" "-::ration Date " "Year
Amount: \$ 50 Company Name: CLOM, INC.	
Cardholder's signature: Ruhaucia China Date: 2/9/12	

	FOR OFFIC	IAL USE ONLY	
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:

2000 (Licensing Services)

AX 107044

SECTION 1 - APPLICATION INFORMATION

Name of Applicant: CWA, Inc				
Trade Name(s) (if applicable): Airporter Shu				
Unified Business Identification Number (U (If you do not know your UBI number or nee			nent of Licensi	ng at (360)664-1400)
Phone Number: (360) 380-8800	Fax Numbe	r: (360)380-1538		E-mail: Richard@airporter.com
Physical Address		Mailing	address (if dif	ferent from Business Address)
Street: 1416 Whitehorn Street		Street:	-	
City:_Ferndale		O)		
State/Zip:_WA 98248		City:		· · · · · · · · · · · · · · · · · · ·
		_ State/Zip:	<u> </u>	
SEC	CTION 2 – CO	MPANY INFO	RMATION	
Type of business structure: Individual Partnership List the name, title, and percentage of partnership Name Richard Johnson President	s snare or stock	distribution for ma	jor stockholde	rs: ution or Percentage of Shares
	<u> </u>			
	······			
	<u>, </u>			
 Support statements for ter 	ne, route, or servi nporary authority	y (if applicable)		ds described in WAC 480-30-05
Describe the proposed service including the highways, townships, ranges, cities, towns, compared route is for passenger service to the proposed route is for passenger service.	ounties, or other	geographic descrip	tions.	
points in downtown Seattle. Except for re-r	outes due to wear	ther or traffic we w	ill travel along	highways 482 1/90, 1-405, 1-5.
We will provide intercity service between the	e aforementioned	l cities. No service	will be provid	ed between any points within King
County. A map of the proposed territory is a	ttached.	 		
				
State the conditions that justify the granting We are requesting that North Bend be added	to our existing a	uthority C-1073.		
we were granted a tariff change to start serv				
the error (that our authority did not include)		has advised us to it	nmediately cor	rrect our authority and tariff. This
application is our request to correct our auth	ority.		•	

Do other auto transportation companies cu propose to screen	rrently provide	service between any of the points or along any	portion of the route you
No Yes If yes, list the	e names and add	iresses of companies	
What is your USDOT number?1699	9132 y or call 360-596-	(If you currently don't have a USDOT numbe 3816 or 360-596-3803)	r, you can go online to
Do you currently hold, or have you ever he No Yes If yes, please	eld, an auto tran e indicate your c	sportation certificate? ertificate number: C-1073	
Have you ever applied for and been denied No Yes If yes, please			
Have you been sited for violation of state No Yes If yes, please		sion rules?	
SEC	TION 3 –TA	RIFF AND TIME SCHEDULE	
If this application is for temporary authori	tv. a new certifi	cate, or extension of existing certificated author th WAC 480-30-251 through WAC 480-30-43	ority, you must include a 66. AHACHEO
the same rate levels as on file, or you mus	t adopt the curre ication or an ap	an existing certificate, you must either file a next certificate holder's tariff and time schedule. proved alternate format. Indicate which option or File a new fariff	To file a new tariff, use the
.2	ECTION 4 _	HEARING INFORMATION	
		ring, estimate the number of witnesses you wil	I present and the amount of
Number of witnesses: Two		Amount of time: 10 minutes	
Will an attorney be representing you? If y	es, complete the	e following: No	
Attorney's name:		Attorney's phone number:	
Attorney's address:		Fax Number:	
Street		E-mail:	, wh
City, State, Zip			1 n (VX)
		FINANCIAL STATEMENT Profit and Loss Statement, or business plan if a	Heicher W
ASSETS	- Diletty 1	LIABILI7	CIES
Cash in Bank	\$	Salaries/Wages Payable	\$
Notes Receivable	\$	Accounts Payable	\$
Accounts Receivable	\$	Notes Payable	s
Investments	\$	Mortgages Payable	\$
Other Current Assets	\$	Contracts and Bonds Payable	\$
Prepaid Expenses	s	TOTAL LIABILITIES	\$
Land and Buildings	\$	NET WO	RTH
Trucks and Trailers	\$	Preferred Stock	S

Office Furniture	\$ Common Stock	\$
Other Equipment	\$ Retained Earnings	\$
Other Assets	\$ Capital	\$
TOTAL ASSETS	\$ TOTAL LIABILITIES AND NET WORTH	\$

SECTION 6 - EQUIPMENT LIST

December sho	a annium and that will be	used (seeps and divious) shoot	r if nagagamy. Vahialas must nur	inspection and be issued a valid
			s if necessary). Vehicles must pass	
			otor vehicle before your application	
Year	Make	License Number	Vehicle ID Number	Seating Capacity
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	1 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	Attacher		
		/ NUCILIE	71 /	
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	J			
			ETY AND OPERATIONS	
In anch of th	ded wuckly astropates ed	sitena dan pewagakit sil me	ng recoverible for productive in	id complying with the Bedefil
			ng" for assistance with requiremen	
pasia	1000 000000		SPONSIBILITIES	
COMMER	CIAL DRIVER'S LIC			ALTIES (Title 49, Code of Federal
Pegulations	Part 3831 Any driver w	ho operates a vehicle that me	eets the definition of a commercial	motor vehicle must have a valid
CDL.	Tatt 303) Ally direct w	no operates a ventere utat ini	cela dio dominicion of a commercial	motor remote mast have a valid
Name: Boo	th Fouler		Position: Director of Safety	The second secon
		OVITABLE PRIME (T'd) 40 C	Code of Federal Regulations Part 39	1) Polose's most most minimum
DRIVER	QUALIFICATION RE	QUIREMENTS (THE 49, C	coc of rederal Regulations Part 59	1) Driver's must meet mammin
		company must maintain dri	ver qualification files for each drive	71.
Name: Boo		7 (7) 1 40 6 1 50 1	Position: Director of Safey	
			Regulations Part 395) Drivers must	maintain logs and cach company
		ars of service records for eac	n driver.	
Name: Jay			Position: Yakima Supervisor	
CONTRO	LLED SUBSTANCE A	ND ALCOHOL USE AND	TESTING (Title 49, Code of Fed	cral Regulations Part 382) All
persons wh	o drive commercial vehi	cles requiring a CDL must b	e in a Controlled Substance and Al	cohol Use and Testing program that
is in compli	iance with FMCSR in Ti	tle 49, Code of Federal Regi	ilations Part 382 and Title 49, Code	of Federal Regulations Part 40.
Each comp	any will have in place a	system for complying with F	MCSR governing alcohol use and	controlled substances testing
		eral Regulations Part 382 and	d Title 49 Code of Federal Regulat	ons Part 40).
	aham Mallison		Position: Office Administrat	
			code of Federal Regulations Part 39	6) Every motor carrier shall
		naintain all motor vehicles su		
Name: Tor	n Stewart		Position: Shop and Facility S	upervisor
SAFETY I	REGULATIONS, GEN	ERAL (Title 49, Code of Fe	deral Regulations Part 390)	
Name: Ric	hard Johnson		Position: President	
DRIVING	OF COMMERCIAL I	MOTOR VEHICLES (Title	49, Code of Federal Regulations I	Part 392)
		···· ····	50.5	1 37-1-1 G
Name: Bo	oth Fowler & Jay Wees	CORCOARY FOR CAFE A	Position: Director of Safety &	Z Yakima Supervisor
		ECESSARY FOR SAFE U	PERATION (Title 49, Code of Fe	
Name: Tor	n Stewart & Jay Weese			pervisor & Yakima Supervisor
			L RESPONSIBILITIES	1.1
List the per	son and position respon	sible for understanding and o	complying with the requirements of	reach category snown below.
TARIFFS,	TIME SCHEDULES,	RATES AND RATE FILE	NGS (WAC 480-30-251 through V	VAC 480-30-436) Companies must
file a tariff	showing all rates it will	impose on its customers, tog	ether with rules that govern how ra	ates will be assessed. Companies
	ile a time schedule. Cha	rter and excursion only carri	ers are not required to file tariffs a	nd time schedules per WAC 480-30-
251,				

Name:Richard Johnson

Position: President

ANNUAL REPORTS AND REGULATORY FEES (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.

Name:Richard Johnson

Position: President

Signature: Richard Johnson

Date, County, State: February 9, 2012, Whatcom, Washington

CUSTOMER SERVICE Person responsible for customer service complaints, and customer notice requirements. Name: Ruth Musser Position: Transportation Supervisor 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: Richard Johnson Position: President SECTION 8 - DECLARTION 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: Richard Johnson

Wickkiser International Companies, Inc

Vehicle List

176	A94597W	2005 Dodge Sprinter Van
104	541ZAI	2004 Dodge Sprinter Van
206	B98282N	2002 Krystal Koach
207	B98283N	2002 Krystal Koach
	A/8801P 2372K0 B833485 B67219T	1979 MLI MC9 1980 MCI MC9 2004 Krystal Coach 2004 Krystal Coach

Vehicle

ATTACHMENT A

TEMPORARY CERTIFICATE SUPPORT STATEMENT

Temporary certificate applications must include signed and swom support statements from one or more potential customers identifying all pertinent facts relating to need for the proposed service.

Applicant Name: CWA, Inc		
CUSTOMER SWORN	STATEMENT RELATING TO THE N	EED FOR SERVICE
Customer Name: William Newman		
Address: 672 Fairview Road/ Ellensburg/ 9	98926	
Phone Number: (509)899-1599	Fax Number: ()	E-mail: little bill@fair point.net
Describe the need for the requested service:		
Please see attached email		
If there is an existing company providing th applicable): None		
Phone Number: ()		
Explain why the current company is not abl	e to provide you service:	
	·	
I certify or declare under penalty of perjury statement is true and correct.	under the laws of the state of Washington	that the information contained in this
Please see the attached email		
Print Name	Signature	Date, County, State

From: Adrienne Booth <adrienne@airporter.com>

Subject: North Bend customer testimonial Date: February 3, 2012 8:40:21 AM PST

To: Richard Johnson < richard@airporter.com>

Hi Richard,

Here's one so far

Begin forwarded message:

From: "William Newman" <|ittlebill@falrpoint.nct>
Date: February 1, 2012 3:56:59 PM PST

To: adrienne@airporter.com
Reply-To: intlebili@fotrpoint.net

I'am Bill Newman I live in Ellensburg Wa and my Wife works in Enumcalw for King County Libary Sestym. We have a House in Renton that we are working on and I use the Shuttle a lot. She picks me up in North Bend it is very helpful to be able to get over the Pass when I need to and not have to drive and have 2 cars on the West side. With out the shuttle their would be Quite a few people inconvienced by haveing to drive over the pass. I would like to see the Shuttle service continued. They provide a Great service.

_Dmail

ATTACHMENT A

TEMPORARY CERTIFICATE SUPPORT STATEMENT

Temporary certificate applications must include signed and sworn support statements from one or more potential customers identifying all pertinent facts relating to need for the proposed service.

Applicant Name: CWA, Inc		
CUSTOMER SWORN S	TATEMENT RELATING TO THE N	EED FOR SERVICE
Customer Name: Kailyn Schmidt		
Address:		
Phone Number: (425)503-7945	Fax Number: ()_	E-mail:
aischmi@gmail.com		
Describe the need for the requested service:	**************************************	
Please see attached email		
	·	
	W. C.	
f there is an existing company providing this	s service in the terrority please indicate t	he existing company's name (if
applicable); None		
pp:::22:5); :::0::0		
Phone Number: ()		
none Number, (·	
Explain why the current company is not able	to provide you service:	
		· · · · · · · · · · · · · · · · · · ·
certify or declare under penalty of perjury totalement is true and correct.	inder the laws of the state of Washington	that the information contained in the
Please see the attached email		
Print Name	Signature	Date, County, State

From: Adrienne Booth <adrienne@airporter.com>

Subject: Airporter testimonial - North Bend

Date: February 6, 2012 8:58:00 AM PST

To: Richard Johnson < richard@airporter.com>

Begin forwarded message:

From: Kailyn Schmidt kaischml@gmail.com
Date: February 3, 2012 8:40:28 PM PST
To: Adrienne Booth <a href="mailto:kaischml@gmailto:kaisch

Subject; Re: Airporter testimonial

Hi Adrienne-

I've used the shuttle probably ten times over the past year. It's convenient, reasonably priced, and helps take the stress out of my travels across the pass. I would be disappointed if the service went away or wasn't as available as it currently is. Having multiple options as far as time and location is probably the best part of the service.

Thanksl

On Fri, Feb 3, 2012 at 2:54 PM, Adrionno Booth <adrienne@airporter.com> wrote: Hi Kailyn,

Thanks so much for taking time on the phone with me today. As discussed, if you could come up with a few sentences to describe how you've used our service to North Bend, and if it was convenient.

A few questions below might help frame your comments:

How often.

If it was helpful.

Would you be disappointed if the service went away.

Thank youl

adrienne booth | airporter shuttle / bellair charters director of sales and marketing wk: 360.543.9374 | cell: 360.815.5179 adrienne@airporter.com | www.airporter.com

Your transportation solution since 1985

Email

RECEIVED JUN. 22, 2009 WA. UT. & TRANS. COMM. ORIGINAL TC-091005 SUB 7/10/09

dba Airporter Shuttle

7/9/2009

Time Schedule # 4
cancels
Time Schedule # 3

C-1073

To SeaTac/Seattle (Westbound) CWA

(8)	ω,	2:15PM	2:50PM	12:05 PM 3:05PM 6:05 PM	3:45PM 6	45PM 4:45PM 7:45PM (N)	2:15 PM 5:15PM 8:15 PM	5:45PM 6
•	8:00 AM	8:15 AM	. 8:50 AM	9:05 AM	9:45 AM	10:45AM	11:15 AM	11:45 AM
(C).	Yakima Air Terminal 5:00 AM	Ison		CWU Starbucks* 6:05 AM	ation*	Bend*	ARRIVE: SeaTac Airport · 8:15 AM	

From Seattle/SeaTac (Eastbound) CWA

(X)	1:30 PM 4:30 PM 7:30PM	11:00 AM 2:00 PM 5:00 PM 8:00PM 11:00 PM	11:30AM 2:30PM 5:30PM 8:30PM	12:30 PM 3:30 PM 6:30 PM 9:30PM	1:10 PM 4:10 PM 7:10 PM 10:10PM	4:25 PM 7:25 PM 10:25PM	5:00 PM	5:15 PM 8:15 PM
•	10:30 AM	11:00 AM	11:30AM	12:30 PM	1:10 PM	1:25 PM	2:00 PM	7:15 PM
	DEPART: Seattle Amtrak	DEPART: SeaTac Alrport	Factory Stores at North Bend*	Cle Elum Shell Station*	CWU Starbucks*	Ellensburg Inn	Yakima Howard Johnson	Vakima Air Terminal

(*) Advance Reservations Required.

Location Key

Yakima Air Terminal	2400 West Washington Avenue, Yakima
Yakima Howard Johnson	9 North 9th Street, Yakima
Ellensburg Quality Inn	1700 Canyon Road, Ellensburg
CWU Starbucks*	(CWU) 908 East Ten Avenue, Ellensburg
Cle Elum Shell Station*	207 West 1st Avenue, Cle Elum
Factory Stores at North Bend*	Factory Stores at North Bend* 461 South Fork Avenue, North Bend (I-90 exit 31)

Issued: July 9th, 2009

Issued by: Richard Johnson -President; CWA, Inc

FOR OFFICIAL USE ONLY Docket No. TC-091005 Agenda Date: July 30, 2009 Effective Date: July 10, 2009

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Effective: July 10th, 2009

RECEIVED JUN, 22, 2009 WA. UT. & TRANS. COMM. ORIGINAL TC-091005 SUB 7/10/09

Tanif # 1 Company Name:

ADULT

3rd Revised Page 1 cancels 2nd revised page 1

CWA Inc, dba Airporter Shuttle C-1073

21.00 42.00 47.00 34.00 13.00 19.00 38.00 28.00 49.00 26.08 FNB (N) 13.09 | 26.09 | 26.00 \$ 26.06 \$ 14.06 \$ 26.00 \$ 5.00 \$ 1000 \$ 3100 \$ 62.00 \$ 20.00 \$ 10,00 5.00 17.00 \$ 34.00 \$ 31.00 \$ 62.00 \$ 72.00 \$ 28.00 \$ 21.00 \$ 42.00 \$ 36.00 \$ 20.02 72.00 \$ B) 14,00 41.00 82.00 23.00 \$ 21.00 \$ 42.00 \$ 37.00 \$ 74.00 \$ 43.00 \$ 65.00 \$ 14.00 S AZOD : 62.00 \$ 24.00 \$ 48.00 \$ 72.00 **\$** 38.00 \$ 84.00 82.00 11.00 74.00 \$ 35.00 \$ 72.00 \$ 31.00 \$ 5.00

FNB (N)

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VAT = Yakina Air Yenninal

YIL = Yakina Howard Jubinson

ELL = Quafry Ira, Ellensburg

CUV = Central Washingan Dixersiry, Ellensburg

CLE = CE Burn Shelf, Cle Ellun

NBD = North Bend Fanney Outet

SEA = Seater Airpon

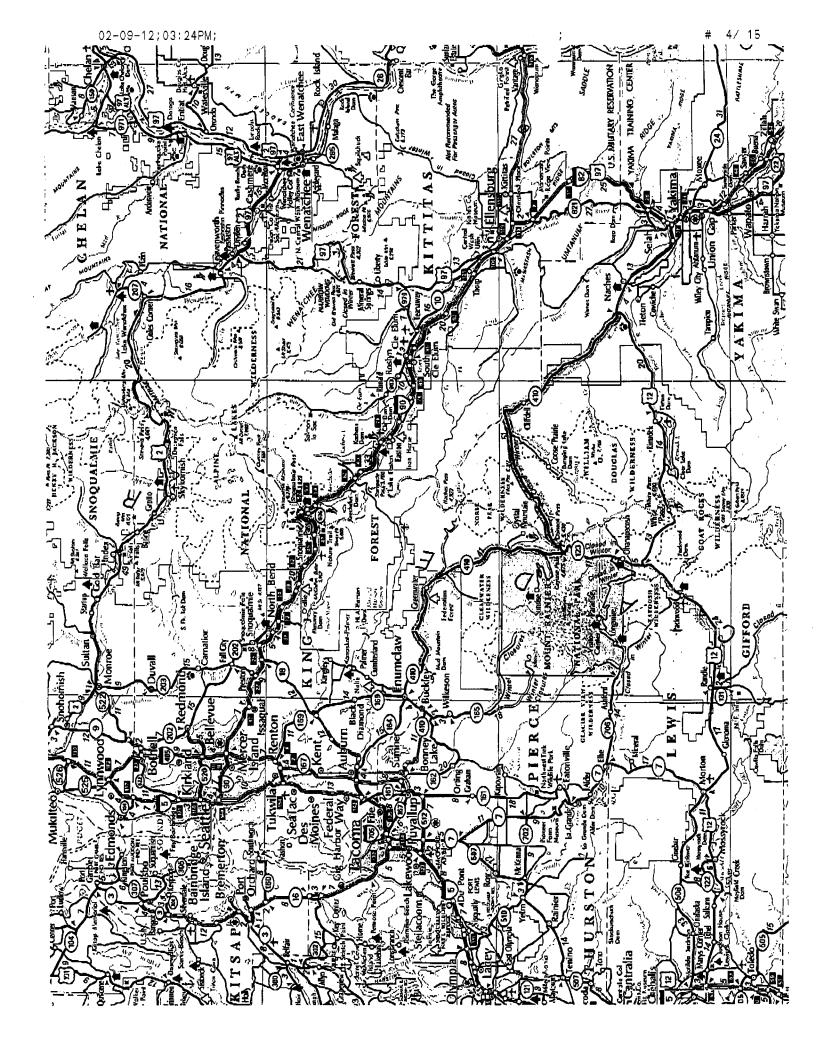
STL = Seatele

Issued By. Richard Johnson

Issue Date: July 9, 2009

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FOR OFFICIAL USE ONLY
Docket No. TC-091005
Agenda Date: July 10, 2009
Effective Date: July 10, 2009



Attn: Gene Eckhardt

Via FAX: 360-586-1181

February 9, 2012

Gene

Please find attached our temporary Authority request.

I have attached two customer references that include the completed temporary support statements

As I mentioned it has been years since I last updated any certificates or tariffs so am quite rusty. I'm at my desk 360-543-9369 if there are any corrections that I need to make.

Thank you for your help expediting this request. CWA employees and our customers appreciate your willingness to help.

Sincerely

Richard