

Type of Passenger Transportation Authority Requested (check one box)	Fee Required
<input type="checkbox"/> <b>Auto Transportation Authority (a new certificate)</b> Complete sections 1-8. Submit a proposed tariff and time schedule.	\$ 200
<input type="checkbox"/> <b>Extension of Existing Auto Transportation</b> Certificate No. C-1077_NO FEE REQUIRED PER ORDER NO. 1 DOCKET 130369 Complete sections 1-8. Submit a proposed tariff and time schedule.	\$ 150
<input type="checkbox"/> <b>Transfer or Lease Auto Transportation Authority</b> Complete sections 1-8 and Attachment B. <input type="checkbox"/> All of Certificate No. C- _____ <input type="checkbox"/> Portion of Certificate No. C- _____	\$ 200
<input checked="" type="checkbox"/> <b>Auto Transportation Authority (new temporary authority or temporary authority to operate pending a commission decision on a parallel filed permanent application)</b> Complete sections 1-8 and Attachment A. <i>extension</i>	\$ 150
<input type="checkbox"/> <b>Mortgage of Certificate</b> Complete section 1 and Attachment D.	\$ 35
<input type="checkbox"/> <b>Name Change (company corporate name, trade name or surname of an individual owner or partner)</b> Complete section 1 and Attachments C and E.	\$ 35
<input type="checkbox"/> <b>Reinstatement of Cancelled Certificate</b> Complete sections 1 and 8.	\$200

**TYPE OF PAYMENT:**

Cash     Check     Money Order     AMEX     MasterCard     Visa

<b>Credit Card Information (if applicable):</b>	Expiration Date Month/Year

Amount: \$ NO FEE REQUIRED

Cardholder's signature: \_\_\_\_\_ Date: \_\_\_\_\_

FOR OFFICIAL USE ONLY			
Date Filed: <i>4/8/13</i>	Docket #:	Motcar: <i>M41230</i>	Cert. Issued:
LS Staff Assigned: <i>[Signature]</i>	Insurance:	Application:	Related App:
DOL/SOS: <i>[Signature]</i>	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:

**SECTION 1 – APPLICATION INFORMATION**

Name of Applicant: SEATAC SHUTTLE, LLC		
Trade Name(s) if applicable: WHIDBEY-SEATAC SHUTTLE		
Unified Business Identification Number (UBI): 602283265 <i>ad</i>		
If you do not know your UBI number or need to request one, contact the Department of Licensing at (360) 664-1400.		
Phone Number: (360) 679-4003	Fax Number: (360) 323-8894	E-mail: john@seatacshuttle.com
Physical Address		Mailing address, if different from physical address
Street: 1751 NE Goldie St Unit A		Street: PO Box 2895
City: Oak Harbor		City: Oak Harbor
State/Zip: WA 98277		State/Zip: WA 98277

**SECTION 2 – COMPANY INFORMATION**

**USDOT # 1493140**

**Type of business structure:**  
 Individual       Partnership       Corporation       Other (LP, LLP, LLC) LLC

List the name, title and percentage of partner's share or stock distribution for major stockholders:

Name	Title	Stock Distribution or Percentage of Shares
John Solin	Member	50%
Mike Lauver	Member	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. Describe in terms such as streets, avenues, roads, highways, townships, ranges, cities, towns, counties or other geographic descriptions.  
See the attached modification of existing authority and map showing shuttle service between Whidbey Island and Bellingham airport.

---

How many riders do you expect during your first year of operations? unknown

State the conditions that justify granting of this application.  
This is an administrative filing to provide language that clearly permits BOTH scheduled and door-to-door service between all points served between Whidbey Island, Bellingham airport, SEATAC airport and Seattle. Granting this will resolve all current and future questions as to our ability to provide these services.

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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     Yes If yes, list the names and addresses of companies

Name	Address

---

Do you currently hold, or have you ever held, an auto transportation certificate?  
 No     Yes If yes, please indicate your certificate number: C-1077

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 ~~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:

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

*all proposed*

**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: NO HEARING REQUIRED

Amount of time:

Will an attorney be representing you? NO

If so, 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 or Profit and Loss Statement in place of providing the information requested below.

ASSETS		LIABILITIES	
Cash in Bank	\$30,000	Salaries/Wages Payable	\$
Notes Receivable	\$	Accounts Payable	\$9,000
Accounts Receivable	\$	Notes Payable	\$151,900
Investments	\$60,000	Mortgages Payable	\$
Other Current Assets	\$	Contracts and Bonds Payable	\$
Prepaid Expenses	\$	<b>TOTAL LIABILITIES</b>	\$160,900
Land and Buildings	\$	NET WORTH	
Trucks and Trailers	\$257,000	Preferred Stock	\$
Office Furniture	\$5,000	Common Stock	\$
Other Equipment	\$5,000	Retained Earnings	\$196,100
Other Assets	\$	Capital	\$
<b>TOTAL ASSETS</b>	<b>\$357,000</b>	<b>TOTAL LIABILITIES AND NET WORTH</b>	<b>\$357,000</b>

In addition to completing the information requested above, you must attach a projected balance sheet and income statement for your first year of operation. We do not expect Revenue to exceed Expenses during the first year of operation. See our 2011 Annual Report for estimated income statement.

Describe the equipment you will use in your operations. Attach additional sheets if necessary. You must have your vehicles inspected and receive a valid Commercial Vehicle Safety Alliance decal for each motor vehicle before your application is granted.

Year	Make	License Number	Vehicle ID Number	Seating Capacity
	See Spreadsheet			

*all attachment*


**SECTION 6 – EQUIPMENT LIST**

**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: James Johnson

Position: General Manager

**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 Solin

Position: Member, LLC

**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: John Solin

Position: Member, LLC

**CUSTOMER SERVICE** (WAC 480-30-441 through WAC 480-30-461). You must interact with customers according to the rules.

Name: John Tharp

Position: Customer Service Manager

**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: Mike Lauver and John Solin

Position: Members, LLC

**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.

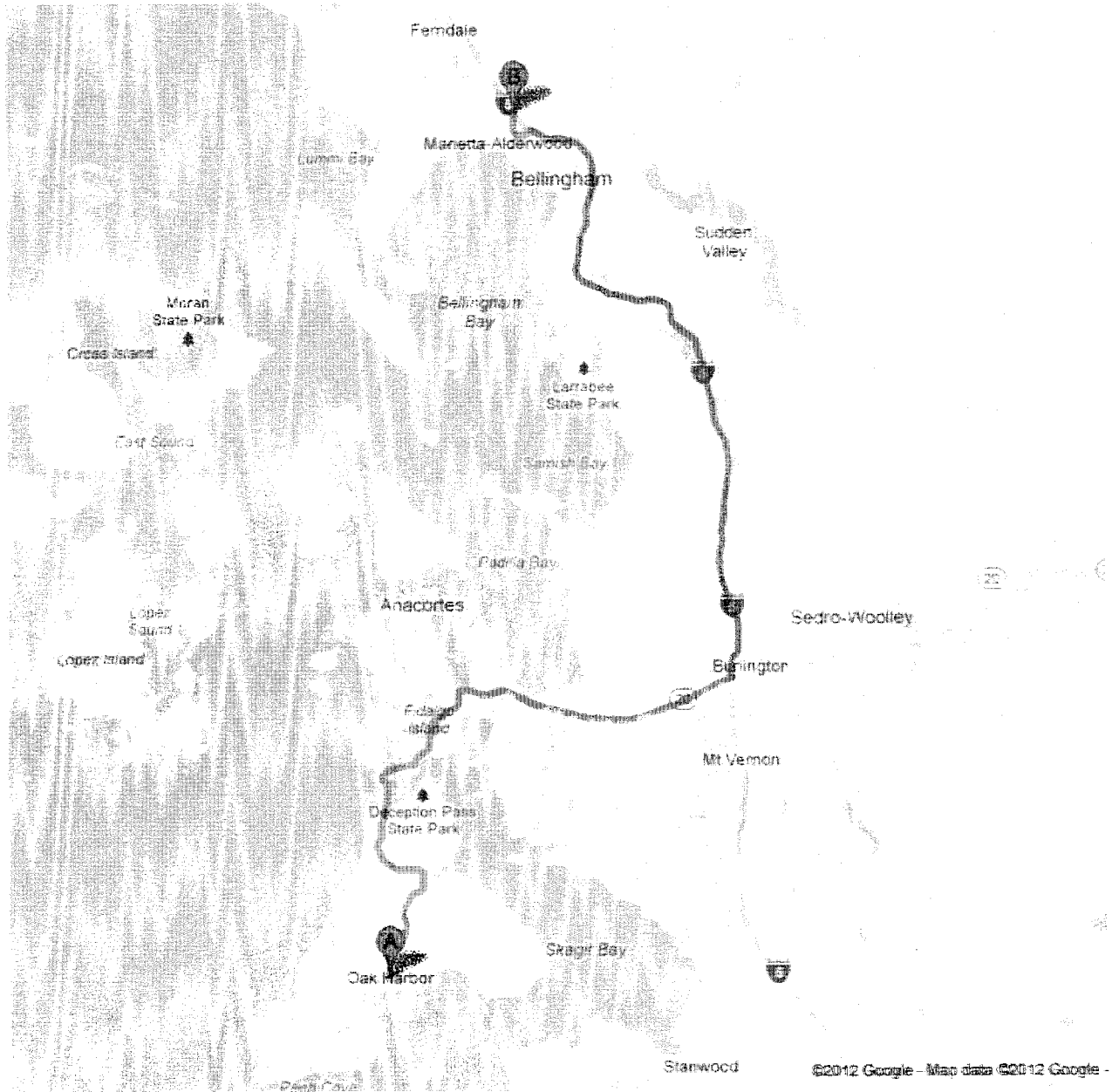
Printed name: John Solin

Signature:

Date, County, State: April 5, 2013, Island, Washington



Directions to Bellingham International Airport  
Bellingham, Washington - (360) 671-5674  
56.7 mi - about 1 hour 16 mins



WHIDBEY SEATAC SHUTTLE VEHICLE INFO AS OF 11/13/2012

YEAR	MAKE/MODEL	PASS CAP.	VIN	COST	VEHICLE #	LICENSE	PURCHAS
2008	FORD E-350	9	1FBSS31L28DB37768	\$ 16,399.00	1	34124RP	
2008	FORD E-350	9	1FBSS31LX8DB19387	\$ 18,200.00	2	21981RP	
2005	FORD E-350	9	1FBSS31L25HB31019	\$ 13,027.00	3	B75062V	
2008	FORD E-350	9	1FBSS31L48DA46050	\$ 19,721.00	4	28774RP	
2009	FORD E-450 AMERITRANS	24	1FDXE45S19DA87491	\$ 54,705.00	5	26886RP	
2005	FORD E-450 AMERITRANS	24	1FDXE45S05HA09609	\$ 45,000.00	6	12254RP	
2006	FORD E-350 STARCRAFT	14	1FDWE35L26DB00405	\$ 53,101.00	7	12255RP	
2012	FORD E-450 AMERITRANS	24	1FDXE4FS4CDA70643	\$ 61,756.00	8	36592RP	4/23/12
2006	FORD E-450 STARTRANS	24	1FDXE45S86DB33118	\$ 51,000.00	9	15324RP	
2011	FORD E-450 AMERITRANS	24	1FDXE4FS8BDA94734	\$ 60,100.00	10	31738RP	5/1/11
2008	FORD E-450 STARTRANS	24	1FD4E45S08DB17873	\$ 60,870.00	11	20003RP	
2009	FORD E-450 STARTRANS	14	1FDWE35L58DB59967	\$ 43,292.00	12	22864RP	
2003	LINCOLN KRYSTAL 120 LIMO	8	1L1FM81W23Y607584	\$ 19,500.00	L-A	B27290N	
2012	FORD E-450 AMERITRANS	24	1FDXE4FS1CDA79798	\$ 68,063.00	14	37393RP	5/31/12

**TIME SCHEDULE NO. 10**

Company Name: SEATAC SHUTTLE, LLC dba WHIDBEY-SEATAC SHUTTLE C-1077

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**Scheduled Service between Whidbey Island and Bellingham International Airport**

**BY THE FOLLOWING ROUTE:  
WHIDBEY ISLAND TO BELLINGHAM AIRPORT (BLI) DEPARTURE TIMES**

<b>(N)NAS Whidbey</b>	<b>420AM</b>	<b>720AM</b>
Oak Harbor	430AM	730AM
N. Oak Harbor	440AM	740AM
Soundview	445AM	745AM
ARR BLI	600AM	900AM
	SUN	MON

**BELLINGHAM AIRPORT (BLI) TO WHIDBEY ISLAND DEPARTURE TIMES**

DEP BLI	845AM	1100AM
Soundview	1000AM	1215PM
N. Oak Harbor	1005AM	1220PM
Oak Harbor	1015AM	1230PM
<b>(N)NAS Whidbey</b>	<b>1025AM</b>	<b>1240PM</b>
	SUN	MON



Proposed

Tariff No. 5

2<sup>nd</sup> Revised Page No. 10

Company Name: SEATAC SHUTTLE, LLC dba WHIDBEY-SEATAC SHUTTLE C-1077

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**RATE SCHEDULE  
(N) SCHEDULED SERVICE**

ADULT FARES IN US DOLLARS AND CENTS PER PERSON  
ONE-WAY EXCEPT AS OTHERWISE INDICATED

	Whidbey Island	BLI Airport
Whidbey Island	-----	\$35.00
(BLI) Airport	\$35.00	-----

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Issue Date: March 21, 2013  
Issued By: John J. Solin, Member, SEATAC SHUTTLE, LLC

Effective Date: April 22, 2013

## Leipski, Tina (UTC)

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**From:** John Solin <john@jsolin.com>  
**Sent:** Monday, April 08, 2013 8:24 AM  
**To:** Leipski, Tina (UTC)  
**Cc:** Mike  
**Subject:** Re: APPLICATIONS RECEIVED THROUGH WEB PORTAL  
**Attachments:** Transmittal\_Letter\_Tariff\_No.\_5\_Time Sched 10 3-21-13].docx; Time Schedule No. 10 Original Page No. 12 (A) (1).docx; Tariff No. 5 Original Page 11 REVISION (a).docx; Time Schedule No. 10 2nd Revised Page 10 REVISION (A).docx; Tariff No. 5 Revised Page 10 REVISION (A).docx

I've attached the cover letter, the 2 time schedule revisions and the 2 tariff revision pages that we filed March 21 which were rejected since staff decided that our authority only permitted door to door service. If you want to use these 4 pages as part of the application to satisfy the requirement of WAC that is fine. Do I need to also submit these thru the web portal?

The only reason we are doing the 2 applications is that staff and Mr. King said this was the only solution to serve BLI with both door to door and scheduled service. Hope this clarifies the issues at hand. Thank you for your continued help and follow-up.

On Mon, Apr 8, 2013 at 7:59 AM, Leipski, Tina (UTC) <[TLeipski@utc.wa.gov](mailto:TLeipski@utc.wa.gov)> wrote:

Hi John,

Great, I will remove the credit card info.

Regarding the "proposed" tariff and time schedules, per WAC 480-30-096(3)(d), this is a requirement of all applications being submitted for processing.

If you have some that you have already submitted, I will take those. I just need a complete application before I can start the process.

Thanks!

Tina

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**From:** John Solin [mailto:[john@jsolin.com](mailto:john@jsolin.com)]  
**Sent:** Friday, April 05, 2013 5:59 PM  
**To:** Leipski, Tina (UTC)

Cc: [john@seatacshuttle.com](mailto:john@seatacshuttle.com)

Subject: Re: APPLICATIONS RECEIVED THROUGH WEB PORTAL

Remove the cc info from the temp one since the fees were both waived. However until the authority is approved we see no reason to send in tariffs and time schedules. The tariffs and time schedules we recently filed that were rejected will be the same ones we will file again once this authority debacle is resolved.

John Solin

360-969-1227

Sent from my iPhone

On Apr 5, 2013, at 3:21 PM, "Leipski, Tina (UTC)" <[TLeipski@utc.wa.gov](mailto:TLeipski@utc.wa.gov)> wrote:

Hi John,

I have been made aware that a couple of applications were submitted from you through our web portal. This is unusual but I finally did get them.

In all the attachments, I don't see the proposed tariff and time schedule. I see that you have attached your 2012 application to both of these applications with the credit card info? Was that intentional? If not, let me know and I will remove.

Let me know when you will submitting the proposed tariff and time schedule.

Thanks!

Tina Leipski

Utilities & Transportation Commission

Licensing Services

360-664-1170

fax 360-586-1181

--  
**John Solin**

360-969-1227 Cell  
360-678-8433 Home  
708-575-2979 Fax



**Type of Passenger Transportation Authority Requested (check one box)**

Fee  
Required  
\$200

**Auto Transportation Authority (a new certificate)**

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

**Extension of Existing Auto Transportation**

\$ 150

Certificate No. C-1077 \_\_\_\_\_

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

**Transfer or Lease Auto Transportation Authority**

\$ 200

Complete sections 1-8 and Attachment B.

- All of Certificate No. C- \_\_\_\_\_  
 Portion of Certificate No. C- \_\_\_\_\_

*2012 application?*

**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: \$ 150.00 \_\_\_\_\_

Cardholder's signature: John Solin \_\_\_\_\_

Date: 6/1/2012

**FOR OFFICIAL 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:

**SECTION 1 – APPLICATION INFORMATION**

Name of Applicant: SEATAC SHUTTLE, LLC		
Trade Name(s) if applicable: WHIDBEY-SEATAC SHUTTLE		
Unified Business Identification Number (UBI): 602283265		
If you do not know your UBI number or need to request one, contact the Department of Licensing at (360) 664-1400.		
Phone Number: (360) 679-4003	Fax Number: (360) 323-8894	E-mail: john@seatacshuttle.com
Physical Address		Mailing address, if different from physical address
Street: 1751 NE Goldie St Unit A		Street: PO Box 2895
City: Oak Harbor		City: Oak Harbor
State/Zip: WA 98277		State/Zip: WA 98277

**SECTION 2 – COMPANY INFORMATION**

**Type of business structure:**  
 Individual       Partnership       Corporation       Other (LP, LLP, LLC) 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>
John Solin	Member	50%
Mike Lauver	Member	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. Describe in terms such as streets, avenues, roads, highways, townships, ranges, cities, towns, counties or other geographic descriptions.  
See the attached modification of existing authority and map showing shuttle service between Whidbey Island and Bellingham airport.

---

How many riders do you expect during your first year of operations? unknown

State the conditions that justify granting of this application.  
There is NO scheduled service to or from Whidbey Island, WA and Bellingham Airport. Three airlines, Horizon, Allegiant, and Alaska offer over 120 flights a week and hence residents of Whidbey Island want shuttle service to this airport. Granting this application will provide fast, direct and convenient airporter service for our customers.

---

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     Yes If yes, list the names and addresses of companies

Name	Address

---

Do you currently hold, or have you ever held, an auto transportation certificate?  
 No     Yes If yes, please indicate your certificate number: C-1077

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 included with this application or an approved alternate format. Indicate which option you will use:

- 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: 2	Amount of time: 1 hour
Will an attorney be representing you? NO	
If so, 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 or Profit and Loss Statement in place of providing the information requested below.

ASSETS		LIABILITIES	
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<b>TOTAL ASSETS</b>	<b>\$357,000</b>	<b>TOTAL LIABILITIES AND NET WORTH</b>	<b>\$357,000</b>

In addition to completing the information requested above, you must attach a projected balance sheet and income statement for your first year of operation. We do not expect Revenue to exceed Expenses during the first year of operation. See our 2011 Annual Report for estimated income statement.

Describe the equipment you will use in your operations. Attach additional sheets if necessary. You must have your vehicles inspected and receive a valid Commercial Vehicle Safety Alliance decal for each motor vehicle before your application is granted.

Year	Make	License Number	Vehicle ID Number	Seating Capacity
	See Spreadsheet			


**SECTION 6 – EQUIPMENT LIST**

**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 a alcohol and controlled substances testing program.
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- **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: James Johnson

Position: General Manager

**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 Solin

Position: Member, LLC

**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: John Solin

Position: Member, LLC

**CUSTOMER SERVICE** (WAC 480-30-441 through WAC 480-30-461). You must interact with customers according to the rules.

Name: Kevin Krueger

Position: Business Manager

**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: Mike Lauver and John Solin

Position: Members, LLC

**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 Solin

Signature:

Date, County, State: June 1, 2012, Island, Washington

Company Name: SEATAC SHUTTLE, LLC d/b/a WHIDBEY-SEATAC SHUTTLE

Certificate Number: C-1077

For the transportation of passengers in the following territory:

PASSENGER SERVICE by reservation only:

PASSENGER SERVICE BETWEEN: Whidbey Island and Bellingham International airport.

CLOSED DOOR SERVICE BETWEEN: Whidbey Island and Bellingham International airport.

PASSENGER SERVICE by reservation only:

BETWEEN: Whidbey Island and Seattle.

CLOSED DOOR SERVICE BETWEEN: Seattle and the SeaTac International Airport. No passengers may be transported between points in Seattle and SeaTac International Airport.

PASSENGER SERVICE by reservation only:

PASSENGER SERVICE BETWEEN: Whidbey Island and SeaTac International Airport via Deception Pass or the Clinton Ferry; Oak Harbor and Lupien Field.

PASSENGER SERVICE by reservation only:

BETWEEN: Oak Harbor and Coupeville; Coupeville and the Coupeville Ferry; Langley and Clinton.

BETWEEN: Oak Harbor and hotels and motels within a 1-mile radius and hotels and motels within a 1-mile radius of the SeaTac International Airport.