

| Type of Passenger Transportation Authority Requested (check one box)  | Fee Required  |
|---|---------------|
| <b><u>Auto Transportation Authority</u></b><br><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"/> <b><u>Extension of Existing Auto Transportation Certificate No. C-</u></b> _____<br>Complete sections 1-8. Submit a proposed tariff and time schedule.   | \$ 150<br>N/A |
| <b><u>Transfer or Lease Auto Transportation Authority</u></b> – Complete sections 1-8 and Attachment B.<br><input type="checkbox"/> All of Certificate No. C- _____<br><input type="checkbox"/> Portion of Certificate No. C- _____   | \$ 200<br>N/A |
| <input type="checkbox"/> <b><u>Temporary Auto Transportation Authority</u></b> (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<br>N/A |
| <input type="checkbox"/> <b><u>Mortgage of Certificate</u></b> – Complete section 1 and Attachment D.   | \$ 35<br>N/A  |
| <input type="checkbox"/> <b><u>Name Change</u></b> (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<br>N/A  |
| <input type="checkbox"/> <b><u>Reinstatement of Cancelled Certificate</u></b> – Complete sections 1 and 8   | \$ 200<br>N/A |

**TYPE OF PAYMENT:**

Cash  Check  Money Order  AMEX  MasterCard  Visa

Credit Card Information (if applicable):

112204

Expiration Date  
Month/Year

Amount: \$ 200

Company Name: Seatac Airport 24

Cardholder's signature: *[Signature]*

Date: 3/7/2014

**FOR OFFICIAL USE ONLY**

|                                       |                       |                     |                  |
|---------------------------------------|-----------------------|---------------------|------------------|
| Date Filed: 3/11/14                   | Docket #:             | Motcar: 442917      | 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 #: 049559 | 11 0268:         |
| 111-0268-232-02: 200 10               | 111-0268-232-01:      | 111-0268-230-02:    | 111-0268-230-01: |

**SECTION 1 - APPLICATION INFORMATION**

|   |   |                                     |
|---|---|-------------------------------------|
| Name of Applicant: <u>Sani Mahama Maurou</u>  |   |                                     |
| Trade Name(s) (if applicable): <u>Seatac Airport 240</u>  |   |                                     |
| Unified Business Identification Number (UBI): <u>601 938 1365 01</u><br><small>(If you do not know your UBI number or need to request one contact the Department of Licensing at (360)664-1400)</small> |   |                                     |
| Phone Number: <u>206 356 7664</u>   | Fax Number: <u>206 319 7076</u>                                     | E-mail: <u>SANIMAUROU@yahoo.com</u> |
| <small>Physical Address</small>   | <small>Mailing address (if different from Business Address)</small> |                                     |
| Street: <u>165-17th ave #102</u>  | Street: _____   |                                     |
| City: <u>Seattle</u>  | City: _____   |                                     |
| State/Zip: <u>WA 98122</u>  | State/Zip: _____  |                                     |

**SECTION 2 - COMPANY INFORMATION**

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 Distribution or Percentage of Shares |
|---------------------------|----------------------------|--|
| <u>Sani Mahama Maurou</u> | <u>CEO &amp; President</u> | <u>100%</u>                                |
|                           |                            |  |
|                           |                            |  |
|                           |                            |  |

**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.

See attached documents, please.

State the conditions that justify the granting of this application.

See attached document, please.

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

What is your USDOT number? 2408309 (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     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:

*N/A*     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>N/A</u>  | Amount of time: <u>15-20 mn</u> |
| Will an attorney be representing you? If yes, complete the following: <u>N/A</u> |                                 |
| 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. *N/A*

| ASSETS               |                   | LIABILITIES                            |    |
|----------------------|-------------------|--|----|
| Cash in Bank         | \$ <u>10,000</u>  | Salaries/Wages Payable                 | \$ |
| Notes Receivable     | \$                | Accounts Payable                       | \$ |
| Accounts Receivable  | \$                | Notes Payable                          | \$ |
| Investments          | \$                | Mortgages Payable                      | \$ |
| Other Current Assets | \$                | Contracts and Bonds Payable            | \$ |
| Prepaid Expenses     | \$                | <b>TOTAL LIABILITIES</b>               | \$ |
| Land and Buildings   | \$                | <b>NET WORTH</b>                       |    |
| Trucks and Trailers  | \$ <u>80,000</u>  | Preferred Stock                        | \$ |
| Office Furniture     | \$ <u>12,000</u>  | Common Stock                           | \$ |
| Other Equipment      | \$                | Retained Earnings                      | \$ |
| Other Assets         | \$                | Capital                                | \$ |
| <b>TOTAL ASSETS</b>  | \$ <u>102,000</u> | <b>TOTAL LIABILITIES AND NET WORTH</b> | \$ |

B244457

**SECTION 6 - EQUIPMENT LIST**

Describe the equipment that will be used (attach additional sheets if necessary). Vehicles must pass inspection and be issued a valid Commercial Vehicle Safety Alliance inspection decal for each motor vehicle before your application may be granted.

| Year | Make | License Number | Vehicle ID Number | Seating Capacity               |
|------|------|----------------|-------------------|--------------------------------|
| 2013 | FORD | B244457        | 1FB5S3BL9DDA49180 | 15 passengers/Drivers included |
| 2013 | FORD | 0816876A       | 1FB5S3BL8DDA63572 | 15 passengers/Drivers included |
|      |      |                |                   |                                |
|      |      |                |                   |                                |
|      |      |                |                   |                                |
|      |      |                |                   |                                |

**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) Any driver who operates a vehicle that meets the definition of a commercial motor vehicle must have a valid CDL.

Name: Sami Mahama Mauron Position: CEO & President, Driver

**DRIVER QUALIFICATION REQUIREMENTS** (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.

Name: Sami Mahama Mauron Position: Driver

**DRIVERS HOURS OF SERVICE** (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.

Name: Sami M. Mauron Position: Driver

**CONTROLLED SUBSTANCE AND ALCOHOL USE AND TESTING** (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).

Name: Sami M. Mauron Position: Driver

**INSPECTION, REPAIR AND MAINTENANCE** (Title 49, Code of Federal Regulations Part 396) Every motor carrier shall systematically inspect, repair, and maintain all motor vehicles subject to its control.

Name: Sami M. Mauron Position: Driver

**SAFETY REGULATIONS, GENERAL** (Title 49, Code of Federal Regulations Part 390)

Name: Sami M. Mauron Position: Driver

**DRIVING OF COMMERCIAL MOTOR VEHICLES** (Title 49, Code of Federal Regulations Part 392)

Name: Sami M. Mauron Position: Driver & CEO

**PARTS AND ACCESSORIES NECESSARY FOR SAFE OPERATION** (Title 49, Code of Federal Regulations Part 393)

Name: Sami M. Mauron Position: Driver

**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) 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.

Name: Sami M. Mauron Position: Driver & CEO

**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: Sami M. Mauron Position: Driver, CEO, President

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

Name: Sami M Mauron Position: CEO

**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: Sami M Mauron Position: Driver & CEO

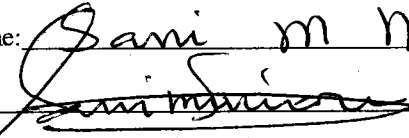
**SECTION 8 - DECLARATION OF APPLICANT:**

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: Sami M Mauron

Signature: 

Date, County, State: 3/7/2014, King County, Washington State

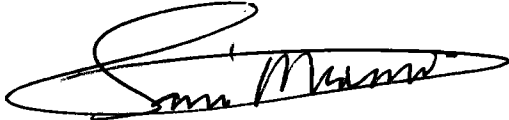
Seatac Airport 24  
165 17th Avenue Suite 102  
Seattle, WA 98122  
Phone 206 356 7664  
Fax 206 319 7076  
Toll 1-888-806-0677  
sanimaurou@yahoo.com  
info@SeatacAirport24.com  
USDOT 2408309

Monday, March 10, 2014

SUPPORT STATEMENT:

I have been on freeway for seventeen (17) years. I have seen how Washington State, the Green State, went from light freeway traffic to completely heavy freeway traffic and; since then I have been witnessing people being frustrated. I thought, I could bring my part of solution to the table.

Sani M. Maurou  
CEO & President.

A handwritten signature in black ink, appearing to read "Sani Maurou", enclosed within a large, horizontal oval scribble.

Seatac Airport 24  
165 17th Avenue Suite 102  
Seattle, WA 98122  
Phone 206 356 7664  
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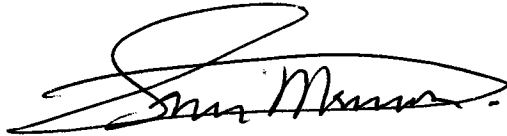
~~MAP~~ OF PROPOSED ROUTE:

Route1: Marysville (Tulalip Casino) to SeaTac Airport.

Route2: Snoqualmie Casino to SeaTac Airport.

Departures: 3 AM, 7 AM, 12 PM, 4 PM, 8 PM

Sani M. Maurou  
CEO & President.

A handwritten signature in black ink, appearing to read "Sani M. Maurou", with a large, stylized flourish above the name.

Seatac Airport 24  
165 17th Avenue Suite 102  
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Monday, March 10, 2014

### **PASSENGER SERVICE RULES & TARRIFS**

**Flat rate:** Our flat rate is \$1 per mileage and per person roughly.

\*Children under 5 ride free

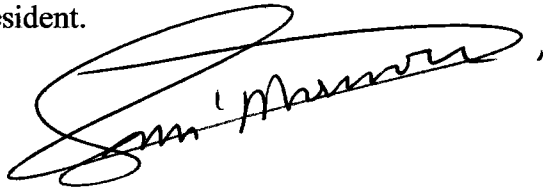
\*Children 5-12 ride 25% off

\*Military & Veteran get 10% off

\*Citizen and retired get 10% off

\*For any person presence (under any circumstance) treating the security of all people, we reserve our rights to refuse service.

Sani M. Maurou  
CEO & President.

A handwritten signature in black ink, appearing to read "Sani M. Maurou", written over a horizontal line.



# ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
**07/08/2013**

**PRODUCER**  
Key Insurance, LLC  
5200 Southcenter Blvd Suite 110  
Tukwila, WA 98188  
Phone: (206)420-4270

**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**  
SANI MAUROU  
DBA SEATAC AIRPORT 24  
165 17TH AVE #102  
Seattle, WA 98122

| INSURERS AFFORDING COVERAGE                      | NAIC # |
|--|--------|
| INSURER A: <b>Knightsbrook Insurance Company</b> |        |
| INSURER B:                                       |        |
| INSURER C:                                       |        |
| INSURER D:                                       |        |
| INSURER E:                                       |        |

## 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   |
|----------------|------------|--|-------------------|------------------------------------|-------------------------------------|--|
|                |            | <b>GENERAL LIABILITY</b><br><input type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR<br><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC |                   |                                    |                                     | EACH OCCURRENCE \$<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$<br>MED EXP (Any one person) \$<br>PERSONAL & ADV INJURY \$<br>GENERAL AGGREGATE \$<br>PRODUCTS - COMP/OP AGG \$ |
| <b>A</b>       | <b>N</b>   | <b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> ALL OWNED AUTOS<br><input checked="" type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> HIRED AUTOS<br><input type="checkbox"/> NON-OWNED AUTOS  | <b>LWA-000509</b> | <b>05/28/2013</b>                  | <b>05/28/2014</b>                   | COMBINED SINGLE LIMIT (Ea accident) \$ <b>1,050,000</b><br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$                   |
|                |            | <b>GARAGE LIABILITY</b><br><input type="checkbox"/> ANY AUTO   |                   |                                    |                                     | AUTO ONLY - EA ACCIDENT \$<br>OTHER THAN EA ACC \$<br>AUTO ONLY: AGG \$  |
|                |            | <b>EXCESS/UMBRELLA LIABILITY</b><br><input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE<br><br>DEDUCTIBLE<br>RETENTION \$  |                   |                                    |                                     | EACH OCCURRENCE \$<br>AGGREGATE \$<br>\$<br>\$   |
|                |            | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?<br>If yes, describe under SPECIAL PROVISIONS below   |                   |                                    |                                     | <input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER<br>E.L. EACH ACCIDENT \$<br>E.L. DISEASE - EA EMPLOYEE \$<br>E.L. DISEASE - POLICY LIMIT \$           |
| <b>A</b>       | <b>UIM</b> | <b>OTHER</b>   | <b>LWA-000509</b> | <b>05/28/2013</b>                  | <b>05/28/2014</b>                   | <b>100/300/50</b>  |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS  
**2013 FORD ECONOLINE WAGON, 1FBSS3BL9DDA49180**  
**2013 FORD ECONOLINE WAGON, 1FBSS3BL8DDA63572**

## CERTIFICATE HOLDER

**City of Seattle/Limousine**  
805 South Dearborn Street  
Seattle, WA 98134

## 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

*Margit Singh*

(ESY)