

WASHINGTON



UTILITIES AND TRANSPORTATION
COMMISSION

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@utc.wa.gov

Type of Passenger Transportation Authority Requested (check one box)	Fee Required
<input checked="" type="checkbox"/> New Certificate (auto transportation company certificates include statewide charter and excursion carrier service if marked below). Complete sections 1-8 and Attachment A. Submit a proposed tariff and time schedule. Do you plan on providing charter/excursion service? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, complete Attachment F. * <i>requesting forbearance</i>	\$200.00
<input type="checkbox"/> Extension of Existing Auto Transportation Certificate C- _____ Complete sections 1-8. Submit a proposed tariff and time schedule.	\$150.00
<input type="checkbox"/> Transfer or Lease Auto Transportation Authority - Complete sections 1-8 and Attachments C & G. Transferring all of Certificate C- _____ Transferring a portion of Certificate C- _____	\$200.00
<input type="checkbox"/> Temporary Auto Transportation Authority - New temporary authority or temporary to operate pending a Commission decision on a parallel filed permanent application. Complete sections 1-8 and Attachment B.	\$150.00
<input type="checkbox"/> Mortgage of Certificate - Complete section 1 and Attachment E.	\$35.00
<input type="checkbox"/> Name Change - Change in corporate name, change in trade name; adding or deleting a trade name; or change the surname of an individual owner or partner. Complete section 1 and Attachment D.	\$35.00
<input type="checkbox"/> Reinstatement of Cancelled Certificate - Complete sections 1, 2 and 8.	\$200.00

TYPE OF PAYMENT:

Cash
 Check
 Money Order
 AMEX
 MasterCard
 Visa

Credit Card Information (if applicable):

035347
 Expiration Date
 Month/Year

Amount: \$ 225.00 Company Name: West Isle Air, Inc

Cardholder's signature: [Signature] Date: 4/1/14

FOR OFFICIAL USE ONLY

Date Filed: <u>4/8/14</u>	Docket #:	ID #: <u>7814</u>	Cert. Issued:
LS Staff Assigned:	Insurance:	Map: <u>049834</u>	Related App:
DOL/SOS <u>OK/OK</u>	Tariff/Time Schedule:	Reception #:	111 0268:
111-0268-232-02: <u>200.00</u>	Safety Inspection:	111-0268-230-02:	111-0268-230-01:
	111-0268-232-01: <u>25.00</u>		

SECTION 1 - APPLICANT INFORMATION

Legal Name of Applicant West Isle Air, Inc

Trade Name d/b/a (if applicable) _____

Phone # 509 682-5555 Fax # 509-682-5190 E-mail chelseaseaplanes@gmail.com
shane.carlson@nwseaplanes-co

Physical Address <u>1328</u>	Mailing Address (if different from physical)
Street: <u>West Woodlea Ave</u>	Street: <u>4000 Airport Road - Suite A</u>
City: <u>Chelan</u>	City: <u>Anacortes</u>
State/Zip: <u>WA 98816</u>	State/Zip: <u>WA 98221</u>

Unified Business Identifier Number (UBI): 600-384-296 If you do not know your UBI number or need to request one, contact Business Licensing Services at 1-800-451-7985.

Type of Business Structure: Individual Partnership Corporation Other (LP, LLP, LLC)
If other than individual, list the name, title, and percentage of partner's share or stock distribution for major stockholders:

Name	Title	Stock Distribution or % of Shares
<u>Shane Carlson</u>	<u>Vice Pres.</u>	<u>75%</u>
<u>Clyde Carlson</u>	<u>President</u>	<u>25%</u>

USDOT number 2491000 If you do not have a USDOT number, you can go online to www.fmcsa.dot.gov/online-registration to apply or call 360-596-3812 for assistance.

Labor & Industries #: 431957-00 Employment Security Department #: 486180 006

SECTION 2 - COMPANY INFORMATION

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 proposed service authority

What type of service do you plan on providing: door-to-door services and/or scheduled service?

Door-to-door service - Service provided between locations identified by the passengers and points specifically named by the company in its filed tariff and time schedule. Door-to-door service requires a time schedule in compliance with WAC 480-30-281(2)(c) and may be restricted to "by reservation only"; and/or,

Scheduled service - Service provided between locations specifically named by the company (e.g., the X Hotel at 4th and Main) and points specifically named by the company in its filed tariff and time schedule. Scheduled service requires the company to file a time schedule in compliance with WAC 480-30-281 (2)(b) and may be restricted to "by reservation only."

Describe the proposed type of service (See WAC 480-30-096) including the line, route, or service territory described in terms such as streets, avenues, roads, highways, townships, ranges, cities, towns, counties, or other geographic description:

Downtown Chelan, Highway 97A to the Lakeside Lodge & Suites, Tsilgan Cellars, Tunnel Hill Winery, Nefarious Cellars via SR 971, Chelan Estates and Parma Vineyards and reverse order. Chelan City limits and Chelan County

State the conditions that demonstrates this proposed service is for the public convenience and necessity:

The service will be seasonal for recreational purposes therefore we request forbearance from rate and service regulation under RCW 81.68

State the applicant's prior experience and familiarity with the statutes and rules that govern operations it proposes:

As the applicant, we have no prior experience with the statutes and rules however we do operate scheduled air service under our FAA Part 135 certificate under US DOT Part 298 Commuter Air Authority

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.

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 ever 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.

N/A

Or are you applying for fare flexibility as described in WAC 480-30-420? Yes or No
 If yes, complete Attachment H to show your proposed base rate and maximum rate.

If this application is a transfer or a lease of authority from an existing certificated company, 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 or File new tariff

SECTION 4 - HEARING INFORMATION

If the Commission assigns this application for a formal hearing, estimate the number of witnesses you will present and the amount of time you will need for your presentation.

N/A - Service for recreation only

Number of witnesses:	Amount of time:
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Will an attorney be representing you? If yes, complete the following:

Attorney's name:	Attorney's phone number:
Attorney's address: Street	Fax number:
City, State, Zip	E-mail address

SECTION 5 - FINANCIAL STATEMENT

ASSETS		LIABILITIES	
Cash in Bank	\$ 9,753.24	Salaries/Wages Payable	\$
Notes Receivable	\$	Accounts Payable	\$ 4318.02
Accounts Receivable	\$ 11,962.34	Notes Payable	\$
Investments	\$	Mortgages Payable	\$
Other Current Assets	\$	Contracts and Bonds Payable	\$
Prepaid Expenses	\$ 14,355.00	TOTAL LIABILITIES	\$ 4318.02
Land and Buildings	\$	NET WORTH	
Trucks and Trailers	\$ 4,000.00	Preferred Stock	\$
Office Furniture	\$ 5,000.00	Common Stock	\$
Other Equipment	\$ 35,000.00	Retained Earnings	\$ 100,752.54
Other Assets	\$ 15,000.00	Capital	\$
TOTAL ASSETS	\$ 95,070.54	TOTAL LIABILITIES AND NET WORTH	\$ 105,070.54

In addition: the application must include the following: (See WAC 480-30-096)

- Ridership and Revenue forecasts for the first twelve months of operation.
- A pro forma balance sheet and income statement for the first twelve months of operation.

SECTION 6 - EQUIPMENT LIST

Describe the equipment that will be used (attach additional sheet 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.

Vehicle for application purposes only

Year	Make	License Number	Vehicle ID number	Seating Capacity
1994	Chevy	AOK2506	16A6639K85F12807	14

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: _____ Position: _____

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: _____ Position: _____

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: _____ Position: _____

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: _____ Position: _____

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: _____ Position: _____

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

Name: _____ Position: _____


DRIVING OF COMMERCIAL MOTOR VEHICLES (Title 49, Code of Federal Regulations Part 392)	
Name:	Position:
PARTS AND ACCESSORIES NECESSARY FOR SAFE OPERATION (Title 49, Code of Federal Regulations Part 393)	
Name:	Position:
OPERATIONAL RESPONSIBILITIES	
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:	Position:
ANNUAL REPORTS AND REGULATORY FEES (WAC 480-30-066 through WAC 480-30-081) Auto Transportation companies must file an annual report of its financial and operational activity and pay regulatory fees by May 1 of each year. Charter and excursion carriers must file an annual safety report by May 1; and pay regulatory fees by December 31 of each year.	
Name: <u>Shane Carlson</u>	Position: <u>Vice President</u>
CUSTOMER SERVICE Person responsible for customer service complaints, and customer notice requirements.	
Name: <u>Shane Carlson</u>	Position: <u>Vice President</u>
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, <u>but not limited to</u> : 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: <u>Shane Carlson</u>	Position: <u>Vice President</u>

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: Shane Carlson Title: Vice President
 Signature: 
 Date: 4/3/14 County, State Chelan, WA

ATTACHMENT F

CHARTER AND EXCURSION CARRIER REGULATORY FEES
(A minimum fee of \$25.00 is required)

Name of Applicant: West Isle Air, Inc

Trade Name(s), if applicable: _____

Phone Number: 509 682-5555 Fax Number: 509 682-5180

Physical Address

Mailing Address (if different from physical address)

Street: 1328 W. Wooden Ave

Street: 4000 Airport Rd - Santa A

City: Chelan

City: Anacortes

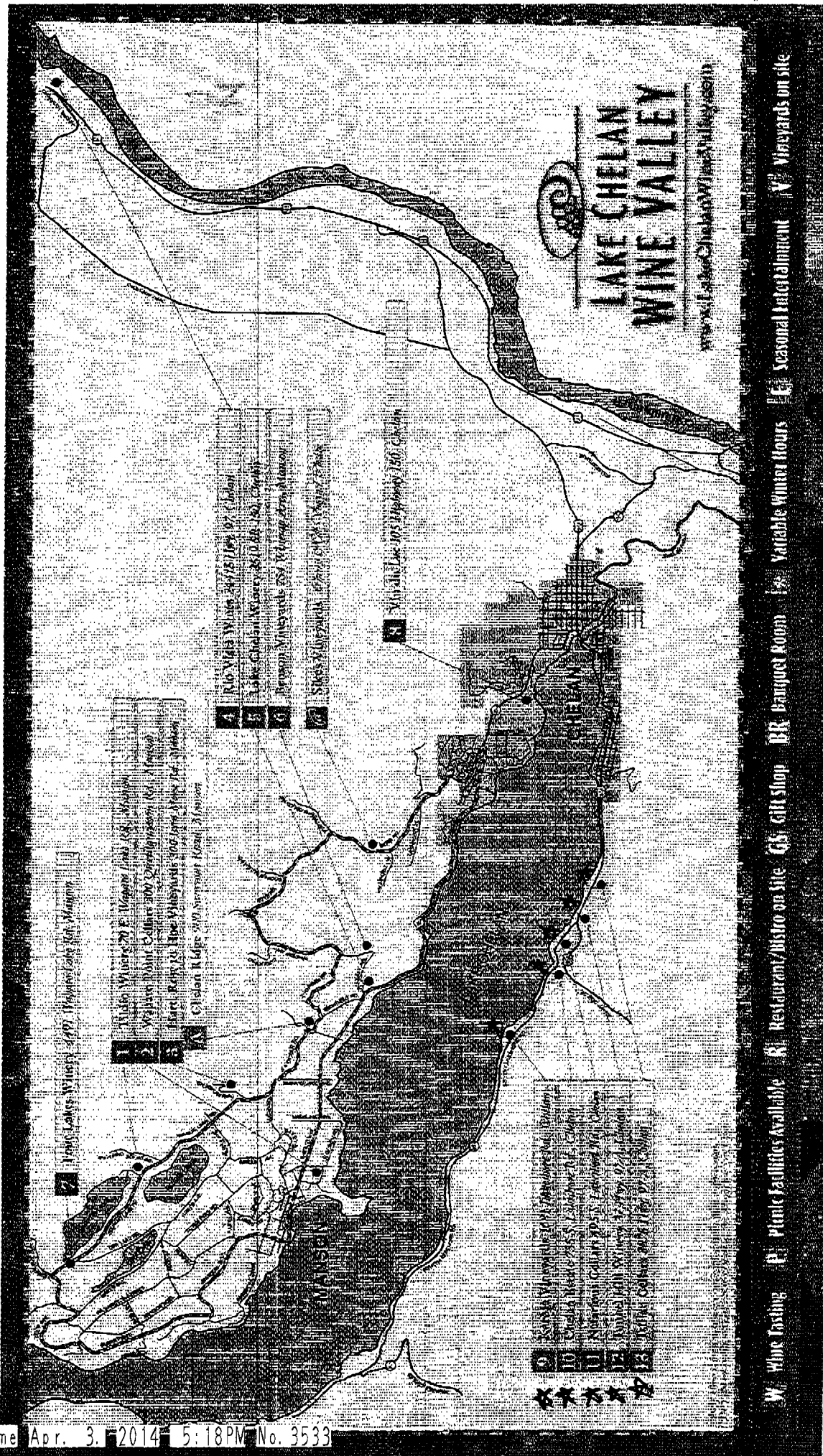
State/Zip: WA 98816

State/Zip: WA 98221

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







(509) 682-5555 Tel / (360) 293-0517 Fax

WEST ISLE AIR, INC. d/b/a CHELAN SEAPLANES 1328 W. WOODIN AVE, CHELAN, WA 98816

F A X M E S S A G E

FAX TO: WUTC

FROM: Shane Carlson

TEL #: 360 664-1222

DATE: 4/3/14

FAX #: 360 586-1181

NO. OF PAGES: Including Cover 17

RE: Auto Transportation Company Application

MESSAGE:

Please contact me to
acknowledge receipt.

Regards
Shane

+ PLEASE CALL (509)682-55551 IF YOU DID NOT RECEIVE THIS ENTIRE FACSIMILE!