

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

AUTO TRANSPORTATION AUTHORITY APPLICATION

Sani Mauron 461a Seatac Airport 24

Type of Passenger Transportation Authority Requested (check one box)	Fee Required
<input type="checkbox"/> <u>New Certificate</u> (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 type="checkbox"/> Yes <input type="checkbox"/> No If yes, complete Attachment F.	\$200.00
<input type="checkbox"/> <u>Extension of existing Auto Transportation Certificate C-_____</u> Complete sections 1-8. Submit a proposed tariff and time schedule.	\$150.00
<input type="checkbox"/> <u>Transfer or Lease Auto Transportation Authority</u> – Complete sections 1-8 and Attachments C & G. Transferring all of Certificate C-_____ Transferring a portion of Certificate C-_____	\$200.00
NOTE: A closing annual report must be submitted by the current company before the transfer will be finalized.	
<input type="checkbox"/> <u>Temporary Auto Transportation Authority</u> - 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"/> <u>Mortgage of Certificate</u> – Complete section 1 and Attachment E.	\$35.00
<input type="checkbox"/> <u>Name Change</u> – 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 checked="" type="checkbox"/> <u>Reinstatement of Cancelled Certificate</u> – Complete sections 1, 2 and 8.	\$200.00

#04898A

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Date Filed <i>3/22/16</i>	Insurance	ID# <i>442917</i>	Docket #: <i>TC 160324</i>
LS Staff Assigned <i>[Signature]</i>	Safety Inspection	Map <i>in file</i>	Tariff/ Time Schedule <i>in file</i>
DOL/SOS <i>OK/NA</i>		Receipt ID	Cert Issued
		111-0268	
111-0268-232-02	111-0268-232-01	111-0268-230-02	111-0268-230-01

Reinstatement

SECTION 1 - APPLICANT INFORMATION

Legal Name of Applicant: ~~Seattle Airport 24~~ Sani Mauro

Trade Name(s) (if applicable): Seattle Airport 24 per UBI

Phone #: 206 319 7076 Fax #: 206 319 7076 E-mail: SANIMAURO@yahoo.com

Physical Address:	Mailing Address (if different from physical):
Street: 1800 S Jackson St.	Street:
City: Seattle	City:
State/Zip: WA 98144	State/Zip:

Unified Business Identifier Number (UBI): 601 938 3650 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 or members:

Name	Title	Stock Distribution or % of Shares

USDOT number: 2408309 If you do not have a USDOT number, you can go online to www.fmcsa.dot.gov/online-registration to apply or call 360-596-3810 for assistance.

Labor & Industries #: Employment Security Department #:

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 Adopt
- Support statements for proposed service authority Adopt

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." Adopt

Reinstatement

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:

ADOPT

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

ADOPT

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

ADOPT

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:

ADOPT

Do you currently hold, or have you ever held, an auto transportation certificate?

No Yes If yes, please indicate your certificate number C- 65615

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 Maintenance, DVOR, Certificate Medical missing - But all have been corrected & submitted

N/A

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 480-30-256 through WAC 480-30-436.

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

Reinstatement

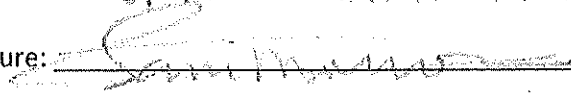
SECTION 8 – DECLARATION OF APPLICANT

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: SANI MAHAMA MAUROH Title: Owner

Signature: 

Date: 3/20/2016 County, State King, Washington

This is a "printer friendly" page. Please use the "print" option in your browser to print this screen.



Washington, State of - Utilities & Transportation Commission

Utilities & Transportation Commission POS

Confirmation Number: 04898A
 Payment Date: Tuesday, March 22, 2016
 Payment Time: 09:28AM PT

Payer Information

First Name: Sani Maurou
 Street Address: 1800 S. Tacoma St.
 Town/City: Seattle, WA 98144
 Country: United States
 Daytime Phone Number: (206) 319 - 7076
 E-mail Address: sanimaourou@yahoo.com
 Company Name-If not a Company, provide name of Payee: Seatac Airport 24
 Payment Menu : Application Fees
 Payment Menu - Additional Payment: Application Types (If Applicable): Auto Transportation

Card Information

Card Type: Visa
 Card Number: *****3050
 Expiration Date: 05/2017
 Card Verification Number: ****

Payment Information

Payment Type: Utilities & Transportation Commission POS
 Payment Amount: \$200.00
 Convenience Fee: \$5.00
 Total Payment: \$205.00

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