

Cruising Transportation Company

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

AUTO TRANSPORTATION AUTHORITY APPLICATION

Type of Passenger Transportation Authority Requested (check one box)	Fee Required
<input checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, complete Attachment F. <i>Already Active</i>	\$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 type="checkbox"/> <u>Reinstatement of Cancelled Certificate</u> – Complete sections 1, 2 and 8.	\$200.00

FOR OFFICIAL USE ONLY			
Date Filed	Insurance	ID#	Docket #:
LS Staff Assigned	Safety Inspection	Map	Tariff/ Time Schedule
DOL/SOS		Receipt ID	Cert Issued
			111-0268
111-0268-232-02	111-0268-232-01	111-0268-230-02	111-0268-230-01

08/203

SECTION 1 – APPLICANT INFORMATION

Legal Name of Applicant: Cruising Transportation Company LLC

Trade Name(s) (if applicable): Cruising Shuttles

Phone #: (206)271-2796 Fax #: _____ E-mail: cruisingshuttles@yahoo.com

Physical Address:	Mailing Address (if different from physical):
Street: <u>32169 33RD AVE SW</u>	Street: _____
City: <u>Federal Way WA</u>	City: _____
State/Zip: <u>WA 98023</u>	State/Zip: _____

Unified Business Identifier Number (UBI): 604083229 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
<u>Stephen Wright JR</u>	<u>Chairman</u>	<u>55%</u>
<u>Stephen Wright SR</u>	<u>Chief of Operations</u>	<u>45%</u>

USDOT number 2971487 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](#)
- 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:

Our purpose of our auto transportation service is to compliment our already active charter/excursion service. We intend to operate on all highways within the state of Washington, but primarily within the Puget Sound Region (King, Snohomish, Pierce and Thurston counties).

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

There are clients that demonstrate interest in our services, but need the flexibility to occasionally travel one-way. Most of these potential clients are church groups and child care organizations that require transportation beyond round-trip field trips and events.

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

We have a combined 8 years of experience driving charter buses, and 11 years (and currently) driving for transit in King County.

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:

We are not fixed route.

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 480-30-256 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

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.

Number of witnesses: <u>1</u>	Amount of time: <u>1 month</u>
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	\$ <u>2500</u>	Salaries/Wages Payable	\$ <u>0</u>
Notes Receivable	\$ <u>0</u>	Accounts Payable	\$ <u>9,284</u>
Accounts Receivable	\$ <u>0</u>	Notes Payable	\$ <u>0</u>
Investments	\$ <u>0</u>	Mortgages Payable	\$ <u>0</u>
Other Current Assets	\$ <u>0</u>	Contracts and Bonds Payable	\$ <u>0</u>
Prepaid Expenses	\$ <u>9284</u>	TOTAL LIABILITIES	\$ <u>9,284</u>
Land and Buildings	\$ <u>0</u>	NET WORTH	
Trucks and Trailers	\$ <u>0</u>	Preferred Stock	\$ <u>0</u>
Office Furniture	\$ <u>0</u>	Common Stock	\$ <u>0</u>
Other Equipment	\$ <u>6400</u>	Retained Earnings	\$ <u>0</u>
Other Assets	\$ <u>0</u>	Capital	\$ <u>8,900</u>
TOTAL ASSETS	\$ <u>18,184</u>	TOTAL LIABILITIES AND NET WORTH	\$ <u>18,184</u>

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.

Year	Make	License Number	Vehicle ID number	Seating Capacity
<u>1997</u>	<u>Ford</u>	<u>BBX6426</u>	<u>1FDLE40S4VHB41746</u>	<u>22</u>

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: Stephen Wright JR Position: Chairman

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: Stephen Wright JR Position: Chairman

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: Stephen Wright JR Position: Chairman

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: Stephen Wright JR Position: Chairman

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: Stephen Wright JR Position: Chairman

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

Name: Stephen Wright JR Position: Chairman

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

Name: Stephen Wright JR Position: Chairman

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

Name: Stephen Wright JR Position: Chairman

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: Stephen Wright JR Position: Chairman

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: Stephen Wright JR Position: Chairman

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

Name: Stephen Wright JR Position: Chairman

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: Stephen Wright JR Position: Chairman

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: Stephen Wright JR Title: Chairman

Signature: 

Date: 3/30/17 County, State King, WA

ATTACHMENT A

AUTO TRANSPORTATION CERTIFICATE SUPPORT STATEMENT

Auto Transportation certificate applications must include more than one signed and sworn support statements from independent members of the public who need service or a statement by a representative of a city, county or regional transportation planning organization.

Applicant Name: _____

Customer Sworn Statement Relating to the need for service:

Customer Name: Empowering Youth & Families Outreach

Address: 8172 Rainier Ave So. Seattle, WA

Phone Number: (206) 335-9439 Fax Number: _____ Email: empoweringyouthandfamilies@msn.com

Describe the need for the requested service:

We provide program that requires transportation to various events throughout the year. Having this company to provide for our transportation needs would allow us to provide the services required to run our program.

If there is an existing company providing this service in the territory, please indicate the existing company's name (if applicable) N/A

Explain why the current company is not providing adequate service: N/A

I certify or declare under penalty of perjury under the laws of the state of Washington that the information contained in this statement is true and correct.

Charise Shoecraft [Signature] 3/29/17 King WA

Print Name Signature Date, County, State

ATTACHMENT A

AUTO TRANSPORTATION CERTIFICATE SUPPORT STATEMENT

Auto Transportation certificate applications must include more than one signed and sworn support statements from independent members of the public who need service or a statement by a representative of a city, county or regional transportation planning organization.

Applicant Name: Cruising Transportation Company

Customer Sworn Statement Relating to the need for service:

Customer Name: Rev. George Frost

Address: 14322 Admiralty Way #28, Lynnwood, WA 98087

Phone Number: 206-852-6767 Fax Number: _____ Email: georgewfrost@aol.com

Describe the need for the requested service:

We are, and will be, in need of occasional transportation for church groups and other small groups.

My non-profit organization and consulting business will need the type of service that Cruising Transportation provides with knowledgeable drivers that connect well with passengers - many of whom will be visitors.

If there is an existing company providing this service in the territory, please indicate the existing company's name (if applicable) Not that I am aware of.

Explain why the current company is not providing adequate service: N/A

I certify or declare under penalty of perjury under the laws of the state of Washington that the information contained in this statement is true and correct.

George Frost George W. Frost 05/18/2017
Print Name Signature Date, County, State

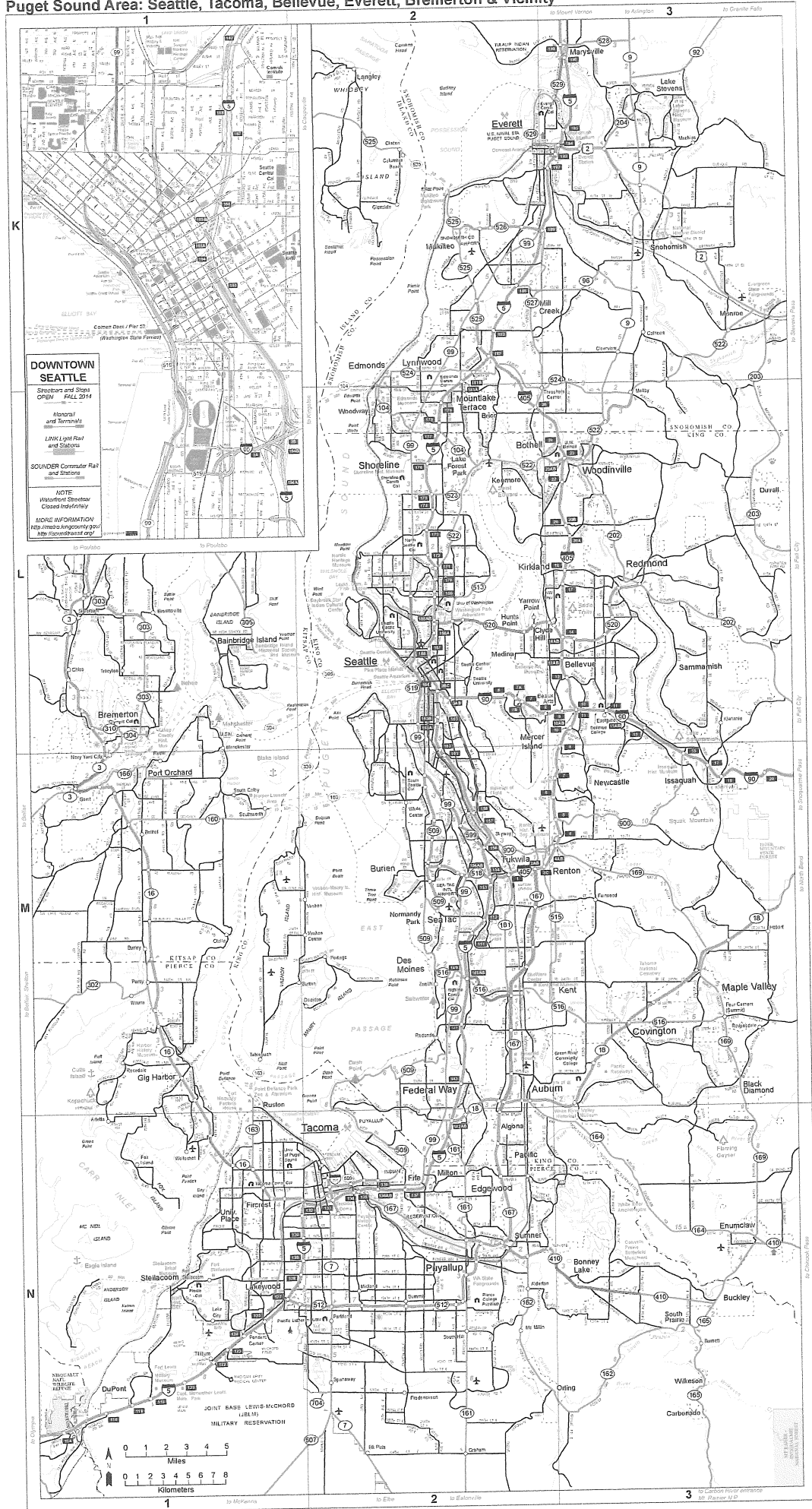
Cruising Transportations Company LLC

Starting Year: 2017

	January	February	March	April	May	June	July
Number of Passenger Rides Units	500	500	500	540	540	560	560
Price Per Ride Unit	\$20.00	\$20.00	\$20.00	\$20.00	\$20.00	\$20.00	\$20.00
Total Sales Amt	\$10,000.00	\$10,000.00	\$10,000.00	\$10,800.00	\$10,800.00	\$11,200.00	\$11,200.00
Percentage of Total	8%	8%	8%	9%	9%	9%	9%

	August	September	October	November	December	Total
Number of Passenger Rides Units	560	500	480	500	500	6240
Price Per Ride Unit	\$20.00	\$20.00	\$20.00	\$20.00	\$20.00	-
Total Sales Amt	\$11,200.00	\$10,000.00	\$9,600.00	\$10,000.00	\$10,000.00	\$124,800.00
Percentage of Total	9%	8%	8%	8%	8%	100%

Puget Sound Area: Seattle, Tacoma, Bellevue, Everett, Bremerton & Vicinity



Pro Forma BALANCE SHEET

Mar-17

Cruising Transportation Company LLC

ASSETS

	Current	Projected
CURRENT ASSETS		
Cash in bank	\$2,500.00	\$124,800.00
Accounts receivable	\$0.00	\$0.00
Inventory	\$0.00	\$0.00
Prepaid expenses	\$9,284.00	\$9,284.00
Other current assets	\$0.00	\$0.00
TOTAL CURRENT ASSETS	\$11,784.00	\$134,084.00
FIXED ASSETS		
Machinery and equipment	\$6,400.00	\$6,400.00
Furniture and fixtures	\$0.00	\$0.00
Leasehold improvements	\$0.00	\$0.00
Land and buildings	\$0.00	\$0.00
Other fixed assets	\$0.00	\$0.00
(LESS accumulated depreciation on all fixed assets)	\$0.00	-\$1,280.00
TOTAL FIXED ASSETS (NET OF DEPRECIATION)	\$6,400.00	\$5,120.00
OTHER ASSETS		
Intangibles	\$0.00	\$0.00
Deposits	\$0.00	\$0.00
Goodwill	\$0.00	\$0.00
Other	\$0.00	\$0.00
TOTAL OTHER ASSETS	\$0.00	\$0.00
TOTAL ASSETS	\$18,184.00	\$139,204.00

LIABILITIES AND EQUITY

	Current	Projected
CURRENT LIABILITIES		
Accounts payable	\$9,284.00	\$75,044.00
Interest payable	\$0.00	\$0.00
Taxes payable	\$0.00	\$19,413.33
Notes, short-term (due within 12 months)	\$0.00	\$0.00
Current part, long-term debt	\$0.00	\$0.00
Other current liabilities	\$0.00	\$0.00
TOTAL CURRENT LIABILITIES	\$9,284.00	\$94,457.33
LONG-TERM DEBT		
Bank loans payable	\$0.00	\$0.00
Notes payable to stockholders	\$0.00	\$0.00
LESS: Short-term portion	\$0.00	\$0.00
Other long-term debt	\$0.00	\$0.00
TOTAL LONG-TERM DEBT	\$0.00	\$0.00
TOTAL LIABILITIES	\$9,284.00	\$94,457.33

ASSETS AND LIABILITIES

	Current	Projected
OWNERS' EQUITY		
Invested capital	\$8,900.00	\$14,404.00
Retained earnings - beginning	\$0.00	\$0.00
Retained earnings - current	\$0.00	\$30,342.67
TOTAL OWNERS' EQUITY	\$8,900.00	\$44,746.67
TOTAL LIABILITIES AND EQUITY	\$18,184.00	\$139,204.00

Pro forma Income Statement

Cruising Transportation Company LLC
Mar-17

Financial Statements in U.S. Dollars

Revenue

Gross Sales

\$ 124,800.00

Less: Sales Returns and Allowances

\$ -

Net Sales

\$ 124,800.00

Expenses

Advertising

\$ 5,000.00

Amortization

\$ -

Bad Debts

\$ -

Bank Charges

\$ 400.00

Charitable Contributions

\$ -

Commissions

\$ -

Contract Labor

\$ -

Depreciation

\$ 1,280.00

Dues and Subscriptions

\$ 500.00

Employee Benefit Programs

\$ -

Insurance

\$ 9,284.00

Interest

\$ -

Legal and Professional Fees

\$ 1,000.00

Licenses and Fees

\$ 800.00

Miscellaneous

\$ -

Office Expense

\$ 500.00

Taxes

\$ 12,480.00

Payroll Taxes

\$ 6,933.33

Postage

\$ 200.00

Rent

\$ 5,430.00

Repairs and Maintenance

\$ 4,000.00

Fuel

\$ 10,140.00

Telephone

\$ 690.00

Travel

\$ 5,000.00

Utilities

\$ 1,960.00

Vehicle Expenses

\$ 10,140.00

Wages

\$ 18,720.00

Total Expenses

\$ 94,457.33

Net Operating Income

\$ 30,342.67

Other Income

Gain (Loss) on Sale of Assets

\$ -

Interest Income

\$ -

Total Other Income

\$ -

Net Income (Loss)

\$ 30,342.67

Seatac Airport

To/From

Chart

Fare

Fare Per Guest	Seattle/Tukwila Burien	Renton/Des Moines Kent/Federal Way	Pier 66	Pier 91
Base	20	20	20	25
Max	25	25	25	31
	Bellevue University District	Maple Valley Covington	Redmond/Kirkland Issaquah	Fife/Puyallup Auburn
Base	25	35	35	35
Max	31	43	43	43
	Shoreline	Fort Lewis Lakewood	Everett	Olympia Lacey/Tumwater
Base	40	45	60	65
Max	50	56	75	81

Bus	Rental	Rates
		\$75 Per Hour with 6 hour minimum (\$450)
		\$70 Per Hour thereafter