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

1-800-416-5289

E-mail: <u>Transportation@utc.wa.gov</u>

AUTO TRANSPORTATION AUTHORITY APPLICATION

| Туре | of Passenger Transportation Authority Requested (check one box) | Fee Required |
|---------------|---|--------------|
| | 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. | \$200.00 |
| | Do you plan on providing charter/excursion service? At Yes De No If yes, complete Attachment F. | |
| | Extension of existing Auto Transportation Certificate C- | |
| | Complete sections 1-8. Submit a proposed tariff and time schedule. | \$150.00 |
| | Transfer or Lease Auto Transportation Authority – Complete sections 1- | • |
| | 8 and Attachments C & G. | \$200.00 |
| | Transferring all of Certificate C | , |
| | Transferring a portion of Certificate C | |
| NOTE befor | : A closing annual report must be submitted by the current company e the transfer will be finalized. | |
| | Temporary Auto Transportation Authority - New temporary authority | |
| | or temporary to operate pending a Commission decision on a parallel | \$150.00 |
| | filed permanent application. Complete sections 1-8 and Attachment B. | , ====== |
| | Mortgage of Certificate – Complete section 1 and Attachment E. | \$35.00 |
| | Name Change – Change in corporate name, change in trade name; | , |
| | adding or deleting a trade name; or change the surname of an | \$35.00 |
| | individual owner or partner. Complete section 1 and Attachment D. | 7-2.00 |
| | Reinstatement of Cancelled Certificate – Complete sections 1, 2 and 8. | \$200.00 |

| FOR OFFICIAL USE ONLY | | | | | | |
|-----------------------|-------------------|-----------------|-----------------|--|--|--|
| Date Filed | | ID# | Docket #: | | | |
| LS Staff Assigned | Insurance | Мар | Tariff/ | | | |
| | | 20040 | Time Schedule | | | |
| DOL/SOS | Safety Inspection | 06310 | Cert Issued | | | |
| | | Receipt ID | 111-0268 | | | |
| 111-0268-232-02 | 111-0268-232-01 | 111-0268-230-02 | 111-0268-230-01 | | | |

| | | | | IEM | |
|--|--|--|--|-----|--|
| | | | | | |
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| | | | | | |

| NOTE: A convenience fee of 2.5% (minimum fee of \$3.95) is card payments. | charged by Official Payments for processing credit |
|--|--|
| Check | Amount: \$ |
| ☐ Amex CCV# (four digit code on front of card) | Expiration Date: |
| ☐ Discover ☐ Mastercard ☐ Visa CCV # | (three digit code on back of card) |
| Credit Card number: | |
| | |
| CERTIFICATION: I, the undersigned, under penalty fo information is true and correct, that I am authorized of the applicant, and that all information on file is cu | to execute and file this document on behalf rrent and valid. |
| Company Name: SAN JUAN TAXI | |
| Name (printed): Carl Hassell | Date: |
| Signature: Alasale | Title: |
| If paying by credit card, fax your application to 360-586-1181 | or scan and email to <u>transportation@utc.wa.gov</u> |
| If naving by check or money order, mail the completed applic | cation with fees and attachments to: |

Washington Utilities and Transportation Commission P.O. Box 47250 Olympia, WA 98504-7250



| SECTION 1 – AP | PLICANT INFORMATION |
|---|---|
| Legal Name of Applicant: 5. J. 7 | 2x, 11C |
| Trade Name(s) (if applicable): Saw Juan | v Taxi & Tours |
| Phone #: <u>366 - 378 - 3530</u> Fax #: <u>-</u> | E-mail: <u>carlfhassell@gmorl</u> |
| Physical Address: | Mailing Address (if different from physical): |
| Street: 266 Whatevar way | Street: P.O. 30x 23/6 |
| City: Faclay Hackor | City: Friday Hackor |
| State/Zip: WA. 98250 | State/Zip: WA 98250 |
| Unified Business Identifier Number (UBI): 603 number or need to request one, contact Business Licensi | 360 596 If you do not know your UBI Ing Services at 1-800-451-7985. |
| Type of Business Structure : ☐ Individual ☐ Partne If other than individual, list the name, title, and percenta stockholders or members: | |
| Name Carl Hassell Codrum Zimney VP/Sec | Stock Distribution or % of Shares Treasurer |
| USDOT number <u>39/2988</u> If you do not h www.fmcsa.dot.gov/online-registration to apply or call 3 | |
| Labor & Industries #: NA/Hove NO Employ | ment Security Department #: No Empl, Cosp and Exemt |
| SECTION 2 – COMPANY | INFORMATION |
| Provide the following documents with your application: | |
| A map of the proposed line, route, or service terr WAC 480-30-051 | itory that meets the standards described in |
| Support statements for proposed service authority | ty / |
| What type of service do you plan on providing: door-to-d | oor services and/or scheduled service? |
| ☐ Door-to-door service - Service provided between named by the company in its filed tariff and time compliance with WAC 480-30-281(2)(c) and may | en locations identified by the passengers and points specifically schedule. Door-to-door service requires a time schedule in be restricted to "by reservation only"; and/or, |
| at 4th and Main) and points specifically named by | locations specifically named by the company (e.g., the X Hotel the company in its filed tariff and time schedule. Scheduled ule in compliance with WAC 480-30-281 (2)(b) and may be |

| described in terms such as streets, avenues, roads, highways, townships, ranges, cities, towns, counties or |
|---|
| other geographic description: |
| Son Juan Island |
| |
| |
| State the conditions that demonstrate this proposed service is for the public convenience and necessity: |
| Provide Transportation to all visitors and |
| locals on Son Juan Island |
| State the applicant's prior experience and familiarity with the statues and rules that govern operations it |
| proposes: Hove puend San Juan Tax, for |
| the Inst 3 years, Provided needed Trows portation |
| TO All Who Neld. |
| 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 |
| |
| the Sunner and not wanter |
| The Summer and por wight |
| 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 <u>WAC 480-30-420</u> ? |
| |
| 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: | Amount of time: |
|--|--------------------------------------|
| Will an attorney be representing you? If yes, complete the follo | wing: |
| Attorney's name: Attorney's address: Street | Attorney's phone number: Fax number: |
| City, State, Zip | E-mail address |
| | |

| SECTION 5 – FINANCIAL STATEMENT | | | | | | |
|---------------------------------|-------------|---------------------------------|-----------|--|--|--|
| ASSET | rs | LIABILITIES | | | | |
| Cash in Bank | \$ 5,800.00 | Salaries/Wages Payable | \$ 6 | | | |
| Notes Receivable | \$ 6 | Accounts Payable | \$ 6 | | | |
| Accounts Receivable | \$ - | Notes Payable | \$ 29.000 | | | |
| Investments | \$ 6 | Mortgages Payable | \$ 6 | | | |
| Other Current Assets | \$ 0 | Contracts and Bonds Payable | \$ 0 | | | |
| Prepaid Expenses | \$ 3000,00 | TOTAL LIABILITIES | \$ 29.000 | | | |
| Land and Buildings | \$ & | NET WORTH | | | | |
| Trucks and Trailers | \$ 44.000. | Preferred Stock | \$ 6 | | | |
| Office Furniture | \$ 6 | Common Stock | \$ 0 | | | |
| Other Equipment | \$ 0 | Retained Earnings | \$ 0 | | | |
| Other Assets | \$ 6 | Capital | \$ 0 | | | |
| TOTAL ASSETS | \$ 47.000. | TOTAL LIABILITIES AND NET WORTH | \$ 6 | | | |

| In addition: | the application | must include tl | ne following: | (see <u>WAC 480-30-096</u>) |
|--------------|-----------------|-----------------|---------------|------------------------------|
| | | | | |

- 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 |
|------|------|----------------|-------------------|------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

| SECTION 7 – SAFETY AND OPERATIONS | |
|---|---|
| In each of the categories shown below, list the person and position responsible for understanding and complying with the <u>Federal Motor Carrier Safety Regulations (FMCSR)</u> 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 | ٦ |
| Regulations Part 383) Any driver who operates a vehicle that meets the definition of a commercial motor vehicle must have a valid CDL. | |
| Desition: Co Proceed deft | |
| 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: Carl Hassell Position: Owner / President / Operator | |
| 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: Carl Hassell Position: Owner / President Operator | |
| 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: Cacl Hassel Position: Owner / Presedent / Operator | |
| 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: Carl Hassell Position: Owner / President Operator | |
| SAFETY REGULATIONS, GENERAL (Title 49, Code of Federal Regulations Part 390) | |
| Name: Carl Hassell Position: Owner President Operator | _ |
| DRIVING OF COMMERCIAL MOTOR VEHICLES (Title 49, Code of Federal Regulations Part 392) | _ |
| DRIVING OF COMMERCIAE MOTOR VEHICLES (THE 45, CORE OF FEDERAL REGISTROS AT COSE) | |
| Name: On Hassell Position: Owner President Operator | |
| PARTS AND ACCESSORIES NECESSARY FOR SAFE OPERATION (Title 49, Code of Federal Regulations Part 393) | |
| Name: (all Hassell Position: Owner President Operator | |
| 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: (al bassell Position: Owner / fresident / Operator | |
| CUSTOMER SERVICE Person responsible for customer service complaints, and customer notice requirements. | |
| Name: Carl Hassell Position: Owner President Operator | |
| 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: (ar/ Hossel/ Position: Owner/fresident/Operator | _ |
| | |

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 nan | ne:(a_r/ | Hassell | Title: | Owner | President |
|--------------|----------|----------------|----------|-------|-----------|
| Signature: _ | Can tak | | | ak d | |
| Date: | 8-20-17 | County, State_ | SAN JUAN | Co, h | 10. |



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: San Juan Taxi & Tours |
|--|
| Customer Sworn Statement Relating to the need for service: |
| Customer Name: Carl Hassel |
| Address: 266 Whotever Way |
| Phone Number: 360-378-3550 Fax Number: - Email: Carlf hassell a gmail. Co |
| Describe the need for the requested service: |
| Transportation around Island Cor Travelers and locals |
| |
| |
| |
| If there is an existing company providing this service in the territory, please indicate the existing company's name (if applicable) Bols Texi, Folday Hador Taxi, Rokals Taxi, Classic Cob |
| Explain why the current company is not providing adequate service: Not Enough Cars To serve whole Island and they don't rund in minter or after dark |
| |
| |
| 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. |
| Print Name Signature Signature 8-20-17 Sew June, Wa. Date, County, State |

Washington 98250

To Whom It May Concern

This is a letter on behalf of San Juan Taxi and Tours and why they are an asset to San Juan Island. My name is Chris Mason and I own Herb's Tavern in Friday Harbor on the island. I exclusively use San Juan Taxi and Tours as they are the most reliable taxi service on the island. They operate 24 hours a day. Also, they have wheelchair accessibility on their tour bus which is utilized weekly for my patrons and anyone living or visiting the San Juan Island. They have great knowledge of the entire Island and are very personable to all their customers which makes it a memorable experience to visit the island. They definitely go above and beyond compared to the other taxi companies on the island.

(1) 11/450N



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.

| Abbucant Mame. | | | | | |
|--|--------------------------|------------------------|--------------------|----------------|--------------|
| C | ustomer Sworn State | ment Relating to t | ne need for serv | ice: | |
| Customer Name: | | · | • | | - |
| | | | | | |
| ddress: | <u> </u> | | | | |
| hone Number: | Fax Numb | er: | Email: | | |
| | | | • | | |
| escribe the need for the re | quested service: | | | | |
| | | | | | |
| · | San All | | | | |
| | se nn | | | | |
| | | | | | |
| | | | | •, | |
| | | | | • | |
| | • 1• • • 1 • | to the transfer of the | as indicate the ev | isting company | s nama lif |
| | | | | | s name (if |
| oplicable) oplain why the current com | pany is not providing ac | dequate service: | | | |
| oplicable) | pany is not providing ac | dequate service: | | | |
| oplicable) | pany is not providing ac | dequate service: | | | |
| oplicable) | pany is not providing ac | dequate service: | | | |
| oplicable) | pany is not providing ac | dequate service: | | | |
| oplicable) xplain why the current com | pany is not providing ac | dequate service: | | | |
| | pany is not providing ac | dequate service: | | | |
| oplicable) oplain why the current com | pany is not providing ac | dequate service: | | | |
| ertify or declare under per | pany is not providing ac | dequate service: | | | |
| oplicable) xplain why the current com | pany is not providing ac | dequate service: | | | |
| eplicable) certify or declare under per | pany is not providing ac | dequate service: | | | |
| eplicable) replain why the current com | pany is not providing ac | dequate service: | | | |



ATTACHMENT F

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

| Name of Applicant: | Taxi & Tours |
|---|---|
| Trade Name(s), if applicable: | Hassell |
| Phone Number: <u>360-378-3550</u> | Fax Number: |
| Physical Address | Mailing Address (if different from physical address) |
| Street: 266 Whotever Way | _Street: <u>P.O. Box</u> 2316 |
| City: Friday Harbor | City: Freday Harbor |
| State/Zip: <u> </u> | State/Zip: <u> </u> |
| There is a minimum fee of \$25.00 that an auto tran service must pay. | sportation company with charter and excursion carrier |
| Number of Vehicles | X\$25.00 = \$ |

ATTACHMENT G



TARIFF ADOPTION NOTICE

| Tariff No |
|--|
| |
| |
| |
| Name of New Company |
| |
| |
| Trade Name of New Company |
| Trade Name of New Company |
| |
| Adopt all tariffs and supplements to the tariffs, filed with the |
| Washington Utilities and Transportation Commission by: |
| |
| |
| |
| Name of Prior Company |
| |
| |
| |
| Before the date of its (new company) acquired possession of |
| that (prior) company, or a portion of the authority of that (prior) company. |
| |
| |
| Notice issued by: |
| |
| Till |
| Name:Title |
| |
| Phone Number: Fax Number: |
| Phone Number: Fax Number: |
| Email address: |
| Ellidii duuless |
| |
| |
| Date filed with Commission: |
| Dute filed with commission |
| |