



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 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 type="checkbox"/> Yes <input type="checkbox"/> No If yes, complete Attachment F.	\$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

FOR OFFICIAL USE ONLY			
Date Filed <i>6/15/18</i>		ID#	Docket #:
LS Staff Assigned	Insurance	Map	Tariff/ Time Schedule
DOL/SOS	Safety Inspection		Cert Issued
		Receipt ID <i>06565</i>	111-0268
111-0268-232-02	111-0268-232-01	111-0268-230-02	111-0268-230-01

SS Taxi, LLC

200

FILING YOUR APPLICATION

Select one of the following:

- File your application and pay online at efileapp.utc.wa.gov,
- Scan/PDF to transportation@utc.wa.gov and pay online at payments.utc.wa.gov,
- Fax to 360-586-1181 and pay online at payments.utc.wa.gov, or,
- Mail your application *with* your check or money order to the following address:
UTC, PO Box 47250, Olympia, WA 98504-7250

ACH online (no service fee) or credit card online at payments.utc.wa.gov (2.5% or minimum of \$3.95 is charged by Official Payments for credit card processing).

DO NOT EMAIL OR FAX YOUR CREDIT CARD INFORMATION

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:

Provide Express Shuttle to and from Roche Harbor to Friday Harbor + Back to Roche Harbor

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

Provide Express Service to + from Roche Harbor @ Friday Harbor.

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

Have Owned Taxi Comp for Past 4 years in Friday Harbor

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:

San Juan Transit who runs limited hours and does not run thru winter

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

No Yes If yes, please indicate your certificate number C- H068023

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>15 min</u>
Will an attorney be representing you? If yes, complete the following:	
Attorney's name: <u>Ø</u>	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>5,800.00</u>	Salaries/Wages Payable	\$ <u>0</u>
Notes Receivable	\$ <u>0</u>	Accounts Payable	\$ <u>0</u>
Accounts Receivable	\$ <u>0</u>	Notes Payable	\$ <u>29,000</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>3000.00</u>	TOTAL LIABILITIES	\$ <u>29,000</u>
Land and Buildings	\$ <u>0</u>	NET WORTH	
Trucks and Trailers	\$ <u>44,000.</u>	Preferred Stock	\$ <u>0</u>
Office Furniture	\$ <u>0</u>	Common Stock	\$ <u>0</u>
Other Equipment	\$ <u>0</u>	Retained Earnings	\$ <u>0</u>
Other Assets	\$ <u>0</u>	Capital	\$ <u>0</u>
TOTAL ASSETS	\$ <u>47,000</u>	TOTAL LIABILITIES AND NET WORTH	\$ <u>0</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>2009</u>	<u>Chev Express</u>	<u>ATP 8504</u>	<u>16NFA154291133118</u>	<u>12</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: Carl Hassell Position: Owner / Pres / Operator

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 / Pres / 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 / Pres / 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: Carl Hassell Position: Owner / Pres / 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 / Pres / Operator

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

Name: Carl Hassell Position: Owner / Pres / Operator

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

Name: Carl Hassell Position:

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

Name: Carl Hassell Position: Owner / Pres / 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: Carl Hassell Position: Owner / Pres / Operator

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: Carl Hassell Position: Owner / Pres / Operator

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

Name: Carl Hassell Position: Owner / Pres / 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: Carl Hassell Position: Owner / Pres / Operator

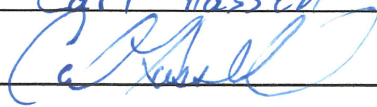
SECTION 8 – DECLARATION OF APPLICANT

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, the undersigned, certify that the information in this application is true and correct, and that I am the applicant or I am authorized to execute and file this document on behalf of the applicant.

Printed name: Carl Hassell Title: Owner

Signature: 

Date: 6-4-18 County, State San Juan Co.



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 Hassell

Address: 266 Whatever Way

Phone Number: 360-378-3530 Fax Number: Email: Carl.hassell@gmail.com

Describe the need for the requested service:

Express Transportation to and from Roche Harbor and Friday Harbor

If there is an existing company providing this service in the territory, please indicate the existing company's name (if applicable) Bobs Taxi, Friday Harbor Taxi,

Explain why the current company is not providing adequate service: Not Enough Cars to Service Type of Service that I am requesting. and no service 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.

Carl Hassell Print Name

[Signature] Signature

6-4-2018 Date, County, State



ATTACHMENT F

CHARTER AND EXCURSION CARRIER REGULATORY FEES

(A minimum fee of \$25.00 is required)

Name of Applicant: S.J. Taxi LLC

Trade Name(s), if applicable: San Juan Taxi + Tours

Phone Number: 360-378-3530 Fax Number: 0

Physical Address

Mailing Address (if different from physical address)

Street: 266 whatever way Street: PO Box 2316

City: Friday Harbor City: Friday Harbor

State/Zip: Wa. 98250 State/Zip: Wa. 98250

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

Date 6/4/2018

Washington Utilities and Transportation Commission
Attn: Licensing Services
PO Box 47250
Olympia, WA 98504-7250

RE: Request for Forbearance from Rate and Service Regulation and Exemption of Rules

To Washington Utilities and Transportation Commission

I am applying for authority to provide auto transportation service and believe the service falls under the criteria for an exemption/forbearance from rate and service regulation pursuant to RCW 81.68.015 Auto Transportation Companies. Our service (include #1 or #2 following or both if applicable).

1. Passenger service between Friday Harbor, Roche Harbor

Because I am requesting forbearance from rate and service regulation, I am requesting an exemption from the following rules:

-WAC 480-30-256 thru 436 (tariffs and time schedules)

-WAC 480-30-096 (3) (c) (assets and liabilities), (d) (tariff and time schedule), (f) (Ridership and revenue forecasts), and (g) (projected balance sheet and income statement).

I understand that if forbearance from rate and service regulation is approved for these services, I will receive Charter and Excursion authority which fall under the requirements of RCW 81.70 (Passenger Charter and Excursion Carriers).

Thank you for your consideration of our request for forbearance from rate and service regulation.

Sincerely,



Company Representative

Title: Owner, President

Enclosure-Application for Auto Transportation Authority

San Juan Taxi 2018 Express to Roche

Leaves Friday Harbor	Leaves Roche Harbor
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9:10 a.m.

9:30 a.m.

10:50 a.m.

11:15 a.m.

1:35 p.m.

1:55 p.m.

3:55 p.m.

4:15 p.m.

6:05 p.m.

6:30 p.m.

7:30 p.m.

7:50 p.m.

We are a pet friendly
transportation company

San Juan Taxi & Tours

P.O. Box 2316 • Friday Harbor WA 98250

360-378-3550 or 360-378-TAXI