

### 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 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 – Complete sections 1-8 and Attachments C &amp; G.</u> Transferring all of Certificate C-_____ Transferring a portion of Certificate C-_____	\$200.00
<input type="checkbox"/> <u>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.</u>	\$150.00
<input type="checkbox"/> <u>Mortgage of Certificate – Complete section 1 and Attachment E.</u>	\$35.00
<input type="checkbox"/> <u>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.</u>	\$35.00
<input type="checkbox"/> <u>Reinstatement of Cancelled Certificate – Complete sections 1, 2 and 8.</u>	\$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
111-0268-232-02	111-0268-232-01	111-0268-230-02	111-0268 111-0268-230-01

+250

**SECTION 1 – APPLICANT INFORMATION**

Legal Name of Applicant: Jake Sharpe

Trade Name(s) (if applicable): NORTH CASCADES MASSAGE

Phone #: 360 713 2201 Fax #: 360 713 9789 E-mail: sharpejake@frontier.com

Physical Address:	Mailing Address (if different from physical):
Street: <u>38511 SR 2</u>	Street: <u>32901 138th St SE</u>
City: <u>Sultan WA 98294</u>	City: <u>Sultan</u>
State/Zip:	State/Zip: <u>WA 98294</u>

Unified Business Identifier Number (UBI): 601 355 930 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 1804633 If you do not have a USDOT number, you can go online to [www.fmcsa.dot.gov/online-registration](http://www.fmcsa.dot.gov/online-registration) to apply or call 360-596-3810 for assistance.

Labor & Industries #: NORTH CASC ME Employment Security Department #: 31-1918587

**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 - SEE MAP
- Support statements for proposed service authority SEE ATTACHMENT B-

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:

between Goldbar WA and STEVENS PASS SLA AREA VIA U.S. Route 2. Provide safe and secure parking and transportation

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

LACK OF SAFE PARKING

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

NONE

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 480-30-256 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 at this time</u>	Amount of time: <u>15 MINUTES</u>
Will an attorney be representing you? If yes, complete the following:	
Attorney's name: <u>N/A at this time</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>5,000</u>	Salaries/Wages Payable	\$ <u>0</u>
Notes Receivable	\$	Accounts Payable	\$ <u>56,000</u>
Accounts Receivable	\$ <u>40,000</u>	Notes Payable	\$ <u>122,000</u>
Investments	\$	Mortgages Payable	\$ <u>712,000</u>
Other Current Assets	\$ <u>190,000</u>	Contracts and Bonds Payable	\$
Prepaid Expenses	\$	<b>TOTAL LIABILITIES</b>	\$ <u>890,000</u>
Land and Buildings	\$ <u>1,750,000</u>	NET WORTH	
Trucks and Trailers, Autos	\$ <u>483,000</u>	Preferred Stock	\$ <u>0</u>
Office Furniture	\$	Common Stock	\$ <u>0</u>
Other Equipment	\$	Retained Earnings	\$ <u>0</u>
Other Assets	\$	Capital	\$ <u>0</u>
<b>TOTAL ASSETS</b>	\$ <u>2,468,000</u>	<b>TOTAL LIABILITIES AND NET WORTH</b>	\$ <u>1,578,000</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>2007</u>	<u>THOMAS BUS</u>		<u>16BJG31UX71230530</u>	<u>15</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: Jack Shupe Position: Owner

**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: Jack Shupe Position: Owner

**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: Jack Shupe Position: Owner

**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: Jack Shupe Position: Owner

**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: Jack Shupe Position: Owner

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

Name: Jack Shupe Position: Owner

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

Name: Jack Shupe Position: Owner

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

Name: Jack Shupe Position: Owner

**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: Jack Shupe Position: Owner

**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: Jack Shupe Position: Owner

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

Name: Jack Shupe Position: Owner

**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: Jake Sharp

Position: Owner

**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: Jake Sharp Title: Owner

Signature: [Handwritten Signature]

Date: 4/11/10 County, State Groton WA

**ATTACHMENT B**

**TEMPORARY AUTO TRANSPORTATION CERTIFICATE SUPPORT STATEMENT**

Temporary auto transportation certificate applications must include signed and sworn support statements from potential customers identifying all pertinent facts relating to need for proposed service.

Applicant Name: Jake Sharp

**Customer Sworn Statement Relating to the need for service:**

Customer Name: Michael W Holmes

Address: 14418 Smokey Point Blvd

Phone Number: 425-354-5580 Fax Number: \_\_\_\_\_ Email: WARD.HOLMES555@gmail.com

Describe the need for the requested service:

No parking available at Stevens Pass after 8:30 AM on good ski days or weekends.

If there is an existing company providing this service in the territory, please indicate the existing company's name (if applicable) No

Explain why the current company is not able to provide the service you need: \_\_\_\_\_

**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.**

Michael W. Holmes  
Print Name

Michael W. Holmes  
Signature

2-14-2018  
Date, County, State



**ATTACHMENT F**

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

Name of Applicant: Jake Sharp

Trade Name(s), if applicable: North Cascades Nursery

Phone Number: 360 793 2201 Fax Number: 360 793 9781

**Physical Address**

**Mailing Address** (if different from physical address)

Street: 38511 SR 2

Street: 32901 130<sup>th</sup> St SE

City: Sultan

City: Sultan

State/Zip: WA 98294

State/Zip: WA 98294

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<sup>00</sup>



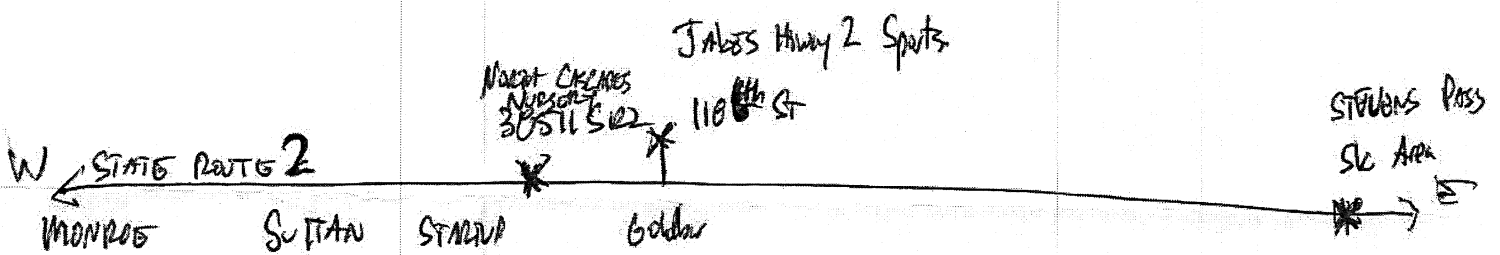
# MAP

## Proposed Route -

Primary Housing and Overflow Parking located at 38511 SR 2, Sultan

Primary Pick up Point is 118 6<sup>th</sup> St, Goldbar

Final Destination STEVENS PASS SKI AREA



Approx 37 miles travel distance

Willing to stop for any stranded skier/boarder along  
Route 2 between Primary Pick up Point and Final Destination

# Ridership and Revenue 1<sup>st</sup> 12 months.

Service is Seasonal -

Approx. START of Service 12/1/18

Approx. END of Service 5/1/19

Approx 21 weeks operations Friday - Sunday.

Service Approx 50 people weekly

$$50 \text{ people} \times 21 \text{ weeks} = 1050 \text{ Riders @ } \$26^{00} = \$27,300^{00}$$

27,300<sup>00</sup> 1<sup>st</sup> Season Forecasted Revenue.

Pro-Forma Balance Sheet - Income Statement  
JAKE SHARPE DBA  
NORTH CASCADES NURSERY - Current.

- BUS Only, OTHER OPERATIONS NOT INCLUDED.

ASSETS

CASH - 870<sup>84</sup> - 11/11/18

ASSETS RECEIVABLES - 0

EQUIPMENT - 2007 THOMAS BUS - 40,000

TOTAL ASSETS . 40,870<sup>84</sup>

LIABILITIES

NOTES PAYABLE - 2007 THOMAS BUS - 26,000

NOTES PAYABLE - 0

TOTAL LIABILITIES .

JAKE SHARPE AND NORTH CASCADES NURSERY SIA BUS HAS A CURRENT

- NET WORKING CAPITAL OF 14,870<sup>87</sup> AS OF 11/11/18.
- ANTICIPATED REVENUES 27,300 FOR 2018-2019 SIA SEASON
- ANTICIPATED EXPENSES 29,000 FOR 2018-2019 SIA SEASON
- END OF SEASON PROJECTED BALANCE 22,170

1,500,000 CSL

M-5444 (01/2010)

**FORM E**  
**UNIFORM MOTOR CARRIER BODILY INJURY AND PROPERTY DAMAGE**  
**LIABILITY CERTIFICATE OF INSURANCE**

(EXECUTED IN TRIPLICATE)

Filed with Washington Utilities & Transportation Commission (hereinafter called Commission)  
(Name of Commission)

This is to certify, that the Continental Divide Insurance Company  
(Name of Company)

(hereinafter called Company) of 1314 Douglas Street, Omaha, NE 68102  
(Home Office Address of Company)

has issued to JAKE SHARPE DBA: NORTH CASCADES NURSERY  
(Name of Motor Carrier)

of 32901 138TH ST SE, SULTAN, WA 98294  
(Address of Motor Carrier)

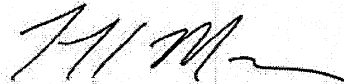
a policy or policies of insurance effective from 11/02/2018 12:01 A.M. standard time at the address of the insured stated in said policy or policies and continuing until cancelled as provided herein, which, by attachment of the Uniform Motor Carrier Bodily Injury and Property Damage Liability Insurance Endorsement, has or have been amended to provide automobile bodily injury and property damage liability insurance covering the obligations imposed upon such motor carrier by the provisions of the motor carrier law of the State in which the Commission has jurisdiction or regulations promulgated in accordance therewith.

Whenever requested, the Company agrees to furnish the Commission a duplicate original of said policy or policies and all endorsements thereon.

This certificate and the endorsement described herein may not be cancelled without cancellation of the policy to which it is attached. Such cancellation may be effected by the Company or the insured giving thirty(30) days' notice in writing to the State Commission, such thirty (30) days' notice to commence to run from the date notice is actually received in the office of the Commissioner.

Countersigned at 1314 Douglas Street Omaha NE 68102  
(Street Address) (City) (State) (ZIP Code)

this 2nd day of November, 20 18



Authorized Representative

Insurance Company File No. 05APM018891-01  
(Policy Number)

1,500,000 CSL