



621 Woodland Square Loop SE
 Lacey, WA 98503
 P.O. Box 47250
 Olympia, WA 98504-7250
 Phone: 360-664-1222
 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 checked="" type="checkbox"/> Reinstatement of Cancelled Certificate – Complete sections 1, 2 and 8.	\$200.00

FOR OFFICIAL USE ONLY

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

Northwest Smoking + Caring Inc.

SECTION 1 – APPLICANT INFORMATION

Legal Name of Applicant: Northwest Smoking: Curing, Inc dba SeaTac Direct

Trade Name(s) (if applicable):

Phone #: 360 755-3666 Fax #: E-mail: reservations@seatacdirect.com Kronenbergjoel@hotmail.com

Table with 2 columns: Physical Address and Mailing Address (if different from physical). Rows include Street, City, and State/Zip.

Unified Business Identifier Number (UBI): 600 550 895 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 [x] 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:

Table with 3 columns: Name, Title, Stock Distribution or % of Shares. Row 1: Joel Kronenberg, President, 100%

USDOT number 2405919 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 #: 545,523-01 Employment Security Department #: 65096-016

SECTION 2 – COMPANY INFORMATION

Provide the following documents with your application:

- [x] A map of the proposed line, route, or service territory that meets the standards described in WAC 480-30-051
[x] Support statements for proposed service authority

Handwritten note: Within an original application 5-2013

What type of service do you plan on providing: door-to-door services and/or scheduled service?

- [x] 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,
[x] 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:

- Best Western Bellingham to I-5 and/or 405 freeways to Seatac
- " " " to I-5 to 526 to Paine Field
- Home Pick-Ups ^{within} to either of above destinations.
- Charter Service - 100 mile radius - intrastate.

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

The trip to Seatac via Bellair is too timely, circuitous for the majority of our customers who appreciate direct service and custom charter pick-up / drop off, non-stop. Paine Field also lacks direct service from Bellingham, non-stop.

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

beatac Direct has been operating under UTC authority for these routes for the past six years during which we have maintained a flawless safety record and have been inspected, after which some minor paperwork issues were rectified and a "pass" received (2018).

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:

Bellair Charters: Airporter 1416 Whitehorn St Ferndale WA 98248
Quick Shuttle 8730 River Rd Delta, BC, Canada V46 1B5

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

No Yes If yes, please indicate your certificate number C- H065791

Have you ever applied for and been denied an auto transportation certificate?

No Yes If yes, please explain _____

Have you or your company ever been cited for business-related violation of state laws or commission rule or any other federal or state agency?

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

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: _____ Position: _____

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: Joel Krohenberg Title: President/Owner

Signature: _____

Date: 9-23-19 County, State Whatcom County, WA