



## AUTO TRANSPORTATION AUTHORITY APPLICATION

<i><b>FOR OFFICAL USE ONLY</b></i>			
DATE FILED:	Company:		Docket #:
111-0268	Receipt ID:	Payment ID:	Amount Paid:
111-0268-232-01	111-0268-232-02	111-0268-230-01	111-0268-230-02

Type of Passenger Transportation Authority Requested (check one box)	Fee Required
<p><b>New Certificate</b> (auto transportation company certificates include statewide charter and excursion carrier service if marked below). Complete Sections 1-8 and <i>Attachment A</i>. Submit a proposed tariff and time schedule.</p> <p>Do you plan on providing charter/excursion service?    Yes    No</p> <p>If yes, complete <i>Attachment F</i>.</p>	<b>\$200.00</b>
<p><b>Extension of Existing Auto Transportation Certificate C-</b>            Complete Sections 1-8. Submit a proposed tariff and time schedule.</p>	<b>\$150.00</b>
<p><b>Transfer or Lease Auto Transportation Authority</b> – Complete Sections 1-8 and <i>Attachments C &amp; G</i>.            Transferring all of Certificate C-             Transferring a portion of Certificate C-</p>	<b>\$200.00</b>
<p><b>Temporary Auto Transportation Authority</b> - New temporary authority or temporary to operate pending a commission decision on a parallel filed permanent application. Complete Sections 1-8 and <i>Attachment B</i>.</p>	<b>\$150.00</b>
<p><b>Mortgage of Certificate</b> – Complete Section 1 and <i>Attachment E</i>.</p>	<b>\$35.00</b>
<p><b>Name Change</b> – Change in corporate name, change in trade name; adding or deleting a trade name; or changing the surname of an individual owner or partner. Complete Section 1 and <i>Attachment D</i>.</p>	<b>\$35.00</b>
<p><b>Reinstatement of Canceled Certificate</b> – Complete Sections 1, 2 and 8.</p>	<b>\$200.00</b>



**Section 1 - Business Information**

Legal Name:

Trade Name, if applicable:

Physical Address:

Mailing Address:

Telephone Number:

Email:

Fax Number:

Contact Name:

USDOT#: If you do not have a USDOT number, go to the [FMCSA website](#) to apply or call 360-596-3812 for assistance.

Is your business registered with the [Department of Revenue](#)? No Yes

Business License/UBI#:

**Type of Business**

Individual Partnership Corporation Other (LP, LLP, LLC) State of Incorporation

List the name, title, and percentage of all partner's share or stock distribution for major stockholders:

Name Title Stock Distribution/% of Shares

**Section 2 – Proposed Service Information**

1) 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 (for example, 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."

2) 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.



- 3) 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:
  
  
  
  
  
  
  
  
  
  
- 4) State the conditions that demonstrate this proposed service is for the public convenience and necessity:
  
  
  
  
  
  
  
  
  
  
- 5) State the applicant's prior experience and familiarity with the statutes and rules that govern operations they proposes:
  
  
  
  
  
  
  
  
  
  
- 6) 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:
  
  
  
  
  
  
  
  
  
  
- 7) Do you currently hold, or have you ever held, an auto transportation certificate?      No      Yes  
If yes, please indicate your certificate number C-
  
  
  
  
  
  
  
  
  
  
- 8) Have you ever applied for and been denied an auto transportation certificate?      No      Yes  
If yes, please explain:
  
  
  
  
  
  
  
  
  
  
- 9) Have you or your company ever been cited for a business-related violation of state laws or commission rules by the UTC or any other federal or state agency?      No      Yes      If yes, please explain:



**Section 3 – Tariff and Time Schedule**

- 10) Is this application for temporary authority, a new certificate, or extension of existing certificated authority?  
 No Yes **If yes, you must include a proposed tariff and time schedule that is in compliance with WAC 480-30-256 through WAC 480-30-436.**
- 11) Are you applying for fare flexibility as described in WAC 480-30-420? Yes No  
**If yes, complete Attachment H to show your proposed base rate and maximum rate.**
- 12) 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 File new tariff

**Section 4 - Financial Statement**  
 Complete the following or attach a balance sheet, profit and loss statement, or business plan.

Assets		Liabilities	
Cash in Bank		Salaries/Wages Payable	
Notes Received		Accounts Payable	
Investments		Notes Payable	
Other Current Assets		Mortgages Payable	
Prepaid Expenses		<b>Total Liabilities</b>	
Land and Buildings		Net Worth	
Trucks and Trailers		Preferred Stock	
Office Furniture		Common Stock	
Other Equipment		Retained Earnings	
Other Assets		Capital	
<b>TOTAL ASSETS</b>		<b>TOTAL LIABILITIES AND NET WORTH</b>	

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 5 – 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? No Yes	If Yes, complete the following:
Attorney’s Name:	Attorney’s Phone Number:
Attorney’s Firm:	Fax Number:
Street:	
City, State, Zip:	Email:



**Section 6 - Equipment List**

Describe the equipment that will be used (attach additional sheet if necessary). All vehicles must pass a Commercial Vehicle Safety Alliance inspection before an application is granted. All fields are required. Per [WAC 480-30-036 \(2\)](#), "**Party bus**" means any motor vehicle whose interior enables passengers to stand and circulate throughout the vehicle because seating is placed around the perimeter of the bus or is nonexistent and in which food, beverages, or entertainment may be provided. A motor vehicle configured in the traditional manner of forward-facing seating with a center aisle is not a party bus.

Year	Make	License Number	Vehicle ID (VIN)	Seating Capacity	Party Bus?

\*attach additional pages if necessary

13) Will you be employing CDL drivers?      Yes      No

**Section 7 - Operational Responsibilities**

Identify the person and position responsible for understanding and complying with the requirements of each category shown below:

**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:
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**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 Dec. 31 of each year.

Name:	Position:
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**Customer Service** Person responsible for customer service complaints, and customer notice requirements.

Name:	Position:
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**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, fuel permits, fuel tax); Secretary of State (corporate registrations); Department of Revenue and Internal Revenue Service (business licensing, taxes); and Employment Security.

Name:	Position:
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**Section 8 – Safety**  
 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.

**Controlled Substance Abuse and Alcohol Use and Testing (Title 49, Code of Federal Regulations Part 382 and Part 40).** If you operate commercial motor vehicles, your drivers must be in a Controlled Substance and Alcohol Use and Testing program. You must have an alcohol and controlled substances testing program. **Please attach evidence of your enrollment in a drug and alcohol testing program if your company has commercial vehicles and employs CDL drivers.**

Name:	Position:
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**Driver Qualification Requirements (Title 49, Code of Federal Regulations Part 391)** Drivers must meet minimum qualification requirements and each company must maintain driver qualification files for each driver.

Name:	Position:
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**Driver 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:	Position:
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**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:	Position:
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**Safety Regulations, General (Title 49, Code of Federal Regulations Part 390)**

Name:	Position:
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**Driving of Commercial Motor Vehicles (Title 49, Code of Federal Regulations Part 392)**

Name:	Position:
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**Parts and Accessories Necessary for Safe Operation (Title 49, Code of Federal Regulations Part 393)**

Name:	Position:
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**Section 9 - Declaration of Applicant**

INITIAL

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.

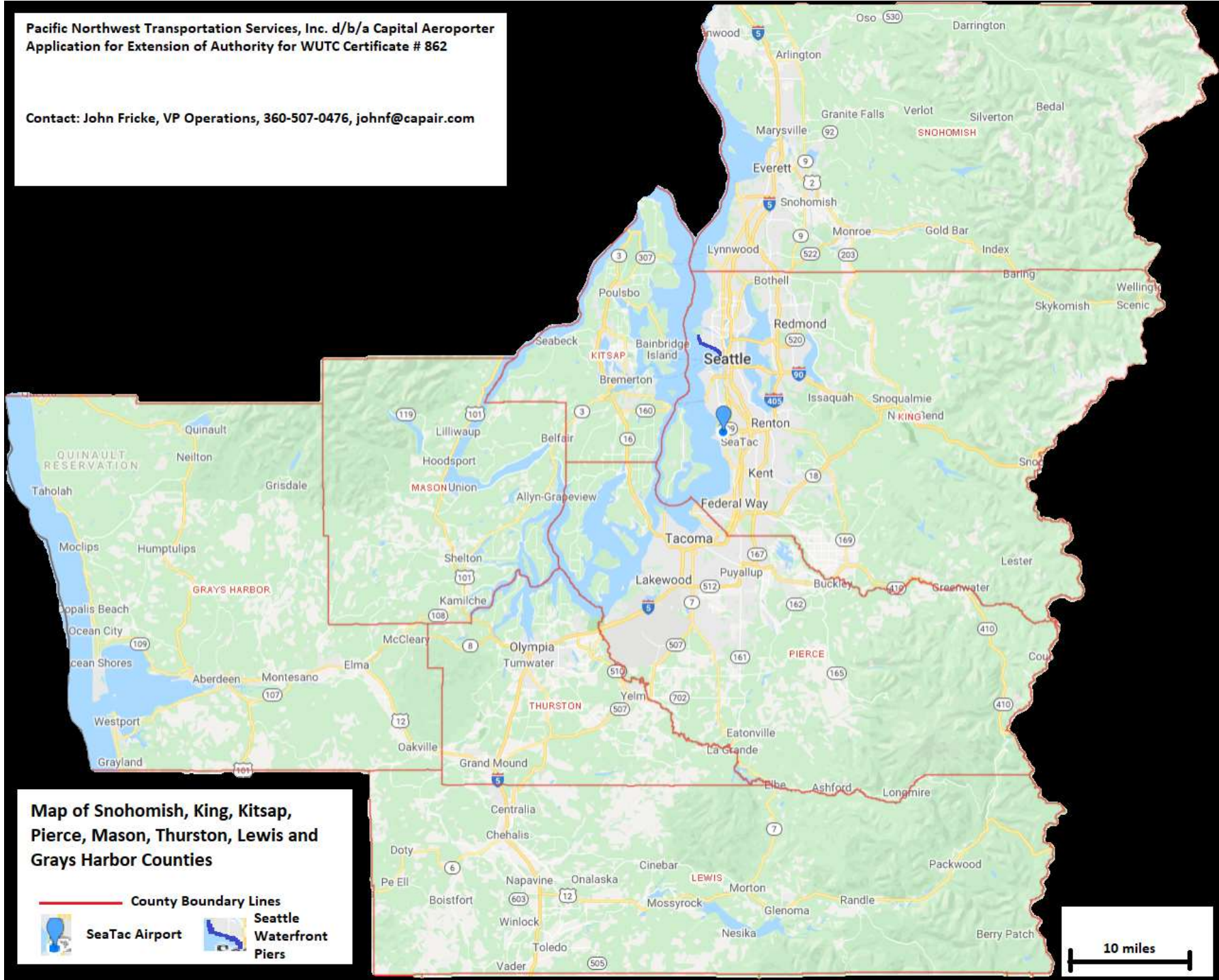
I certify under penalty of perjury under the laws of the State of Washington that the information contained in this application is true and correct.

I certify that I am the applicant, or I am authorized to execute and file this document on behalf of the applicant.

Name:	Date:
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**Pacific Northwest Transportation Services, Inc. d/b/a Capital Aeroporter  
Application for Extension of Authority for WUTC Certificate # 862**

**Contact: John Fricke, VP Operations, 360-507-0476, johnf@capair.com**



**Map of Snohomish, King, Kitsap,  
Pierce, Mason, Thurston, Lewis and  
Grays Harbor Counties**

**County Boundary Lines**

 **SeaTac Airport**

 **Seattle Waterfront Piers**



## SECTION 6 PASSENGER TRANSPORTATION VEHICLE EQUIPMENT LIST

### Instructions

Describe the equipment that will be used (attach additional sheet if necessary). All vehicles must pass a Commercial Vehicle Safety Alliance inspection before an application is granted. All fields are required. Per **WAC 480-30-036 (2)**, "**Party bus**" means any motor vehicle whose interior enables passengers to stand and circulate throughout the vehicle because seating is placed around the perimeter of the bus or is nonexistent and in which food, beverages, or entertainment may be provided. A motor vehicle configured in the traditional manner of forward-facing seating with a center aisle is not a party bus.

Line No.	Year	Make	Model	State of Registration	License No.	VIN	Company Unit	Seating Capacity	Vehicle Type (from drop
1	2019	Mercedes	Sprinter	WA	C01943S	<b>W1Z4EFHY7KP202321</b>	1	12	Van
2	2016	Mercedes	Metris	WA	C52645F	<b>WD4PG2EE5G3094207</b>	2	8	Van
3	2015	Mercedes	Sprinter	WA	C42279L	<b>WDZPE7DC5F5984030</b>	3	12	Van
4	2016	Mercedes	Sprinter	WA	C84473K	<b>8BRPE7DD1GE129284</b>	5	12	Van
5	2016	Mercedes	Sprinter	WA	C35092L	<b>8BRPE8DD3GE129292</b>	7	12	Van
6	2018	Mercedes	Sprinter	WA	C52644F	<b>WDZPE7DD4E5837429</b>	8	12	Van
7	2019	Mercedes	Sprinter	WA	BRL1450	<b>WDZPF1ED4KT010725</b>	11	12	Van
8	2019	Mercedes	Sprinter	WA	BQY8699	<b>WDZPE7CDOHP398997</b>	14	12	Van
9	2019	Mercedes	Sprinter	WA	C54763D	<b>WDZPFOCDOKP186032</b>	15	12	Van
10	2016	Mercedes	Sprinter	WA	C35135L	<b>8BRPE8DD6GE121736</b>	17	12	Van
11	2019	Mercedes	Sprinter	WA	C20195G	<b>WDZPE7DDOGP246313</b>	18	12	Van
12	2016	Mercedes	Sprinter	WA	C01012H	<b>WDZPE8DC8FP157732</b>	19	12	Van





621 Woodland Square Loop SE  
 Lacey, WA 98503  
 P.O. Box 47250  
 Olympia, WA 98504-7250  
 Phone: 360-664-1222  
 Email: transportation@utc.wa.gov

**AUTO TRANSPORTATION – ATTACHMENT A**

**Auto transportation Certificate of Support Statement**

Auto Transportation certificate applications must include more than one signed and sworn support statement 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: **Pacific Northwest Transportation Services, Inc. d/b/a Capital Aeroporter**

**Customer Sworn Statement Relating to the Need for Service:**

Customer Name: **Mr. Matt Sult, Center Manager, SEA-USO**

Address: **Sea-Tac International Airport, Main Terminal, Mezzanine Level, Seattle, WA 98158**

Phone Number: **(253) 722-7082** Email: **seatacmanager@usonw.org**

Fax Number:

**Describe the need for the requested service:**

**SeaTac USO Center serves more than 150,000 traveling service members and their families every year. Service members and their families need access to a door-to-door airport shuttle service to connect between SeaTac Airport and all the area military installations, including Joint Base Lewis McChord (JBLM) and surrounding communities. A dependable, frequent and cost-effective door-to-door transportation option to and from Seattle-Tacoma International Airport will facilitate this need.**

If there is an existing company providing this service in the territory, please list the existing company's name (if applicable): **No other Door-to-Door Service currently exists**

**Explain why the current company is not providing adequate service:**

**The only other WUTC Certificated Auto Transportation Company that is authorized to serve JBLM, Bremerton Kitsap Airporter Inc d/b/a JBLM Sea-Tac Airporter, normally operates an infrequent Scheduled Service with 2 1/2 hours between available pickup times. Since, the beginning of the COVID-19 pandemic, that service has not been in operation and completely unavailable.**

*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.*

<b>Matt Sult</b>		<b>6 Nov 20</b>
Print Name	Signature	Date



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Applicant Name: **Pacific Northwest Transportation Services, Inc. d/b/a Capital Aeroporter**

**Customer Sworn Statement Relating to the Need for Service:**

Customer Name: **Mr. Shane Ness - Ness Family Dentistry**

Address: **23515 NE Novelty Hill Rd, Ste #209, Redmond, WA 98053-1996**

Phone Number: **(425) 466-4967** Email: **shane@shanenessdds.com**

Fax Number:

Describe the need for the requested service:

**Our company conducts business with nearly 40 dental clinics, suppliers and associates throughout King, Pierce, Snohomish and Kitsap Counties, including flight arrangements and travel plans through SeaTac Airport. We need a dependable and cost-effective door-to-door airport transportation option to transfer our suppliers and associates to/from SeaTac Airport. We also need dependable transportation for company-sponsored cruise trips at the Seattle Waterfront to and from the same areas, during Cruise Ship season.**

If there is an existing company providing this service in the territory, please list the existing company's name (if applicable): **No other company currently provides door-to-door service in the area.**

Explain why the current company is not providing adequate service:

**Door-to-door service is unavailable in the areas where we need service.**

*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.*

**Shane T Ness, DDS, Owner**

Print Name



Signature

**11/9/20**  
Date



621 Woodland Square Loop SE  
 Lacey, WA 98503  
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**AUTO TRANSPORTATION – ATTACHMENT A**

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Applicant Name: **Pacific Northwest Transportation Services, Inc. d/b/a Capital Aeroporter**

**Customer Sworn Statement Relating to the Need for Service:**

Customer Name: **Mr. Alex Schenkar - Schenkar Construction**

Address: **1752 NW Market St #520, Seattle, WA 98107**

Phone Number: **(206) 799-6223** Email: **info@seattlecustomhomebuilder.com**

Fax Number:

Describe the need for the requested service:

**Our company manages building projects and consultations throughout King, Snohomish, Kitsap and Pierce Counties. We arrange domestic and international air travel through SeaTac Airport for our associates and clientele. We need a dependable and cost-effective door-to-door transportation option to pickup/deliver our associates and clientele to/from SeaTac Airport. During the Seattle Cruise Ship season we need dependable transportation for company-sponsored cruise trips at the Seattle Waterfront to and from the same areas.**

If there is an existing company providing this service in the territory, please list the existing company's name (if applicable): **No other company currently provides door-to-door service in the area.**

Explain why the current company is not providing adequate service:

**Since the beginning of the COVID-19 pandemic, door-to-door service has been completely unavailable in the areas where we need service.**

*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.*

**Alex Schenkar, Principal**  
 Print Name

Signature

**11/2/2020**  
 Date



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# W P C I

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*The Nation's Premier Comprehensive Drug Program Administrator*

1124 Broadway, Suite A, Scottsbluff, NE 69361 308-632-7411 FAX 308-632-6448

November 10, 2020

Pacific NW Transportation Services  
PO Box 2163  
Olympia, WA 98507

Thank you to Pacific NW Transportation Services for being our partner in a drug-free workplace. Pacific NW Transportation Services was originally enrolled on April 21, 2010. This company has not had any lapse in enrollment.

Your participation in WPCI's random pool program shows your sincere desire to provide a safe work environment for your employees and those with whom they come in contact. WPCI, as your third party administrator, has performed random selections for your company.

WPCI utilizes the latest approved CCF's for both drug and alcohol testing. This company is in the combined RSSDOT50 pool 50% for drug and 10% alcohol selections per year. This random pool is on track to meet the requirements for 2020.

WPCI is not subject to a Public Interest Exclusion.

Thank you for helping us keep America drug free!

Stephanie McConkey  
Random Pool Coordinator  
308-632-7411  
Email: [randoms@wpcidrugfree.com](mailto:randoms@wpcidrugfree.com)