



AUTO TRANSPORTATION AUTHORITY APPLICATION

FOR OFFICAL USE ONLY			
DATE FILED: 03/23/2021	Company: Howling Moon Shuttle LLC		Docket #: TC-210357
111-0268	Receipt ID:	Payment ID: 17282	Amount Paid: \$ 225.00
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
<input checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, complete Attachment F .	\$200.00
<input type="checkbox"/> Extension of Existing Auto Transportation Certificate C- <input style="width: 100px;" type="text"/> Complete Sections 1-8. Submit a proposed tariff, time schedule and Attachment A .	\$150.00
<input type="checkbox"/> Transfer or Lease Auto Transportation Authority – Complete Sections 1-8 and Attachments C & G . Transferring all of Certificate C- <input style="width: 100px;" type="text"/> Transferring a portion of Certificate C- <input style="width: 100px;" type="text"/>	\$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 changing the surname of an individual owner or partner. Complete Section 1 and Attachment D .	\$35.00
<input type="checkbox"/> Reinstatement of Canceled Certificate – Complete Sections 1, 2 and 8.	\$200.00



Section 1 - Business Information

Legal Name: **Howling Moon Shuttle, LLC**
Trade Name, if applicable: **Howling Moon Shuttle**
Physical Address:
Mailing Address: **3933 Lake Washington Blvd NE, Suite 300, Kirkland, WA 98033**
Telephone Number: **425-442-5440** Email: **bolstaderic@gmail.com**
Fax Number: **N/A**
Contact Name: **Eric Bolstad**

USDOT#: **3613300** 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#: **604 696 373**

Type of Business

Individual Partnership Corporation Other (LP, LLP, LLC)

State of Incorporation

Washington

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

Name	Title	Stock Distribution/% of Shares
Eric Bolstad	Managing Member	100

Section 2 – Proposed Service Information

- 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."
- 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:

PASSENGER SERVICE BETWEEN: The townships and surrounding areas of Cle Elum, Roslyn, Ronald, Suncadia and South Cle Elum, by reservation only. All passengers must originate or terminate in one of the townships and surrounding areas of Cle Elum, Roslyn, Ronald, Suncadia and South Cle Elum

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

This vehicle can provide a multitude of shuttle services that allows the passenger an opportunity to schedule a ride by phone, email, or by mobile phone app.

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

I currently Have no idea experience owning an Auto Transportation Company. I have spent numerous hours reading the statutes and rules regarding this industry.

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:

[Empty text box for listing other auto transportation 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:

[Empty text box for explaining denial of certificate]

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:

[Empty text box for explaining violations]



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	SEE ATTACHED	Total Liabilities	
Land and Buildings		Net Worth	
Trucks and Trailers		Preferred Stock	
Office Furniture		Common Stock	
Other Equipment		Retained Earnings	
Other Assets		Capital	
TOTAL ASSETS		TOTAL LIABILITIES AND NET WORTH	

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: 0	Amount of time: 30 mins
Will an attorney be representing you? <input checked="" type="checkbox"/> No <input type="checkbox"/> 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?
2009	Ford	BVK2078	1FDFE45SX9DA21257	14	YES

*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: **Eric Bolstad** Position: **Managing Member**

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: **Eric Bolstad** Position: **Managing Member**

Customer Service Person responsible for customer service complaints, and customer notice requirements.

Name: **Eric Bolstad** Position: **Managing Member**

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: **Eric Bolstad** Position: **Managing Member**



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: Eric Bolstad	Position: Managing Member
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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: Eric Bolstad	Position: Managing Member
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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: Eric Bolstad	Position: Managing Member
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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: Eric Bolstad	Position: Managing Member
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Safety Regulations, General (Title 49, Code of Federal Regulations Part 390)

Name: Eric Bolstad	Position: Managing Member
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Driving of Commercial Motor Vehicles (Title 49, Code of Federal Regulations Part 392)

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

Name: Eric Bolstad	Position: Managing Member
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Section 9 - Declaration of Applicant

INITIAL

EB 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.

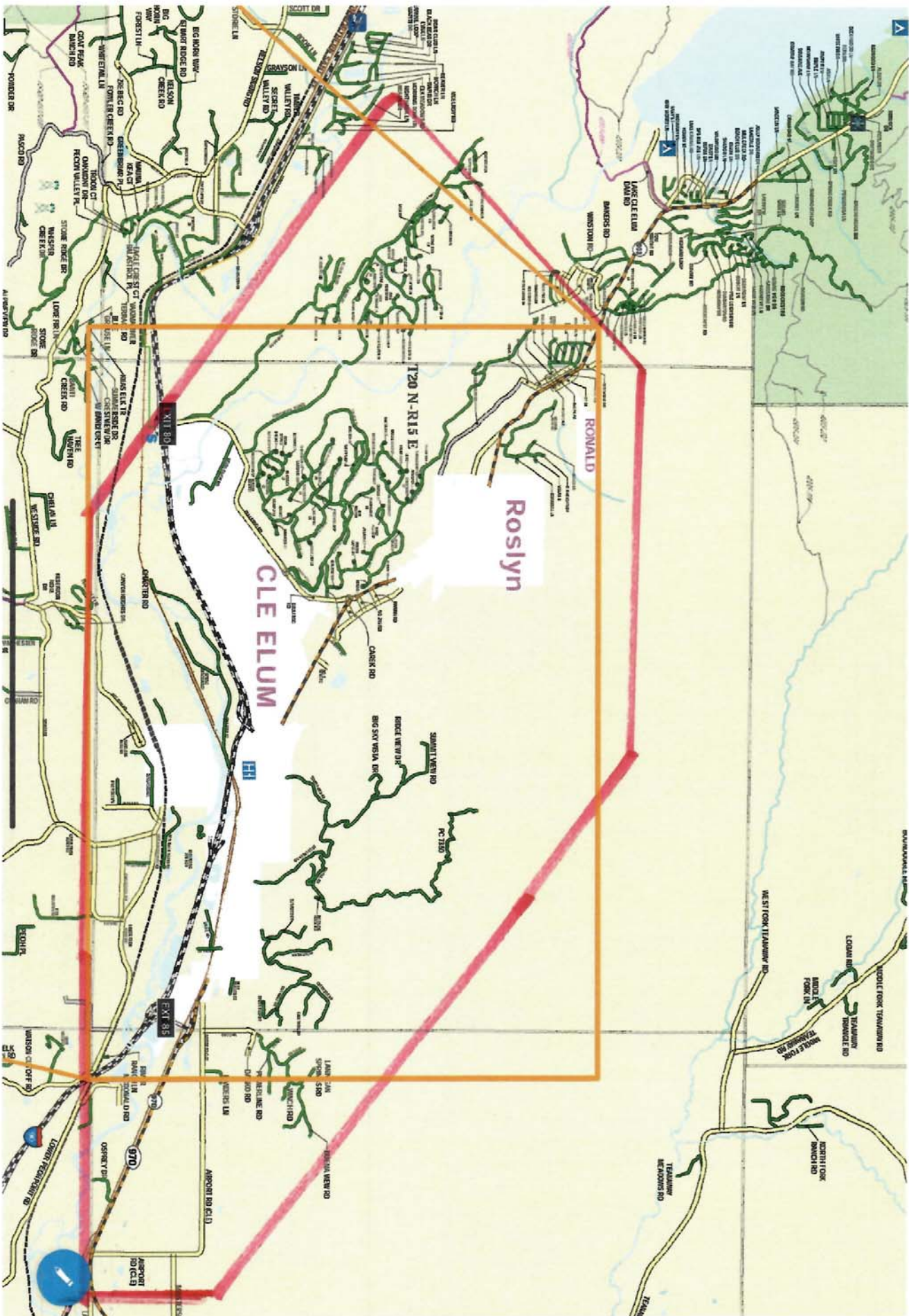
EB I understand the responsibilities of a passenger transportation company, and I am in compliance with all local, state, and federal regulations governing business in the state of Washington.

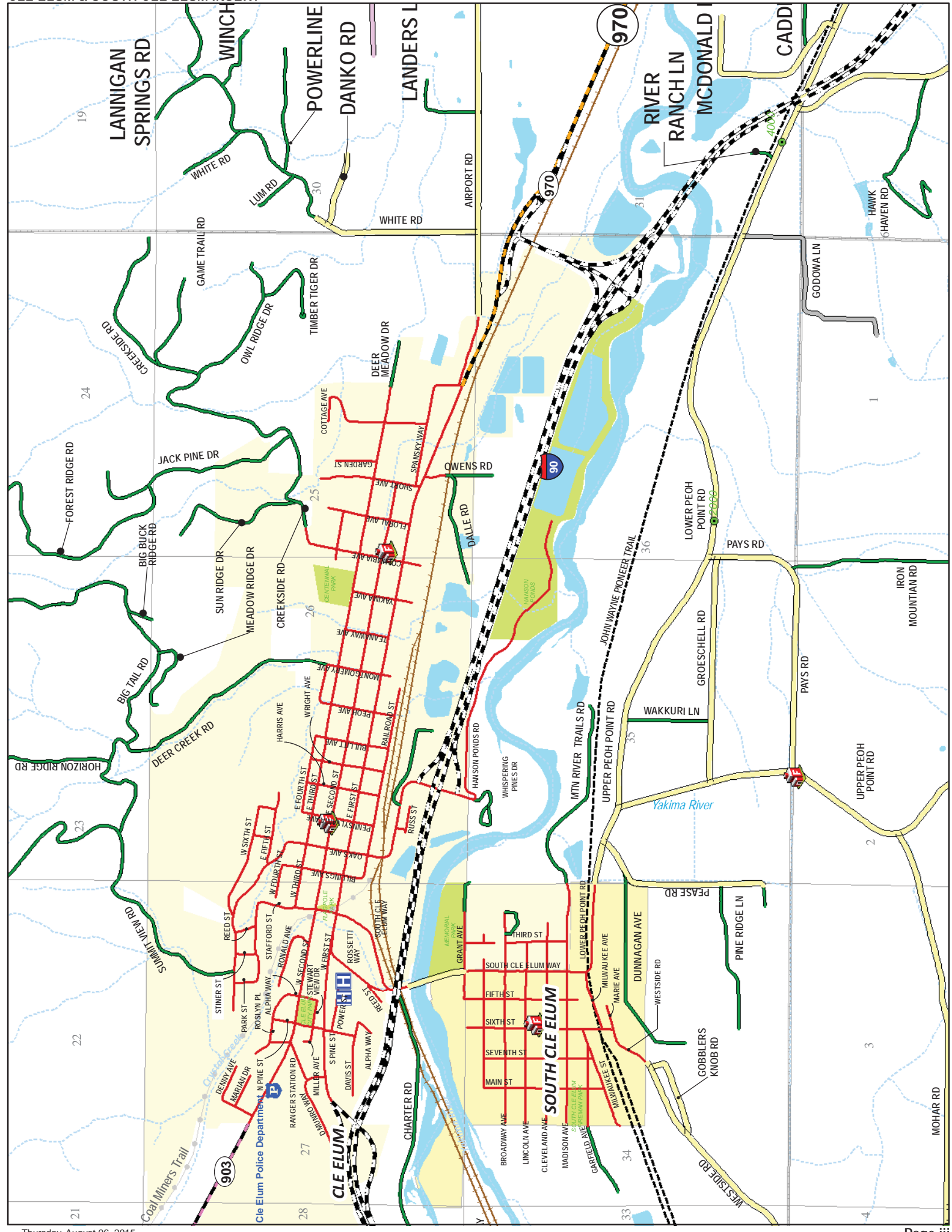
EB I certify under penalty of perjury under the laws of the State of Washington that the information contained in this application is true and correct.

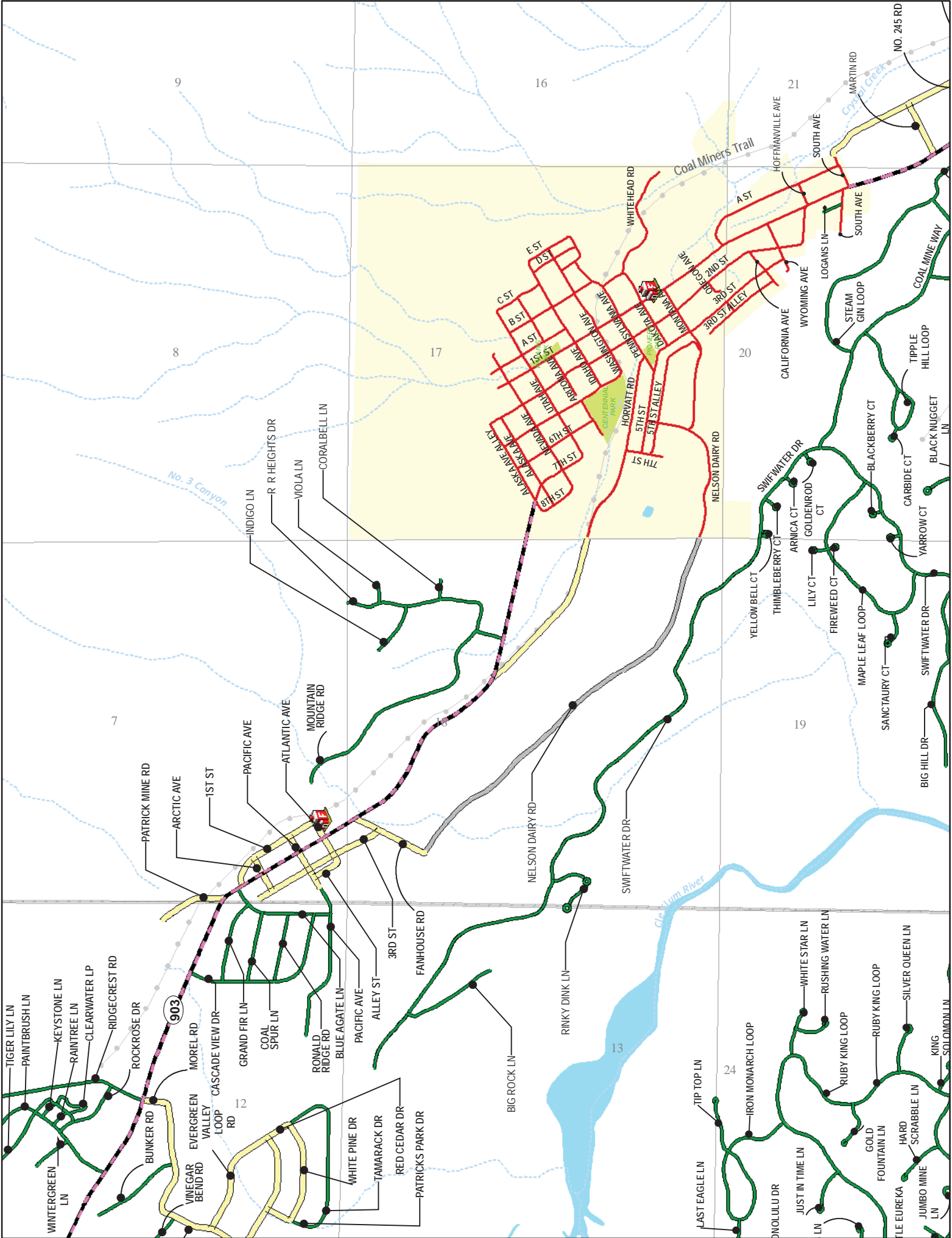
EB I certify that I am the applicant, or I am authorized to execute and file this document on behalf of the applicant.

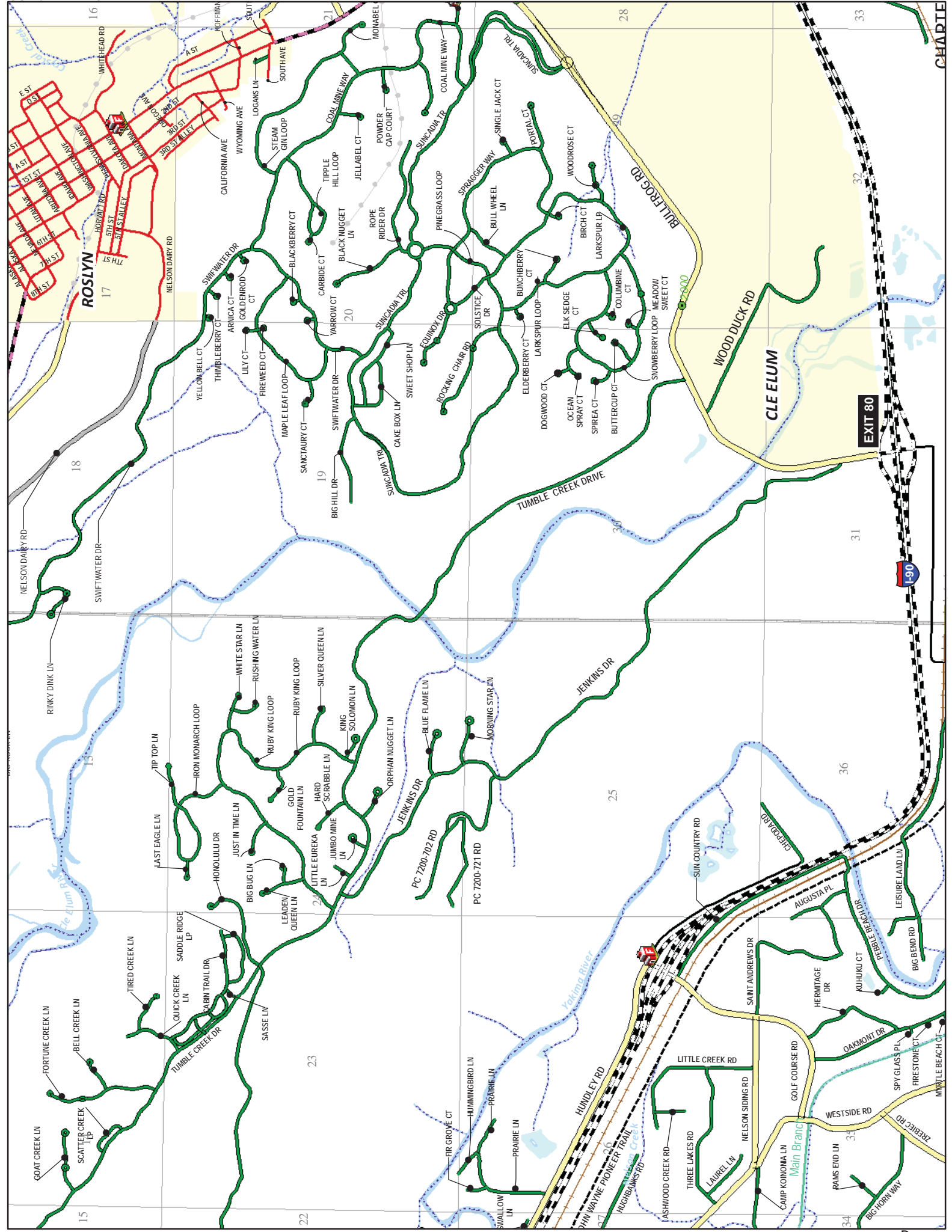
Name: Eric Bolstad		Date: 04/07/2021
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HOWLING MOON SHUTTLE SERVICE MAP











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: **Howling Moon Shuttle, LLC**

Customer Sworn Statement Relating to the Need for Service:

Customer Name: **City of Cle Elum**

Address: **119 W First Street, Cle Elum, WA 98922**

Phone Number: **509-674-2262** Email: **ltemple@cleelum.gov**

Fax Number:

Describe the need for the requested service:

Providing transportation to/from the proposed venue will reduce parking stress in the downtown and increase community safety by hopefully causing a decline in driving under the influence. This is a welcomed and necessary service!

If there is an existing company providing this service in the territory, please list the existing company's name (if applicable): **unknown**

Explain why the current company is not providing adequate service:
There are no comparable services.

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.

Lucy Temple
Print Name

Lucy Temple
Signature

05/10/2021
Date



AUTO TRANSPORTATION – ATTACHMENT F

Auto Transportation Company with Charter and Excursion Carrier Regulatory Fees

(A Minimum Fee of \$25.00 is Required)

Name of Company: **Howling Moon Shuttle, LLC**

Trade Name(s), if applicable:

Physical Address:

Mailing Address (if different): **3933 Lake Washington Blvd NE, Ste 300, Kirkland, WA 98033**

Phone Number: **425-442-5440** Fax Number: **0**

Email: **30 mins** Permit C-

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 =

