



## AUTO TRANSPORTATION AUTHORITY APPLICATION

FOR OFFICAL USE ONLY			
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

Received  
 Records Management  
 State Of WASH.  
 UTILITY AND TRANS.  
 COMMISSION  
 08/26/22 13:46  
 Fee Required

Type of Passenger Transportation Authority Requested (check one box)	
<p><b>New Certificate</b> (auto transportation company certificates include statewide charter and excursion carrier service if marked below). Complete Sections 1-8 and <b>Attachment A</b>. Submit a proposed tariff and time schedule.</p> <p>Do you plan on providing charter/excursion service?    Yes    No</p> <p>If yes, complete <b>Attachment F</b>.</p>	<p><b>\$200.00</b></p>
<p><b>Extension of Existing Auto Transportation Certificate C-</b>            Complete Sections 1-8. Submit a proposed tariff, time schedule and <b>Attachment A</b>.</p>	<p><b>\$150.00</b></p>
<p><b>Transfer or Lease Auto Transportation Authority</b> – Complete Sections 1-8 and <b>Attachments C &amp; G</b>.            Transferring all of Certificate C-             Transferring a portion of Certificate C-</p>	<p><b>\$200.00</b></p>
<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 <b>Attachment B</b>.</p>	<p><b>\$150.00</b></p>
<p><b>Mortgage of Certificate</b> – Complete Section 1 and <b>Attachment E</b>.</p>	<p><b>\$35.00</b></p>
<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 <b>Attachment D</b>.</p>	<p><b>\$35.00</b></p>
<p><b>Reinstatement of Canceled Certificate</b> – Complete Sections 1, 2 and 8.</p>	<p><b>\$200.00</b></p>



**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.



**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		Mortgage 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>	

SEE ATTACHED

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?

SEE ATTACHED

\*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:
-------	-----------

**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:
-------	-----------

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

Name:	Position:
-------	-----------

**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:
-------	-----------



**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:
-------	-----------

**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:
-------	-----------

**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:
-------	-----------

**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:
-------	-----------

**Safety Regulations, General (Title 49, Code of Federal Regulations Part 390)**

Name:	Position:
-------	-----------

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

Name:	Position:
-------	-----------

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

Name:	Position:
-------	-----------

**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:
-------	-------

**NWSBW, LLC DBA NORTHWESTERN STAGE LINES VEHICLE LIST**

<b>UNIT #</b>	<b>YEAR</b>	<b>MAKE</b>	<b>MODEL</b>	<b>LICENSE NUMBER (IDAHO)</b>	<b>VIN NUMBER</b>	<b>SEATS</b>	<b>PARTY BUS?</b>
104	2016	FORD	Starcraft XL	BG 5651	1FDGF5GT9GEA75721	23	N
106	2016	FORD	Starcraft XL	BH 2233	1FDAF5GT2GEC75264	20	N
226	2006	MCI	E4500	BG 3127	2M9TRMPA26W063638	56	N
228	2006	Prevost	H3-45	BG 5653	2PCH3349461010399	56	N
232	2010	Prevost	H3-45	BF 8243	2PCH3349XAC711557	56	N
234	2006	Prevost	H3-45	BF 8930	2PCH3349061010383	56	N
236	2007	Prevost	H3-45	BF 9318	2pch3349371010637	56	N
242	2009	PREVOST	H3-45	BG 1042	2PCH334989C711312	56	N
244	2007	MCI	J4500	BG 1296	2M93JMPA17W063896	56	N
246	2009	Prevost	H345	BG 1589	2PCH334969C711311	56	N
248	2009	Prevost	H3-45	BG 3128	2PCH334979C711396	56	N
250	2010	Prevost	H3-45	BG 3789	2PCH33490AC711485	56	N
252	2010	Prevost	H3-45	BG 4241	2PCH33499AC711551	56	N
254	2012	MCI	J4500	BG 4454	2MG3JMBA1CW066203	56	N
256	2014	Prevost	H3-45	BG 7215	2PCH33496EC712467	56	N
258	2014	MCI	J4500	BG 7556	2MG3JMBA5EW066801	56	N
260	2015	MCI	J4500	BG 8660	2MG3JMBA1FW067039	56	N
262	2015	MCI	J4500	BH 2234	2MG3JMBA8FW067054	56	N
264	2015	MCI	J4500	BH 3367	2MG3JMBA1FW067056	56	N



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 C**

### **Joint Application for Transfer or Lease of Certificated Authority**

The commission must approve any sale, assignment, lease, or transfer of a company's certificate, or any portion of the operating authority described in a company's certificate. This does not apply to change in ownership resulting from an acquisition of control of a corporation through stock sale or purchase.

Certificate Number C- **947 and CH083**

Check the appropriate box:  Transfer All\*  Transfer Portion\*  Lease All\*\*  Lease Portion\*\*

Current Name on Certificate (Seller/Lessor): **Northwestern Stage Lines**

Current Trade Name on Certificate (Seller/Lessor):

Address (Seller/Lessor): **4611 S Ben Franklin Ln, Spokane, WA 99224**

Phone: **509-838-4029** Fax: Email: **shirley@busnws.com**

- 1) Have all fines and/or penalties been paid?  No  Yes
- 2) Has the closing annual report been filed?  No  Yes
- 3) Does the buyer/lessee agree to begin service as soon as the commission authorizes the transfer or lease?
  - Yes
  - No When will service begin: October 1, 2022
- 4) If the commission assigns this application for a formal hearing, do both the seller/lessor and the buyer/lessee agree to be present at the hearing?
  - Yes
  - No

This application must include a **map** and **copy of the certificated authority** to be transferred/leased. If applying for permission to transfer or lease a portion of the certificated authority, then the application must include a **map** and **description of both the portion to be transferred/leased and the portion to be retained** by the existing certificate holder.

***Both the seller/lessor and the buyer/lessee certify that this application is not made for the purpose of hindering, delaying or defrauding creditors.***

***We, as applicants, hereby jointly declare and affirm that all information is true to the best of our knowledge.***

Cleto Achabal

Seller's/Lessor's Name

DocuSigned by:

*Cleto Achabal*

8/23/2022

Seller's/Lessor's Signature

Date

**Jacob Price**

Buyer's/Lessee's Name

DocuSigned by:

*Jacob Price*

08/18/2022

Buyer's/Lessee's Signature

Date

\*If this application is for transfer, please attach a copy of the sales receipt or other agreement to sell.

\*\*If this application is to lease, please attach a copy of the executed lease agreement.





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 F***

**Auto Transportation Company with Charter and Excursion Carrier Regulatory Fees**

**(A Minimum Fee of \$25.00 is Required)**

Name of Company:

Trade Name(s), if applicable:

Physical Address:

Mailing Address (if different):

Phone Number:

Fax Number:

Email:

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**                      **x \$25.00 =**

---