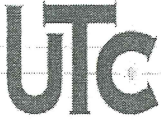


GI Go Shuttle LLC

WASHINGTON



UTILITIES AND TRANSPORTATION
COMMISSION

1300 S. Evergreen Park Dr. SW
P.O. Box 47250
Olympia, WA 98504-7250
Phone: 360-664-1222
Fax: 360-586-1181
TTY: 360-586-8203
or
1-800-416-5289
E-mail: Transportation@utc.wa.gov

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 checked="" 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 & 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
111-0268-232-02	111-0268-232-01	111-0268-230-02	111-0268-230-01

SECTION 1 – APPLICANT INFORMATION

Legal Name of Applicant: GI GO SHUTTLE LLC

Trade Name(s) (if applicable): GI GO SHUTTLE

Phone #: 509 217 7580 Fax #: - E-mail: GIGOSHUTTLE@GMAIL.COM

Physical Address:	Mailing Address (if different from physical):
Street: <u>1211 E 14TH AVE</u>	Street: <u>1211 E 14TH AVE</u>
City: <u>SPOKANE</u>	City: <u>SPOKANE</u>
State/Zip: <u>WA 99202</u>	State/Zip: <u>WA 99202</u>

Unified Business Identifier Number (UBI): 604346972 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
<u>Glenn Buckmore</u>	<u>OWNER</u>	<u>100%</u>

USDOT number 3209594 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 #: 604346972 Employment Security Department #: 604346972

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
- Support statements for proposed service authority

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:

SEE: ATTACHMENT "1", SECTION 2 - ROUTE A & S

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

SEE: ATTACHMENT "2"

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

NONE OTHER THAN REVIEWING DOCUMENTATION ON LINE AFTER PRINTING OUT DOCUMENTS. UBER EXPERIENCE OF OVER 1000 RIDES MANY OF WHICH HAVE BEEN TO PUEBLO AIR FORCE BASE.

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>5</u>	Amount of time: <u>60 MINUTES</u>
Will an attorney be representing you? If yes, complete the following: <u>NO</u>	
Attorney's name: <u>—</u>	Attorney's phone number: <u>—</u>
Attorney's address: <u>—</u>	Fax number: <u>—</u>
Street <u>—</u>	E-mail address <u>—</u>
City, State, Zip <u>—</u>	

SECTION 5 – FINANCIAL STATEMENT

ASSETS		LIABILITIES	
Cash in Bank	\$ <u>10,000⁰⁰</u>	Salaries/Wages Payable	\$ <u>—</u>
Notes Receivable	\$ <u>—</u>	Accounts Payable	\$ <u>—</u>
Accounts Receivable	\$ <u>—</u>	Notes Payable	\$ <u>—</u>
Investments	\$ <u>—</u>	Mortgages Payable	\$ <u>—</u>
Other Current Assets	\$ <u>—</u>	Contracts and Bonds Payable	\$ <u>—</u>
Prepaid Expenses	\$ <u>—</u>	TOTAL LIABILITIES	\$ <u>0</u>
Land and Buildings	\$ <u>—</u>	NET WORTH	
Trucks and Trailers	\$ <u>35,000⁰⁰</u>	Preferred Stock	\$ <u>—</u>
Office Furniture	\$ <u>2,000⁰⁰</u>	Common Stock	\$ <u>—</u>
Other Equipment	\$ <u>4,000⁰⁰</u>	Retained Earnings	\$ <u>—</u>
Other Assets	\$ <u>—</u>	Capital	\$ <u>—</u>
TOTAL ASSETS	\$ <u>42,000⁰⁰</u>	TOTAL LIABILITIES AND NET WORTH	\$ <u>42,000⁰⁰</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
1993	Ford		1FBJS31G8PHB38928	15
2006	Ford		1FBSS31L16HA89895	15
1985	Ford		1FBHS31H1FHB92532	15
1996	Ford		1FBJS31H1THA19185	15

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: N/A Position: N/A

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: N/A Position: N/A

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: N/A Position: N/A

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: MIKE BOWMAN Position: HR DIRECTOR

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: TODD HUGHES Position: FLEET MANAGER

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

Name: MIKE BOWMAN Position: HR DIRECTOR

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

Name: MIKE BOWMAN Position: HR DIRECTOR

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

Name: TODD HUGHES Position: FLEET MANAGER

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: GLENN BLACKMORE 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: GLENN BLACKMORE Position: OWNER

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

Name: GLENN BLACKMORE 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: GLENN BLACKMORE Position: OWNER

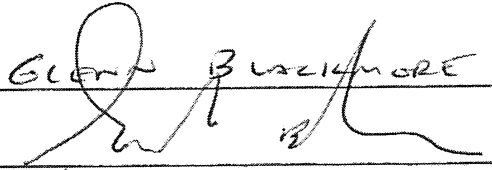
SECTION 8 – DECLARATION OF APPLICANT

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: GLENN BLACKMORE Title: OWNER

Signature: 

Date: 1/19/19 County, State SPOKANE COUNTY, WA



ATTACHMENT F

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

Name of Applicant: GIGGO SHUTTLE

Trade Name(s), if applicable: GIGGO SHUTTLE LLC

Phone Number: 509-217-7580 Fax Number: w/a

Physical Address

Mailing Address (if different from physical address)

Street: 1211 E 14TH AVE Street: 1211 E 14TH AVE

City: SPOKANE City: SPOKANE

State/Zip: WA 99202 State/Zip: WA 99202

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 = \$ _____



Describe the proposed type of service

Attachment 1

gigo SHUTTLE is proposing a military only shuttle beginning and ending at Fairchild Air Force Base in Spokane, WA.

This shuttle service will also include military only transportation to various sites for military training off base within the state of Washington. These destinations are not defined since the base training is not announced in advance because of security concerns.

Please find attached the standard routes that gigo SHUTTLE will run daily with two vans per route at all times during the scheduled service times.



ATTACHMENT 2

Public Necessity

gigo SHUTTLE has been asked by several Fairchild Air Force Base employees and students of their Survival, Evasion, Resistance and Escape School to create and operate a shuttle service exclusively for the military personnel on base.

In response to these requests we are filing this application.

There is no shuttle service available to the SERE school, which is across a secure flight line and cannot be passed by walking, so that students of the school (14,000) per year can get to the main portion of the base, into Airway Heights or Spokane.

We have heard from many students of taxi fares ranging from \$40.00 to \$50.00 each way to get them to the main portion of the base from SERE. It is roughly 2 miles from SERE to the main portion of the base.

This is the reason for us establishing a shuttle service where the students and military personnel can use a shuttle with a daily, weekly or monthly fee that is within their base transportation stipends thereby not requiring them to come out of pocket to simply go and get groceries on the base side of the flight line.

In addition, the base requires occasional trips to areas in the forest and around nature where they perform survival training.