The Rock Transfortation Services God.

WASHINGTON

UTILITIES AND TRANSPORTATION

COMMISSION

1300 S. Evergreen Park Dr. SW P.O. Box 47250 Olympia, WA 98504-7250 Phone: 360-564-1222

Fax: 360-586-1181 TTY: 360-586-8203

or

1-800-416-5289 E-mail: <u>Transportation@utc.wa.gov</u>

AUTO TRANSPORTATION AUTHORITY APPLICATION

Type of Passenger Transportation Authority Requested (check one box)	Fee Required
 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? ☐ Yes ☐ No If yes, complete Attachment F. 	\$200.00
Extension of Existing Auto Transportation Certificate C	\$150.00
X Transfer or Lease Auto Transportation Authority – Complete sections 1-8 and Attachments C & G. Transferring all of Certificate C-1077 AND CH-456, ES-182 Transferring a portion of Certificate C	\$200.00
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
☐ Mortgage of Certificate — Complete section 1 and Attachment E.	\$35.00
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
☐ Reinstatement of Cancelled Certificate — Complete sections 1, 2 and 8.	\$200.00

	FOR OFFIC	CIAL USE ONLY	
Date Filed		ID#	Docket #:
LS Staff Assigned	Insurance	Мар	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

	SECTION 1 - AP	PLICANT INFORMATION
Legal Name of Applicant: The R	ock Transportation Serv	ices Corporation
Trade Name(s) (if applicable): W	hidbey Seatac Shuttle &	Charter Charter
Phone #: 206-419-8959	Fax #: 360-323	-8894 E-mail: drm1120224@gmail.com
Physical Address:		Mailing Address (if different from physical):
Street: 639 Industrial Ave Suite	Α	Street: PO Box 1097
City: Oak Harbor		City: Oak Harbor
State/Zip: WA 98277		State/Zip: WA 98277
Unified Business Identifier Numl contact Business Licensing Servi	per (UBI): 604 368 751. ces at 1-800-451-7985.	If you do not know your UBI number or need to request one,
Type of Business Structure: If other than individual, list the stockholders or members:	Individual Partnership Partne	age of partner's share or stock distribution for major
		Stock Distribution or % of Shares
Name D'Arcy Morgan	<u>Title</u> President/Buye	
USDOT number . If you do not registration to apply or call 360-	596-3810 for assistance	
And of the Control of	ECTION 2 – COMPAN	YINFORMATION
WAC 480-30-051	e, route, or service terri	itory that meets the standards described in
☐ Support statements for	proposed service autho	ority. Not applicable
What type of service do you pla	n on providing: door-to	-door services and/or scheduled service?
named by the company	in its filed tariff and tim	ween locations identified by the passengers and points specifically ne schedule. Door-to-door service requires a time schedule in by be restricted to "by reservation only"; and/or,
at 4th and Main) and po	oints specifically named npany to file a time sch	en locations specifically named by the company (e.g., the X Hotel by the company in its filed tariff and time schedule. Scheduled edule in compliance with WAC <u>480-30-281 (2)(b)</u> and may be

de	escribe the proposed type of service (see <u>WAC 480-30-096)</u> including the line, route or service territory escribed in terms such as streets, avenues, roads, highways, townships, ranges, cities, towns, counties or the geographic description:
N	O CHANGES. TRANSFER OF EXISTING AUTHORITY.
N	tate the conditions that demonstrate this proposed service is for the public convenience and necessity: OT APPLICABLE. TRANSFER OF EXISTING AUTHORITY.
þ	tate the applicant's prior experience and familiarity with the statues and rules that govern operations it roposes: RETAINING ALL CURRENT MANAGEMENT AND STAFF. TRANSFER OF EXISTING AUTHORITY.
q	o other auto transportation companies currently provide service between any of the points or along any ortion of the route you propose to serve? $$ X No $$ $$ $$ Yes $$ If yes, list the names and addresses of ompanies:
	Do you currently hold, or have you ever held, an auto transportation certificate? (No Yes If yes, please indicate your certificate number.
)	Have you ever applied for and been denied an auto transportation certificate? K No □ Yes If yes, please explain Have you ever been cited for violation of state laws or commission rules? K No □ Yes If yes, please explain
	X No 🔲 Yes If yes, please explain
T.	SECTION 3 — TARIFF AND TIME SCHEDULE
	If this application is for temporary authority, a new certificate, or extension of existing certificated authority, lift this application is for temporary authority, a new certificate, or extension of existing certificated authority, and the solution of the solution of existing certificated authority, and the solution of existing certificated authority and certificated authority authority and certificated authority authority and certificated authority authority authority authority authority authority authority authority authority aut
	Or are you applying for fare flexibility as described in WAC 480-30-420? Yes or X No ALREADY OPERATING UNDER 480-30-420. Adopting the current certificate holder's tariff and time schedule. 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: Buyer will continue to operate and adopt flexible fares and current Tariff & Time Schedule of Seller.
	X 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: Amount of time:

Will an attorney be representing you? If yes,	complete the following: No
Attorney's name:	Attorney's phone number: Fax number:
Attorney's address: Street	
City, State, Zip	E-mail address

ASS	=TS	LIABILITIES		
Cash in Bank	\$214,000.00	Salaries/Wages Payable	\$	
	\$	Accounts Payable	\$	
Notes Receivable	ć	Notes Payable	\$3,352,000.00	
Accounts Receivable	<u>ع</u> د	Mortgages Payable	\$	
Investments	\$	Contracts and Bonds Payable	\$	
Other Current Assets	\$	TOTAL LIABILITIES	\$	
Prepaid Expenses	\$	NET WORTH		
Land and Buildings		Preferred Stock	\$	
Trucks and Trailers	\$448,000.00	Common Stock	\$	
Office Furniture	\$6,000.00		\$	
Other Equipment	\$6,000.00	Retained Earnings	\$500,000.00	
Other Assets	\$3,178,000.00	Capital		
TOTAL ASSETS	\$3,852,000.00	TOTAL LIABILITIES AND NET WORTH	\$3,852,000.00	

In addition: the application must include the following: (see $\underline{WAC\ 480-30-096}$)

X Ridership and Revenue forecasts for the first twelve months of operation. (See attached)

X A pro forma balance sheet and income statement for the first twelve months of operation. (See attached)

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.

		License Number	Vehicle ID number	Seating Capacity
Year	Make		W C. F. F. C.	
		See attached list		
	· · · · · · · · · · · · · · · · · · ·			
	<u>:</u>			
			,	

SECTION 7 - SAFETY AND OPERATIONS

In each of the categories shown below, list the person and position responsible for understanding and complying with the <u>Federal Motor Carrier Safety Regulations (FMCSR)</u> 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

WHIDBEY SEATAC SHUTTLE VEHICLE LIST

		NANKE/MAODEL	LICENSE	PASS	VIN	Inspection
#	YEAR	MAKE/MODEL	LICEITO	CAP.		Date
	204	FORD Transit 2EO	BHR7154		9 1FBAX2CM0GKB28025	12/28/2017
1P		FORD Transit 350	51859RP		9 1FBSS3BLXBDB17693	6/18/2018
2		1 FORD E-350			9 1FBSS3BL3BDA01395	5/2/2018
4	201	1 FORD E-350	C34532C		9 1FBAX2CM5GKB28022	8/28/2018
5	201	8 FORD Transit 350	BGL0899			11/20/2018
8		2 FORD E-450 AMERITRANS	36592RP		4 1FDXE4FS4CDA70643	•
-		7 FORD E-450 STARCRAFT	66443RP	1	4 1FDXE4FS6HDC62122	5/2/2018
11P			44262RP	2	4 1FDXE4FS1CDA79798	8/10/2018
14		2 FORD E-450 AMERITRANS	44981RP		L4 1FDFE4FS4DDB16209	6/12/2018
15P		3 FORD E-450 STARCRAFT			24 1FDXE4FS3EDA21971	11/22/2018
16	201	4 FORD E-450 AMERITRANS	47818RP			7/3/2018
17P	201	5 FORD E-450 STARCRAFT	50831RP		L4 1FDXE4FS9FDA14492	- · · · · · · · · · · · · · · · · · · ·
		5 FORD E-450 STARCRAFT	62136RP	2	21 1FDFE4FS1FDA23943	7/5/2018
18P			57609RP	2	24 1FDXE4FS7GDC25000	6/7/2018
19P		6 FORD E-450 AMERITRANS			24 1FDXE4FS0GDC47758	8/14/2018
20P	201	6 FORD E-450 AMERITRANS	60078RP			11/9/2018
21P	201	.7 FORD E-450 KSIR 290	64409RP		24 1FDXE4FS1HDC29951	7/5/2018
22P		8 FORD E-450 KSIR 290	71873RP	:	24 1FDXE4F52JDC28281	1/3/2010

P=PROPANE CONVERSION

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. Position: Training Manager Name: Brent Dove 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. Position: Training Manager Name: Brent Dove 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. Position: Training Manager Name: Brent Dove 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). Position: General Manager Name: James Johnson 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. Position: General Manager Name: James Johnson SAFETY REGULATIONS, GENERAL (Title 49, Code of Federal Regulations Part 390) Position: General Manager Name: James Johnson DRIVING OF COMMERCIAL MOTOR VEHICLES (Title 49, Code of Federal Regulations Part 392) Position: Training Manager Name: Brent Dove PARTS AND ACCESSORIES NECESSARY FOR SAFE OPERATION (Title 49, Code of Federal Regulations Part 393) Position: General Manager Name: James Johnson 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. Position: Buyer Name: D'Arcy Morgan 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. Position: Buyer Name: D'Arcy Morgan CUSTOMER SERVICE Person responsible for customer service complaints, and customer notice requirements. Position: Office Administrator Name: Emily Reynolds 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. Position: Buyer Name: D'Arcy Morgan

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: D'Arcy Morgan	/ Tit	tle: President,	Buye
-----------------------------	-------	-----------------	------

Date: January 11, 2019 County: Island State: WA



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-1077,	, CH-456, ES-192		
Check appropriate box: X Transfer All*	☐ Transfer Portion*	☐ Lease All**	☐ Lease Portion**
SEATAC SHUTTLE, LLC			
Current Name on Certificate (Sel	ller/Lessor)		
WHIDBEY SEATAC SHUTTLE	I. ICallandaccorl		
Current Trade Name on Certifica	VHARROR WA 98277	-	50-969-1227
639 INDUSTRIAL AVE. STE A, OA	K HANDON, WY COLL	Ph	none Number
Address (Seller/Lessor)		ar a second a second	ah satio cara
Fax: N/A		Email: john@seatac	snutue, com
		□ No X Yes	
Have all fines and /or penalties	been paid?	No X Yes	
Has the closing annual report be	een filed?	V 140	
	begin service as soon as the co	mmission authorizes the tra	ansfer or lease?
	begin service as soon as the con	HIRITIDATION COMPANIES	
X Yes	of the second		
No, If not, then v			
ve the angulation assigns this a	application for formal hearing, d	o both the seller/lessor and	the buyer/lessee agree to be present at
the hearing?			
χ Yes			
□ No			•
Both the seller/lessor and the l	buyer/lessee certify that this ap	plication is not made for th	e purpose of hindering, delaying or
defrauding creditors.			
transfer or lease a portion of the transfer ed/leased and the transferred/leased and the transferred/l	he portion to be retained by the	e existing certificate holder.	ed/leased. If applying for permission to a map and description of both the portion
We as applicants, herebyjoin	itly declare and affirm that all in	formation is true to the bes	t of our knowledge.
		5/1/19-Tel	and WA
/	_ Wendar, LC	Date, County, Sta	te / / / /
Seller's/Lessor's Signature		Perman 11. 2	org Stand, WH
3HY-CIIIM	National Control of the Control of t	Date County, Sta	te
Buyer's/Lessee's Signature			
*If this application is for tra	ansfer, please attach a copy of	of the sales or other agre	ement to sell.
**If this application is to le	ease, please attach a copy of t	the executed lease agree	ment.