

TC-061707

WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION

1300 South Evergreen Park Drive SW, PO Box 47250
Olympia Washington 98504-7250
Phone (360) 664-1222
Fax (360) 586-1181

RECEIVED

OCT 30 2006

WASH. UT. & TP. COMM

APPLICATION FOR BUS CERTIFICATE

Fee: \$150.00

CID 44744 Reception NO. 0003059 Application No. D-79480

Date Received 10/30/06 Amount \$ 150.00 Additional Permit _____

Fitness _____ Rates _____ Schedule _____ Insurance _____

Application is made to the Washington Utilities and Transportation Commission for a Certificate of Public Convenience and Necessity, as provided in Chapter 81.68 RCW.

APPLICATION

Fee - \$150

Temp. a Sole Prop., However Corporation Paper Has been Mailed

(Check One Only) ORIGINAL EXTENSION

INDIVIDUAL PARTNERSHIP
 CORPORATION

NOTE: APPLICATION MUST BE COMPLETED IN FULL

1. NAME OF APPLICANT RED Express Dispatching Inc
RED Express Airport Shuttle Dispatching

2. D/B/A: Red Express Airport Shuttle
(Must correspond with name on insurance policy)

3. MAILING ADDRESS 4228 E. Congress PHYSICAL ADDRESS Same
Spo. WA. 99223

BUSINESS TELEPHONE NUMBER (509) 993 1090 FAX NUMBER (509) 534 4308

UBI # 602 642 935 E-MAIL Douglascharleslarsen@hotmail

4. IF APPLICANT IS A CORPORATION, LIST NAME, TITLES, AND PERCENTAGE OF STOCK OF PRINCIPAL SHAREHOLDERS. IF APPLICANT IS A PARTNERSHIP, LIST NAMES, ADDRESSES, AND PERCENTAGE OF INTEREST OF ALL PERSONS HAVING AN EQUITY IN THE BUSINESSES:

Doug Larsen - 100%

5. Will an attorney be representing you at the hearing? Yes No

If yes, list specific attorney's name: _____

Phone No. _____ Address: _____

6. If the Commission assigns this application for formal hearing, applicant will present approximately 0 witnesses at the hearing. Estimate how much time your presentation will take. _____

7. Describe your proposed route using state or county highway numbers, AND attach a detailed map or sketch showing the proposed route or area.
Red express will pick up at Private Residences in Spokane County and transport to Spokane International Airport and return said passengers if so requested

(NOTE: This statement may be a separate attachment labeled "7").

8. Is this an application for extension of your present route? Yes NO
If yes, attach a copy of your current certificate.

9. Attach two copies of your proposed tariff, which shows both the rates or fees to be charged for service and rules and regulations which govern how they will be assessed.

10. Attach two copies of your proposed time schedule and route, naming all service points.

11. State fully the conditions that justify the Commission granting you a certificate.
There has been an expressed need to be undertaken by many of my taxicab customers

(NOTE: This statement may be a separate attachment labeled "11")

12. List the terminal facilities you propose to use at each of the named points on your proposed route.
Personal residences & the Spokane International Airport

(NOTE: This statement may be a separate attachment labeled "12")

13. You must submit, prior to issuance of a certificate to operate as an Auto Transportation Company, a Form "E" Certificate of Insurance issued by an insurance company authorized to write insurance in the state of Washington.

14. List the names and addresses of all other transportation providers currently furnishing similar service by means of motor coach, railroad or boat lines, between any of the points or along any portion of the route you propose to serve.
As of this moment, I do not believe anyone else has been approved to provide this service however, I other businesses may have applied.

(NOTE: This statement may be a separate attachment labeled "14")

15. Complete the following financial data*:

ASSETS		LIABILITIES	
Cash in Bank and on hand	\$ 10,000	Salaries/Wages Payable	\$ 0
Notes Receivable	\$ 0	Accounts Payable	\$ 0
Accounts Receivable	\$ 0	Notes Payable	\$ 28,000
Investments	\$ 8,000	Mortgages Payable	\$ 0
Other Current Assets	\$ 12,000	Contracts and Bonds Payable	\$
Prepaid Expenses	\$ 0	Other	\$
Land and Buildings		TOTAL LIABILITIES	\$
Equipment (buses)	\$ 8,000	NET WORTH	
Office Furniture	\$ 1,000	Preferred Stock	\$
Other Equipment	\$	Common Stock	\$ 3,000
Other Assets	\$	Retained Earnings	\$
	\$	Capital	\$
TOTAL ASSETS	\$ 31,000	TOTAL LIABILITIES AND NET WORTH	\$ 31,000

*Enclose Balance Sheet and Profit and Loss Statement, if available, and label it "15"

16. Complete the following statement of equipment to be used in connection with proposed service or attach equipment list with the appropriate information.

LICENSE NUMBER	YEAR AND MAKE OF VEHICLE	SERIAL NUMBER (VEHICLE IDENTIFICATION NUMBER)	SEATING CAPACITY
(temp) 072202	2006 FORD	1FBSS31L66DA44846	12 pass.
863- 700 VBU	2006 FORD	1FMYU92Z36K86684	
		1FMYU92Z36KC86684	5 pass.

(NOTE: This information may be an attachment labeled "16").

17. SAFETY COMPLIANCE REVIEW AND QUESTIONNAIRE:

GENERAL

Do you have a copy of the laws and rules relating to auto transportation companies?..... YES NO N/A

Have you been cited within the last three years by the Commission for violations of it rules or laws?..... YES NO N/A

If Yes, explain: _____

Are you familiar with the state passenger carrier safety rules?..... YES NO N/A

Will management review the carrier's compliance status on a periodic basis?..... YES NO N/A

NOTIFICATION AND REPORTING OF ACCIDENTS

Are you familiar with the Commission accident reporting rule? YES NO N/A

Will you take any action against drivers involved in preventable accidents?..... YES NO N/A

PART 391 - QUALIFICATION OF DRIVERS

Do you have written hiring policies/procedures that are being followed when hiring new drivers? YES NO N/A

Are oral interviews conducted with new drivers to verify information submitted on their applications? YES NO N/A

Will you have a system established to ensure drivers' medical certificates remain current?..... YES NO N/A

Will you verify that physicians completing medical certifications are knowledgeable about the instructions for performing and recording driver physical examinations?..... YES NO N/A

Will you review the results of the health history and physical examination?..... YES NO N/A

Will you have a system established that will ensure drivers' operating licenses remain current?..... YES NO N/A

Will you have a system established that will ensure drivers' annual reviews and annual record of violations remain current?..... YES NO N/A

Will you comply with the road test provisions of Section 391.31?..... YES NO N/A

Can you maintain and produce complete driver qualification files on drivers?..... YES NO N/A

PART 392 - DRIVING OF MOTOR VEHICLES

Do you have established procedures concerning the use of alcohol and drugs?..... YES NO N/A

Do you have a policy for monitoring speed?..... YES NO N/A

PART 395 - HOURS OF SERVICE OF DRIVERS

Can you explain the hours of service limitations, i.e., 10, 15, 60 in 7, 70 in 8?..... YES NO N/A

Will you file records of duty status in systematic manner?..... YES NO N/A

Will drivers be required to complete recaps of their records of duty status?..... YES NO N/A

- Will dispatchers be aware of drivers' hours of service prior to trip?..... _____
- Will other independent records be compared to drivers records of duty status for accuracy?... _____
- Will you have a system for recording hours of duty status on 100 mile radius drivers?..... _____
- Will you have a disciplinary policy for noncompliance with Part 395?..... _____

PART 396 - INSPECTION, REPAIR AND MAINTENANCE

YES NO N/A

- Will you have written procedures explaining a systematic, periodic maintenance program?... _____
- Will you periodically review maintenance records for all equipment?..... _____
- Will you comply with the vehicle inspection procedure?..... _____

PART 396 - INSPECTION, REPAIR AND MAINTENANCE

YES NO N/A

- Will you train drivers to perform pre-trip inspections?..... _____
- Will you maintain the prior three months vehicle inspection reports on a vehicle?..... _____
- Will you maintain a complete maintenance file on all vehicles?..... _____

The applicant understands that the filing of this application does not in itself constitute authority to operate; that he/she is familiar with the law and the rules of the Washington Utilities and Transportation Commission governing Auto Transportation Companies and promises strict compliance therewith.

Dated at: Spokane, Washington, 9/12/06
(City or Town) (Month/Day/Year)

RED EXPRESS AIRPORT SHUTTLE
(Name of applicant)

By: Douglas C Lauer
(Signature)

I certify (or declare) under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

9/12/06
(Date and Place)

Douglas C Lauer
(Signature)

Red Express Airport Shuttle		Comments	Rates	Zip Code	Rates	Comments
Zip Code	Rates	Comments		Zip Code	Rates	Comments
99001	\$ 15.00			99203	\$ 20.00	
99004	\$ 16.00			99204	\$ 16.00	
99005	\$ 47.00			99205	\$ 20.00	
99016	\$ 36.00			99206	\$ 29.00	
99016	\$ 41.00	South of 32nd		99207	\$ 20.00	
99019	\$ 41.00			99208	\$ 26.00	
99021	\$ 35.00			99208	\$ 27.00	North of 12400 blk.
99021	\$ 41.00	East of Bruce Rd.		99212	\$ 22.00	
99022	\$ 17.00			99212	\$ 29.00	North of Spokane River
99022	\$ 21.00	Medical Lake		99216	\$ 32.00	
99025	\$ 46.00			99217	\$ 26.00	
99026	\$ 41.00	Suncrest		99217	\$ 28.00	North of Argonne
99027	\$ 41.00			99218	\$ 32.00	
99036	\$ 39.00			99218	\$ 40.00	
99201	\$ 16.00			99223	\$ 28.00	South of 4400 Block
99202	\$ 18.00			99224	\$ 15.00	
99203	\$ 18.00			99224	18	North of Trails/Government Way.

TO: Tina L

From - Red Express

TARIFF NO. 1

Cancels

TARIFF NO.

of

Company Name:

Red Express Dispatching, Inc. d/b/a Red Express Airport Shuttle

Certificate Number:

For the transportation of passengers in the following territory:

Areas within Spokane County and the Spokane International Airport.
Door-to-door service by reservation only.

Issued by:

Name: Douglas Larsen, President and CEO
Address: 4228 E. Congress
City, State/Zip: Spokane, WA 99223
Telephone No: 509-993-1090 or 509-953-9598
Telefacsimile No.: 509-534-4308
Website: www.redexpress.org
Email: douglascharleslarsen@hotmail.com

Issue Date:

Effective Date:

Company Name: Red Express Dispatching, Inc. d/b/a Red Express Airport Shuttle

RATE SCHEDULE

FROM Zip Code	TO	Rate	FROM Zip Code	TO	Rate
99001	Airport	\$ 16.00	99039	Airport	\$ 65.00
99004	Airport	\$ 16.00	99201	Airport	\$ 16.00
99005	Airport	\$ 47.00	99202	Airport	\$ 18.00
99006	Airport	\$ 55.00	99203	Airport	\$ 20.00
99012	Airport	\$ 70.00	99204	Airport	\$ 22.00
99016	Airport	\$ 42.00	99205	Airport	\$ 22.00
99018	Airport	\$ 75.00	99206	Airport	\$ 29.00
99019	Airport	\$ 41.00	99207	Airport	\$ 21.00
99021	Airport	\$ 39.00	99208	Airport	\$ 25.00
99022	Airport	\$ 17.00	99212	Airport	\$ 24.00
99025	Airport	\$ 46.00	99216	Airport	\$ 32.00
99026	Airport	\$ 41.00	99217	Airport	\$ 28.00
99027	Airport	\$ 41.00	99218	Airport	\$ 34.00
99030	Airport	\$ 65.00	99223	Airport	\$ 26.00
99036	Airport	\$ 39.00	99224	Airport	\$ 17.00

Issue Date:

Effective Date:

Issued By: Douglas Larsen, President and CEO

Company Name: Red Express Dispatching, Inc. d/b/a Red Express Airport Shuttle

PASSENGER RULES

Adult fares: Published fares are adult fares and apply to passengers who have reached or passed their 4th birthday. Passengers under 4 years of age will not be transported without a parent or guardian riding with or personally picking and dropping off at all destinations.

Animals: Service animals traveling with passengers will be carried free of charge. Service animals will not be permitted to occupy a seat, but must lie or stand at the feet of the passenger. Other pets will be transported free of charge and only when they are housed in pet carrier.

Children's fares: Children under 4 years of age, when accompanied by a paying adult will be carried at no charge. Parents or guardian must provide a state-approved child car seat.

Objectionable passengers: The Company reserves the right to refuse to transport persons under the influence of drugs or alcohol, or who are incapable of taking care of themselves, or whose conduct or behavior may be objectionable to other passengers. The carrier also reserves the right to refuse carriage of any materials that the carrier considers unsafe and not in the best interest of the passengers.

Schedule maintenance: Carrier will not be liable for delays caused by accidents, breakdowns, bad road conditions, snow storms or other conditions beyond the control of the carrier and does not guarantee arrival at, or departure from, any point at any specific time. The carrier endeavors to maintain time schedules provided, but does not guarantee to be able to do so at all times due to conditions listed above.

Pickups and drop offs: Reservation only - reservations must include a physical address with zip code and telephone or cellular phone number.

Ticket limitation: Fares will be paid upon completion of service.

Issue Date:

Effective Date:

Issued By: Douglas Larsen, President and CEO