

**APPLICANT STATEMENT**

(To be completed by the individual requesting operating authority)

Applicant Name: \_\_\_\_\_

Application Docket No.: \_\_\_\_\_

TC-130493

**THE APPLICATION** What authority are you applying for? Include any amendments.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SUPPORT STATEMENT**

(To be completed by the individual or business/organization supporting the request for operating authority)

**THE TRANSPORTATION NEED** Briefly describe the transportation service that you need and that the application could provide to you or your business/organization if this request for operating authority is granted. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are your transportation needs being met now? Yes \_\_\_ No \_\_\_ If not, explain problems you have experienced. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If the request is denied, would it have any affect on you or your business/organization: Yes \_\_\_ No \_\_\_ If yes, please explain. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**VERIFICATION**

(To be completed by the individual or business/organization supporting the request for operating authority)

Name and Title: \_\_\_\_\_

Business/Organization: \_\_\_\_\_

Street/Mailing Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

*I understand that this information is being given as the basis for a grant of operating authority by the Washington Utilities and Transportation Commission, an agency of the state of Washington. 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.*

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

*- COPY -*

*TC - 130493 - A*  
 30 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@wutc.wa.gov](mailto:Transportation@wutc.wa.gov)

Type of Passenger Transportation Authority Requested (check one box)	Fee Required
<input type="checkbox"/> <u>Auto Transportation Authority (a new certificate)</u> Complete sections 1-8. Submit a proposed tariff and time schedule.	\$ 200
<input checked="" type="checkbox"/> <u>Extension of Existing Auto Transportation</u> Certificate No. C-1077_NO FEE REQUIRED PER ORDER NO. 1 DOCKET 130369 Complete sections 1-8. Submit a proposed tariff and time schedule.	\$ 150
<input type="checkbox"/> <u>Transfer or Lease Auto Transportation Authority</u> Complete sections 1-8 and Attachment B. <input type="checkbox"/> All of Certificate No. C-_____ <input type="checkbox"/> Portion of Certificate No. C-_____	\$ 200
<input checked="" type="checkbox"/> <u>Temporary Auto Transportation Authority (new temporary authority or temporary authority to operate pending a commission decision on a parallel filed permanent application)</u> Complete sections 1-8 and Attachment A. <i>extension</i>	\$ 150
<input type="checkbox"/> <u>Mortgage of Certificate</u> Complete section 1 and Attachment D.	\$ 35
<input type="checkbox"/> <u>Name Change (company corporate name, trade name or surname of an individual owner or partner)</u> Complete section 1 and Attachments C and E.	\$ 35
<input type="checkbox"/> <u>Reinstatement of Cancelled Certificate</u> Complete sections 1 and 8.	\$200

**TYPE OF PAYMENT:**

Cash  
  Check  
  Money Order  
  AMEX  
  MasterCard  
  Visa

Credit Card Information (if applicable):	Expiration Date Month/Year

Amount: \$ NO FEE REQUIRED

Cardholder's signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR OFFICIAL USE ONLY**

Date Filed: <i>4/8/13</i>	Docket #: <i>TC 130493</i>	Motcar: <i>M41230</i>	Cert. Issued:
LS Staff Assigned: <i>[Signature]</i>	Insurance: <i>ouple</i>	Application:	Related App:
DOL/SOS: <i>[Signature]</i>	Tariff/Time Schedule:	Map:	
Text approved for docket:	Safety Inspection:	Reception #:	111 0268:
111-0268-232-02:	111-0268-232-01:	111-0268-230-02:	111-0268-230-01:

*POSTED*  
*TC*  
*ADW*

SECTION 1 - APPLICATION INFORMATION

Name of Applicant: SEATAC SHUTTLE, LLC		
Trade Name(s) if applicable: WHIDBEY-SEATAC SHUTTLE		
Unified Business Identification Number (UBI): 602283265 <span style="float:right">a</span>		
If you do not know your UBI number or need to request one, contact the Department of Licensing at (360) 664-1400.		
Phone Number: (360) 679-4003	Fax Number: (360) 323-8894	E-mail: john@seatacshuttle.com
Physical Address		Mailing address, if different from physical address
Street: 1751 NE Goldie St Unit A		Street: PO Box 2895
City: Oak Harbor		City: Oak Harbor
State/Zip: WA 98277		State/Zip: WA 98277

SECTION 2 - COMPANY INFORMATION

**USDOT # 1493140**

Type of business structure:  
 Individual     Partnership     Corporation     Other (LP, LLP, LLC) LLC

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

Name	Title	Stock Distribution or Percentage of Shares
John Solin	Member	50%
Mike Lauver	Member	50%

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 temporary authority if applicable.

Describe the proposed service including the line, route or service territory description. Describe in terms such as streets, avenues, roads, highways, townships, ranges, cities, towns, counties or other geographic descriptions.

See the attached modification of existing authority and map showing shuttle service between Whidbey Island and Bellingham airport.

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How many riders do you expect during your first year of operations? unknown

State the conditions that justify granting of this application.  
This is an administrative filing to provide language that clearly permits BOTH scheduled and door-to-door service between all points served between Whidbey Island, Bellingham airport, SEATAC airport and Seattle. Granting this will resolve all current and future questions as to our ability to provide these services.

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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

Name	Address

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Do you currently hold, or have you ever held, an auto transportation certificate?  
 No     Yes If yes, please indicate your certificate number: C-1077

Have you ever applied for and been denied an auto transportation certificate?  
 No     Yes If yes, please explain: \_\_\_\_\_