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MAY 16 2013

WASH. UT. & TP. COMM

TC-130708

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@wutc.wa.gov](mailto:Transportation@wutc.wa.gov)

Replacement pages

Type of Passenger Transportation Authority Requested (check one box)	Fee Required
<b><u>Auto Transportation Authority</u></b> <input checked="" type="checkbox"/> New Certificate (auto transportation company certificates include statewide charter and excursion carrier service if marked below) – Complete sections 1-8 and Attachment E. Submit a proposed tariff and time schedule.  Do you plan on providing charter/excursion service <input type="checkbox"/> Yes <input type="checkbox"/> No	\$ 200
<input type="checkbox"/> <b><u>Extension of Existing Auto Transportation Certificate No. C-</u></b> _____ Complete sections 1-8. Submit a proposed tariff and time schedule.	\$ 150
<b><u>Transfer or Lease Auto Transportation Authority</u></b> – 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 type="checkbox"/> <b><u>Temporary Auto Transportation Authority</u></b> (New temporary authority or temporary authority to operate pending a commission decision on a parallel filed permanent application) – Complete sections 1-8 and Attachment A.	\$ 150
<input type="checkbox"/> <b><u>Mortgage of Certificate</u></b> – Complete section 1 and Attachment D.	\$ 35
<input type="checkbox"/> <b><u>Name Change</u></b> (Change company's corporate name, change a trade name, add a new trade name, or change the surname of an individual owner or partner) – Complete section 1 and Attachment C.	\$ 35
<input type="checkbox"/> <b><u>Reinstatement of Cancelled Certificate</u></b> – 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: \$ 200.00      Company Name: SEATAC DIRECT

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

FOR OFFICIAL USE ONLY			
Date Filed: 9/7/13	Docket #: TC 130708	Motcar: 1295	Cert. Issued:
LS Staff Assigned: [Signature]	Insurance:	Application:	Related App:
DOL/SOS: [Signature]	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  
RMS  
4

**SECTION 1 - APPLICATION INFORMATION**

<b>Name of Applicant:</b> Northwest Smoking & Curing, Inc.		
<b>Trade Name(s) (if applicable):</b> SEATAC DIRECT <i>sk</i>		
<b>Unified Business Identification Number (UBI):</b> 600 550 895 <i>sk</i> (If you do not know your UBI number or need to request one contact the Business License Services at 1-800-451-7985)		
<b>Phone Number:</b> (360) 733-3666	<b>Fax Number:</b> (360) 733-9152	<b>E-mail:</b> kronenbergjoel@hotmail.com
<u>Physical Address</u>		<u>Mailing address (if different from Business Address)</u>
Street: 1610 1/2 E. Maplewood		Street: PO Box 2976
City: Bellingham		City: Bellingham
State/Zip: WA 98225		State/Zip: WA 98227

**SECTION 2 - COMPANY INFORMATION**

<b>Type of business structure:</b>		
<input type="checkbox"/> Individual	<input type="checkbox"/> Partnership	<input checked="" type="checkbox"/> Corporation
<input type="checkbox"/> Other (LP, LLP, LLC) _____		
List the name, title, and percentage of partner's share or stock distribution for major stockholders:		
<u>Name</u>	<u>Title</u>	<u>Stock Distribution or Percentage of Shares</u>
Joel Kronenberg	President	100% <i>sk</i>

**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 in terms such as streets, avenues, roads, highways, townships, ranges, cities, towns, counties, or other geographic descriptions.

Best Western Lakeway Inn 714 Lakeway Drive, Bellingham, WA to I-5 and 405 freeways to Sea-Tac Airport.

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State the conditions that justify the granting of this application.

Presently no available non-stop service. Also plan to offer handicap (wheelchair) service.

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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

Bellair & Quick Shuttle

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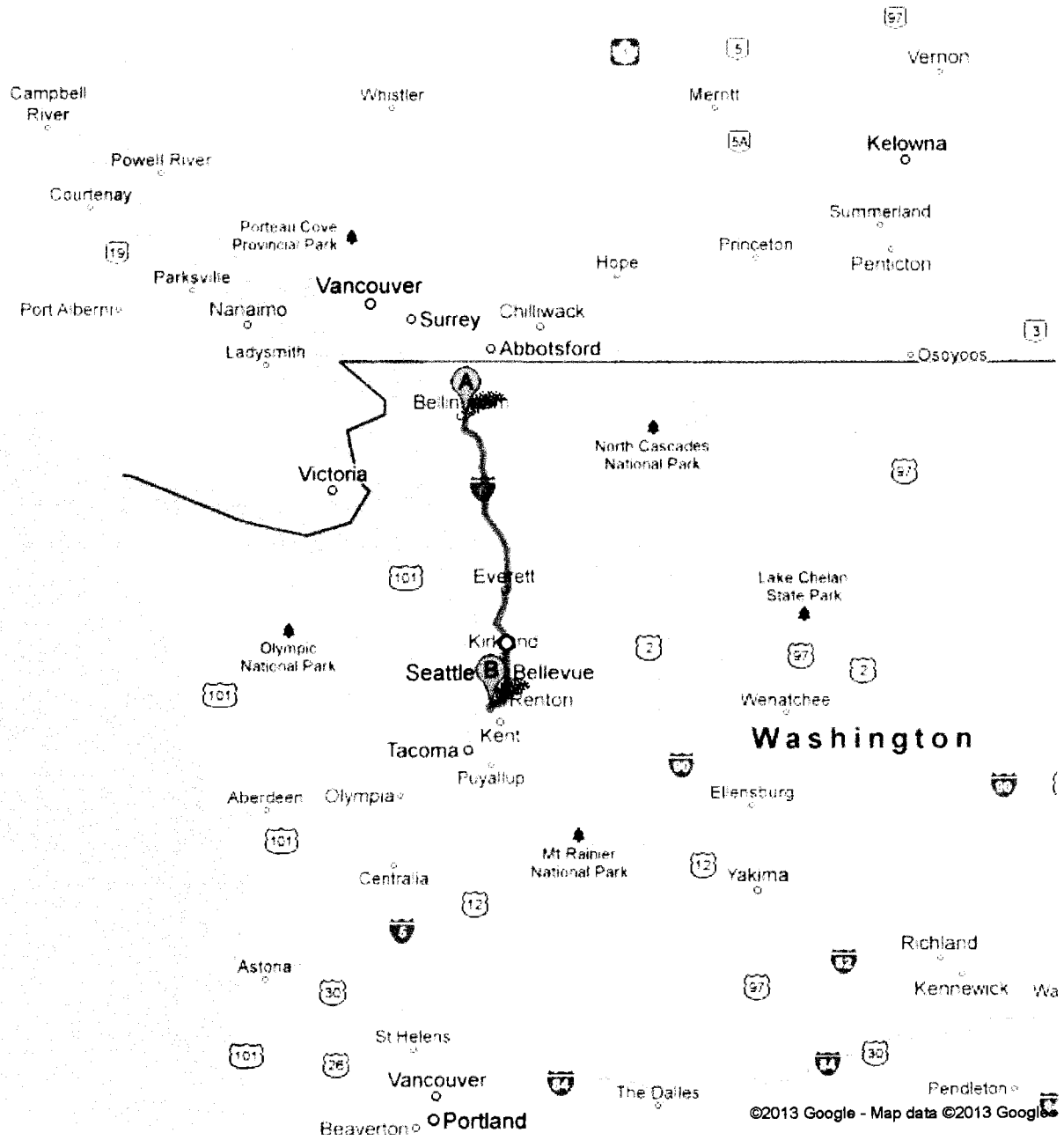


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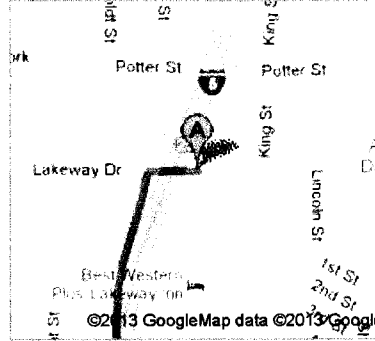
**Directions to Seattle-Tacoma International Airport**

17801 International Blvd, Seattle, WA 98158  
104 mi – about 1 hour 40 mins



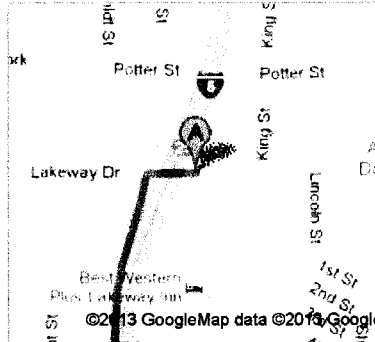


**Best Western Plus-Lakeway Inn**  
714 Lakeway Dr, Bellingham, WA 98229



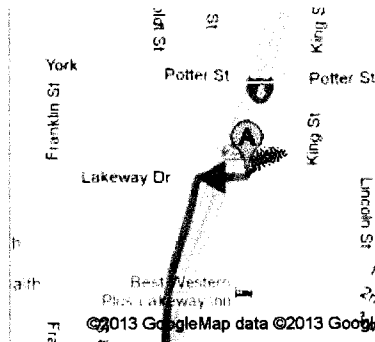
1. Head **west** on **Lakeway Dr**

go 299 ft  
total 299 ft



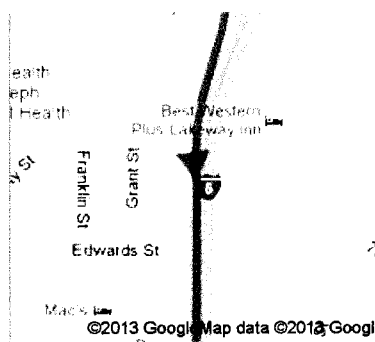
2. Turn left onto the **Interstate 5 S** ramp to **Seattle**  
About 54 secs

go 0.2 mi  
total 0.3 mi



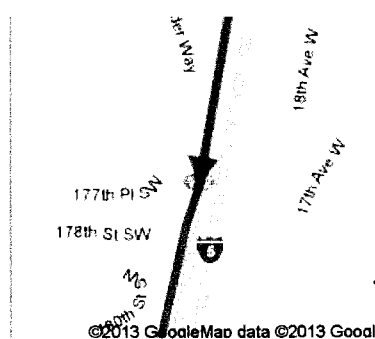
3. Merge onto **I-5 S**  
About 1 hour 3 mins

go 69.7 mi  
total 69.9 mi

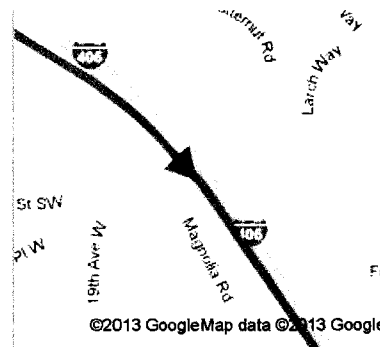


4. Take exit **182** for **Interstate 405 S** toward **Bellevue/Renton**  
About 1 min

go 0.9 mi  
total 70.8 mi

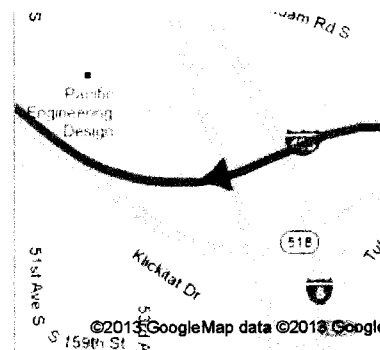


- 5. Merge onto **I-405 S**  
About 30 mins



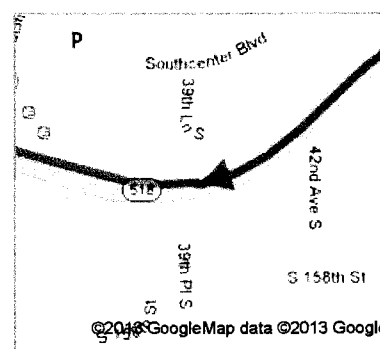
go 29.8 mi  
total 101 mi

- 6. Continue onto **WA-518 W**  
About 1 min



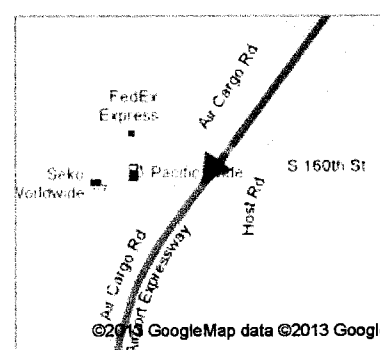
go 1.0 mi  
total 102 mi

- 7. Take the exit toward **Sea-Tac Airport**  
About 1 min



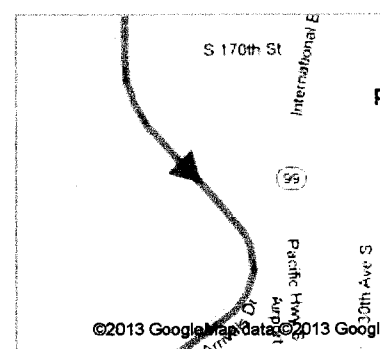
go 0.8 mi  
total 102 mi

- 8. Merge onto **Airport Expressway**  
About 1 min



go 0.8 mi  
total 103 mi

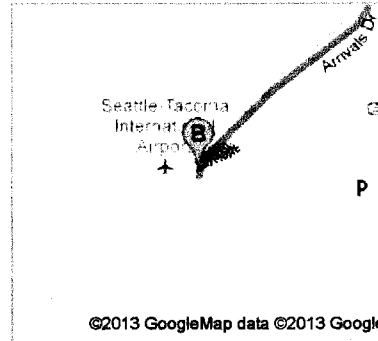
- 9. Slight right onto **Departures Dr**  
About 1 min



go 0.4 mi  
total 104 mi



**Seattle-Tacoma International Airport**  
17801 International Blvd, Seattle, WA 98158



These directions are for planning purposes only. You may find that construction projects, traffic, weather, or other events may cause conditions to differ from the map results, and you should plan your route accordingly. You must obey all signs or notices regarding your route.

Map data ©2013 Google

Directions weren't right? Please find your route on [maps.google.com](http://maps.google.com) and click "Report a problem" at the bottom left.

What is your USDOT number? 2405919 *ON* (If you currently don't have a USDOT number, you can *post* go online to [www.fmcsa.dot.gov/online-registration](http://www.fmcsa.dot.gov/online-registration) to apply or call 360-596-3812 for assistance.)

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 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 480-30-251 through WAC 480-30-436.

If this application is a transfer or a lease of authority from an existing certificate, 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 (Complete attachments \_\_\_\_\_) or  File a new tariff

### SECTION 4 – HEARING INFORMATION

If the Commission assigns this application for formal hearing, estimate the number of witnesses you will present and the amount of time you will need for your presentation.

Number of witnesses: 2 Amount of time: 30 minutes

Will an attorney be representing you? If yes, complete the following:

Attorney's name: \_\_\_\_\_ Attorney's phone number: \_\_\_\_\_

Attorney's address: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Street \_\_\_\_\_ E-mail: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

### SECTION 5 – FINANCIAL STATEMENT

You may attach a Balance Sheet, Profit and Loss Statement, or business plan if available.

ASSETS		LIABILITIES	
Cash in Bank	\$ 55,000	Salaries/Wages Payable	\$
Notes Receivable	\$	Accounts Payable	\$ 20,000
Accounts Receivable	\$ 40,000	Notes Payable	\$ 900,000
Investments	\$	Mortgages Payable	\$
Other Current Assets	\$	Contracts and Bonds Payable	\$ 200,000
Prepaid Expenses	\$	<b>TOTAL LIABILITIES</b>	\$ 1,120,000
Land and Buildings	\$ 1,500,000	<b>NET WORTH</b>	
Trucks and Trailers	\$	Preferred Stock	\$
Office Furniture	\$ 1,000	Common Stock	\$
Other Equipment	\$ 2,000	Retained Earnings	\$
Other Assets	\$ 14,000	Capital	\$ 492,000
<b>TOTAL ASSETS</b>	\$ 1,612,000	<b>TOTAL LIABILITIES AND NET WORTH</b>	\$ 1,612,000

**SECTION 6 – EQUIPMENT LIST**

Describe the equipment that will be used (attach additional sheets 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
	Ford E450			10-12

**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.	
<b>SAFETY RESPONSIBILITIES</b>	
<b>COMMERCIAL DRIVER'S LICENSE (CDL) STANDARDS REQUIREMENTS AND PENALTIES</b> (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. N/A	
Name:	Position:
<b>DRIVER QUALIFICATION REQUIREMENTS</b> (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: Joel Kronenberg	Position: President
<b>DRIVERS HOURS OF SERVICE</b> (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: Joel Kronenberg	Position: President
<b>CONTROLLED SUBSTANCE AND ALCOHOL USE AND TESTING</b> (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: Joel Kronenberg	Position: President
<b>INSPECTION, REPAIR AND MAINTENANCE</b> (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: Joel Kronenberg	Position: President
<b>SAFETY REGULATIONS, GENERAL</b> (Title 49, Code of Federal Regulations Part 390)	
Name: Joel Kronenberg	Position: President
<b>DRIVING OF COMMERCIAL MOTOR VEHICLES</b> (Title 49, Code of Federal Regulations Part 392)	
Name: Joel Kronenberg	Position: President
<b>PARTS AND ACCESSORIES NECESSARY FOR SAFE OPERATION</b> (Title 49, Code of Federal Regulations Part 393)	
Name: Joel Kronenberg	Position: President
<b>OPERATIONAL RESPONSIBILITIES</b>	
List the person and position responsible for understanding and complying with the requirements of each category shown below.	
<b>TARIFFS, TIME SCHEDULES, RATES AND RATE FILINGS</b> (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: Joel Kronenberg	Position: President
<b>ANNUAL REPORTS AND REGULATORY FEES</b> (WAC 480-30-066 through WAC 480-30-081) Auto Transportation companies must file an annual report of their financial and operational activity and pay regulatory fees by May 1 of each year. Charter and excursion carriers must file an annual safety report and pay regulatory fees by December 31 of each year.	
Name: Joel Kronenberg	Position: President



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

Name: Joel Kronenberg Position: President

**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: Joel Kronenberg Position: President

***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 certify under penalty for false statement, that the information contained in this application is true and correct, and that I am authorized to execute and file this document on behalf of the applicant.

Printed name: Joel Kronenberg

Signature:

Date, County, State: 15-14-13 Whatcom, WA

TARIFF NO. 1

Cancels

TARIFF NO. \_\_\_\_\_

of

Company Name: Northwest Smoking & Curing, Inc. dba SEATAC DIRECT

Certificate Number: \_\_\_\_\_

For the transportation of passengers in the following territory:

From Bellingham to Sea-Tac Airport

Issued by:

Name: Joel Kronenberg, President & CEO

Address: PO Box 2976

City, State/Zip: Bellingham, WA 98227

Telephone No: (360)733-3666

Fax No.: (360)733-9152

Issue Date: 5-14-13

Effective Date: \_\_\_\_\_

(For Official Use Only)

Effective: \_\_\_\_\_ TC- \_\_\_\_\_ LSN \_\_\_\_\_

Order/Other \_\_\_\_\_ By: \_\_\_\_\_