

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

Point to Point will serve the survival student and permanent residents of Fairchild AFB. Two routes will operate, one will leave from base east on Hwy 2 to I-90E, exiting on N Division St. From there, turning onto W. Spokane Falls and returning to the interstate (and back to Fairchild) via Monroe St. On outbound and inbound trips, the shuttle will turn off Hwy 2 on Hayford Road in Airway Hghts to stop at NQ casino. The second route will leave base and go east on Hwy 2, turn right on S Flint Rd, and right on W Airport Dr. It will stop and make pickups at the airport, and then return to base via Flint Rd/Hwy 2.

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

The vast majority of students come to FAFB without privately owned vehicles and are limited to taxi as a primary means of transportation. As a result of prohibitive cost, very few students are able to leave the survival side of base to tend to basic shopping and dining needs. Additionally, permanent residents of Fairchild occasionally have need for regular service to and from the airport or downtown.

State the applicant's prior experience and familiarity with the statues and rules that govern operations it proposes: All three partners have experience with the previous service (Stars and Stripes Shuttle) that operated this route. We have acquired professional assistance from our lawyer, Dennis McLaughlin, and our CPA, Dan Harman. However, most of our experience and familiarity is derived from personal research over the past two months.

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:

Stars and Stripes Shuttle no longer services the areas described.

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:	Amount of time:
Will an attorney be representing you? If yes, complete the following:	
Attorney's name: Dennis McLaughlin	Attorney's phone number: 509-624-3525
Attorney's address: Street 601 West Main Ave, Suite 1120	Fax number:
City, State, Zip Spokane, WA 99201	E-mail address dennis@dmassoc.cnc.net

SECTION 5 – FINANCIAL STATEMENT

ASSETS		LIABILITIES	
Cash in Bank	\$ 15000	Salaries/Wages Payable	\$
Notes Receivable	\$	Accounts Payable	\$
Accounts Receivable	\$	Notes Payable	\$
Investments	\$	Mortgages Payable	\$
Other Current Assets	\$	Contracts and Bonds Payable	\$
Prepaid Expenses	\$ 5000	TOTAL LIABILITIES	\$ 0
Land and Buildings	\$	NET WORTH	
Trucks and Trailers	\$	Preferred Stock	\$
Office Furniture	\$	Common Stock	\$
Other Equipment	\$	Retained Earnings	\$
Other Assets	\$ 6000	Capital	\$ 26000
TOTAL ASSETS	\$ 26000	TOTAL LIABILITIES AND NET WORTH	\$ 26000

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
2004	Chevy	AXA4293	1GAGG25U541244561	12
2002	Chevy	pending	1GNEL19X32B150816	8