

TC-170820-AN

WASHINGTON



UTILITIES AND TRANSPORTATION
COMMISSION

RECEIVED

JUL 31 2017

WASH. UT. & TP. COMM

RECEIVED

JUL -7 2017

WASH. UT. & TP. COMM

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@utc.wa.gov

AUTO TRANSPORTATION AUTHORITY APPLICATION

Type of Passenger Transportation Authority Requested (check one box)	Fee Required
<input type="checkbox"/> <u>New Certificate</u> (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? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, complete Attachment F.	\$200.00
<input type="checkbox"/> <u>Extension of existing Auto Transportation Certificate C-_____</u> . Complete sections 1-8. Submit a proposed tariff and time schedule.	\$150.00
<input checked="" type="checkbox"/> <u>Transfer or Lease Auto Transportation Authority</u> – Complete sections 1-8 and Attachments C & G. Transferring all of Certificate C-_____ Transferring a portion of Certificate C-_____	\$200.00 165.00
NOTE: A closing annual report must be submitted by the current company before the transfer will be finalized.	
<input type="checkbox"/> <u>Temporary Auto Transportation Authority</u> - 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
<input type="checkbox"/> <u>Mortgage of Certificate</u> – Complete section 1 and Attachment E.	\$35.00
<input checked="" type="checkbox"/> <u>Name Change</u> – 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
<input type="checkbox"/> <u>Reinstatement of Cancelled Certificate</u> – Complete sections 1, 2 and 8.	\$200.00

FOR OFFICIAL USE ONLY

Date Filed	Insurance	ID# 189287	Docket #: 170820
LS Staff Assigned	Safety Inspection	Map	Tariff/ Time Schedule
DOL/SOS		Receipt ID 06260	Cert Issued
111-0268-232-02	111-0268-232-01	111-0268-230-02	111-0268-230-01

062800

Check # 40266

\$35.00 - already paid

Posted
Crew (2 min)