



621 Woodland Square Loop SE
 Lacey, WA 98503
 P.O. Box 47250
 Olympia, WA 98504-7250
 Phone: 360-664-1222
 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 – Complete sections 1-8 and Attachments C & G.</u> Transferring all of Certificate C- <u>1075</u> Transferring a portion of Certificate C- _____ | \$200.00 |
| <input type="checkbox"/> <u>Temporary Auto Transportation Authority - New temporary authority or temporary to operate pending a Commission decision on a parallel filed permanent application. Complete sections 1-8 and Attachment B.</u> | \$150.00 |
| <input type="checkbox"/> <u>Mortgage of Certificate – Complete section 1 and Attachment E.</u> | \$35.00 |
| <input type="checkbox"/> <u>Name Change – 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.</u> | \$35.00 |
| <input type="checkbox"/> <u>Reinstatement of Cancelled Certificate – Complete sections 1, 2 and 8.</u> | \$200.00 |

| FOR OFFICIAL USE ONLY | | | |
|------------------------------|-------------------|-----------------|--------------------------|
| Date Filed | | ID# | Docket #: |
| LS Staff Assigned | Insurance | Map | Tariff/ Time Schedule |
| DOL/SOS | Safety Inspection | | Cert Issued |
| | | Receipt ID | 111-0268 |
| 111-0268-232-02 | 111-0268-232-01 | 111-0268-230-02 | 111-0268-230-01 |

Island Airporter, LLC

SECTION 1 – APPLICANT INFORMATION

Legal Name of Applicant: Raymond L. Weyeshoff Tamara K. Weyeshoff

Trade Name(s) (if applicable): _____

Phone #: 615-403 3065 Fax #: _____ E-mail: rayw@igeshoff@gmail.com

| Physical Address: | Mailing Address (if different from physical): |
|--------------------------------|---|
| Street: <u>213 Petrich Rd.</u> | Street: _____ |
| City: <u>Friday Harbor</u> | City: _____ |
| State/Zip: <u>WA 98250</u> | State/Zip: _____ |

Unified Business Identifier Number (UBI): 602 309 820 If you do not know your UBI number or need to request one, contact Business Licensing Services at 1-800-451-7985.

Type of Business Structure: Individual Partnership Corporation Other (LP, LLP, LLC)
 If other than individual, list the name, title, and percentage of partner's share or stock distribution for major stockholders or members:

| Name | Title | Stock Distribution or % of Shares |
|-----------------------------|--------------|-----------------------------------|
| <u>Raymond L. Weyeshoff</u> | <u>Owner</u> | <u>50%</u> |
| <u>Tamara K. Weyeshoff</u> | <u>Owner</u> | <u>50%</u> |

USDOT number 02104388 If you do not have a USDOT number, you can go online to www.fmcsa.dot.gov/online-registration to apply or call 360-596-3810 for assistance.

Labor & Industries #: _____ Employment Security Department #: _____

SECTION 2 – COMPANY INFORMATION

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 *Route is already established since 2003*
- Support statements for proposed service authority

What type of service do you plan on providing: door-to-door services and/or scheduled service?

- Door-to-door service** - Service provided between locations identified by the passengers and points specifically named by the company in its filed tariff and time schedule. Door-to-door service requires a time schedule in compliance with WAC 480-30-281(2)(c) and may be restricted to "by reservation only"; and/or,
- Scheduled service** - Service provided between locations specifically named by the company (e.g., the X Hotel at 4th and Main) and points specifically named by the company in its filed tariff and time schedule. Scheduled service requires the company to file a time schedule in compliance with WAC 480-30-281 (2)(b) and may be restricted to "by reservation only."

Once Round Trip Daily since 2003

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:

Route established in 2003

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

Route established in 2003

State the applicant's prior experience and familiarity with the statutes and rules that govern operations it proposes:

Applicants have reviewed WUTC Guide for motor carriers. Applicant has MDL - is a mechanic

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:

Route established in 2003

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 or your company ever been cited for business-related violation of state laws or commission rule or any other federal or state agency?

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: | Attorney's phone number: |
| Attorney's address: Street | Fax number: |
| City, State, Zip | E-mail address |

SECTION 5 – FINANCIAL STATEMENT

| ASSETS | | LIABILITIES | |
|----------------------|-----------|--|------|
| Cash in Bank | \$ 10,520 | Salaries/Wages Payable | \$ 0 |
| Notes Receivable | \$ 0 | Accounts Payable | \$ 0 |
| Accounts Receivable | \$ 0 | Notes Payable | \$ 0 |
| Investments | \$ 0 | Mortgages Payable | \$ 0 |
| Other Current Assets | \$ 0 | Contracts and Bonds Payable | \$ 0 |
| Prepaid Expenses | \$ 0 | TOTAL LIABILITIES | \$ 0 |
| Land and Buildings | \$ 0 | NET WORTH | |
| Trucks and Trailers | \$ 3650 | Preferred Stock | \$ 0 |
| Office Furniture | \$ 0 | Common Stock | \$ 0 |
| Other Equipment | \$ 0 | Retained Earnings | \$ 0 |
| Other Assets | \$ 0 | Capital | \$ 0 |
| TOTAL ASSETS | \$ 17,170 | TOTAL LIABILITIES AND NET WORTH | \$ 0 |

In addition: the application must include the following: (see WAC 480-30-096)

Operated since 2003

- 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 |
|------|------|----------------|-------------------|------------------|
| 2006 | FORD | AXS 8587 | 1FBSS31L36HA50774 | 11 |
| | | | | |
| | | | | |
| | | | | |

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.

SAFETY RESPONSIBILITIES

COMMERCIAL DRIVER'S LICENSE (CDL) STANDARDS REQUIREMENTS AND PENALTIES (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.

Name: Raymond L Weigeshoff Position: Owner CDL# W016ERL3703N

DRIVER QUALIFICATION REQUIREMENTS (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: Tamara K Weigeshoff Position: Owner W016ETK35780

DRIVERS HOURS OF SERVICE (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: Tamara K Weigeshoff Position: Owner

CONTROLLED SUBSTANCE AND ALCOHOL USE AND TESTING (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: Raymond L Weigeshoff Position: Owner

INSPECTION, REPAIR AND MAINTENANCE (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: Raymond L Weigeshoff Position: Owner

SAFETY REGULATIONS, GENERAL (Title 49, Code of Federal Regulations Part 390)

Name: Raymond L Weigeshoff Position: Owner

DRIVING OF COMMERCIAL MOTOR VEHICLES (Title 49, Code of Federal Regulations Part 392)

Name: Raymond L Weigeshoff Position: Owner

PARTS AND ACCESSORIES NECESSARY FOR SAFE OPERATION (Title 49, Code of Federal Regulations Part 393)

Name: Raymond L Weigeshoff Position: Owner

OPERATIONAL RESPONSIBILITIES

TARIFFS, TIME SCHEDULES, RATES AND RATE FILINGS (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: Tamara K Weigeshoff Position: Owner

ANNUAL REPORTS AND REGULATORY FEES (WAC 480-30-066 through WAC 480-30-081) Auto Transportation companies must file an annual report of its financial and operational activity and pay regulatory fees by May 1 of each year. Charter and excursion carriers must file an annual safety report by May 1; and pay regulatory fees by December 31 of each year.

Name: Tamara K Weigeshoff Position: Owner

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

Name: Tamara K Weigeshoff Position: Owner

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: _____ Position: _____

Island AIRPORT UBI 602 309 920

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, the undersigned, certify that the information in this application is true and correct, and that I am the applicant or I am authorized to execute and file this document on behalf of the applicant.

Printed name: Tamara K Weigeshoff Title: owner
Raymond L. Weigeshoff

Signature: Tamara K Weigeshoff

Date: 2 Oct 2019 County, State Stu. J. Lewis, WA



ATTACHMENT C

JOINT APPLICATION FOR TRANSFER OR LEASE OF CERTIFICATED AUTHORITY

The commission must approve any sale, assignment, lease, or transfer of a company's certificate, or any portion of the operating authority described in a company's certificate. This does not apply to change in ownership resulting from an acquisition of control of a corporation through stock sale or purchase.

Certificate Number C- 1075

Check appropriate box:

- Transfer All* Transfer Portion* Lease All** Lease Portion**

John Ness
Current Name on Certificate (Seller/Lessor)

Island Airporter LLC
Current Trade Name on Certificate (Seller/Lessor)

139 Tarte Road Friday Harbor, WA. 98250 360-379-7438
Address (Seller/Lessor) Phone Number

Fax: Email: islandairporter@hotmail.com

- Have all fines and /or penalties been paid? No Yes
Has the closing annual report been filed? No Yes

Does the buyer/lessee agree to begin service as soon as the commission authorizes the transfer or lease?
Yes
No, if not, then when?

If the commission assigns this application for formal hearing, do both the seller/lessor and the buyer/lessee agree to be present at the hearing?
Yes
No

Both the seller/lessor and the buyer/lessee certify that this application is not made for the purpose of hindering, delaying or defrauding creditors.

This application must include a map and copy of the certificated authority to be transferred/leased. If applying for permission to transfer or lease a portion of the certificated authority, then the application must include a map and description of both the portion to be transferred/leased and the portion to be retained by the existing certificate holder.

We, as applicants, hereby jointly declare and affirm that all information is true to the best of our knowledge.

Janissa Ness 02 OCT 2019 SAN JUAN, WA
Seller's/Lessor's Signature Date, County, State

James K. Weyshoff 02 OCT 2019 SAN JUAN, WA
Buyer's/Lessee's Signature Date, County, State

*If this application is for transfer, please attach a copy of the sales or other agreement to sell.
**If this application is to lease, please attach a copy of the executed lease agreement.



ATTACHMENT G

TARIFF ADOPTION NOTICE

Tariff No. _____

Island AirPorter LLC

Name of New Company

Island AirPorter LLC

Trade Name of New Company

Adopt all tariffs and supplements to the tariffs, filed with the
Washington Utilities and Transportation Commission by:

ISLAND AirPorter LLC

Name of Prior Company

Before the date of its (new company) acquired possession of
that (prior) company, or a portion of the authority of that (prior) company.

Notice issued by:

Name: _____ Title: _____

Phone Number: _____ Fax Number: _____

Email address: _____

Date filed with Commission: _____



ATTACHMENT H

SAMPLE FLEXIBLE FARE TARIFF SHEET

Tariff No. _____

Page No. of ____

Company Name: Island Airports LLC

Flexible Fares

Flexible Fares means the authority to charge, at the company's discretion, fares in any amount at or below the maximum fares (Base rate, plus, 25%).

| Guests | | Zone A | Zone B | Zone C | Zone D | Zone E | Zone F | Zone G | Zone H | Zone J | Zone K | Zone X | Zone Y |
|--------|------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| 1 | Base | 30 | 33 | 37 | 37 | 38 | 40 | 45 | 50 | 55 | 64 | 105 | 205 |
| | Max | 38 | 41 | 46 | 46 | 48 | 50 | 56 | 63 | 69 | 80 | 131 | 256 |
| 2 | Base | 36 | 33 | 39 | 39 | 46 | 47 | 51 | 61 | 64 | 69 | 110 | 210 |
| | Max | 45 | 41 | 49 | 49 | 58 | 59 | 64 | 76 | 80 | 86 | 138 | 263 |
| 3 | Base | 42 | 41 | 42 | 42 | 54 | 54 | 54 | 75 | 75 | 75 | 116 | 216 |
| | Max | 53 | 51 | 53 | 53 | 68 | 68 | 68 | 94 | 94 | 94 | 145 | 270 |
| 4 | Base | 54 | 53 | 54 | 54 | 70 | 70 | 70 | 98 | 98 | 98 | 139 | 239 |
| | Max | 68 | 66 | 68 | 68 | 88 | 88 | 88 | 123 | 123 | 123 | 174 | 299 |
| 5 | Base | 66 | 65 | 66 | 66 | 86 | 86 | 86 | 121 | 121 | 121 | 162 | 262 |
| | Max | 83 | 81 | 83 | 83 | 108 | 108 | 108 | 151 | 151 | 151 | 203 | 328 |
| 6 | Base | 78 | 77 | 78 | 78 | 102 | 102 | 102 | 144 | 144 | 144 | 185 | 285 |
| | Max | 98 | 96 | 98 | 98 | 128 | 128 | 128 | 180 | 180 | 180 | 231 | 356 |
| 7 | Base | 90 | 90 | 90 | 90 | 118 | 118 | 118 | 167 | 167 | 167 | 208 | 308 |
| | Max | 113 | 113 | 113 | 113 | 148 | 148 | 148 | 209 | 209 | 209 | 260 | 385 |

Note: Flexible fares do not cover ancillary charges such as baggage, cancellation fee, or refund transaction fee, etc.

Base Fee Friday Harbor to Seattle \$49.99
 Base Fee Pease Harbor to Seattle \$59.99
 Since 2007

WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION

For the Operation of Motor Propelled Vehicles

pursuant to the provisions of Chapter 81 RCW

THIS IS TO CERTIFY that authority is granted to operate as a MOTOR CARRIER in the transportation of the commodities and in the territory described herein to

ISLAND AIRPORTER, LLC
139 TARTE ROAD
FRIDAY HARBOR, WA 98250

PERMIT NO.
C-1075

PASSENGER SERVICE BETWEEN:

San Juan Island and the Seattle-Tacoma International Airport via the Washington State Ferry Service in Anacortes.

Closed-door service between San Juan Island and the Seattle-Tacoma International Airport.

Note: All passengers must have Seattle-Tacoma International Airport as an origin or destination.

TC-030782

08-07-03

SERVICE DATE

AUG - 7 2003



WASHINGTON UTILITIES AND TRANSPORTATION
COMMISSION

By *Carol J. Shanklin*