

TC 111619



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

Type of Passenger Transportation Authority Requested (check one box)	Fee Required
<u>Auto Transportation Authority</u> <input type="checkbox"/> New Certificate (auto transportation company certificates include statewide charter and excursion carrier service) – Complete sections 1-8 and Attachment E. Submit a proposed tariff and time schedule. <p style="text-align: center;">Do you plan on providing charter/excursion service <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	\$ 200
<input checked="" type="checkbox"/> <u>Extension of Existing Auto Transportation Certificate No. C- 862</u> Complete sections 1-8. Submit a proposed tariff and time schedule.	\$ 150
<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 type="checkbox"/> <u>Temporary Auto Transportation Authority</u> (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"/> <u>Mortgage of Certificate</u> – Complete section 1 and Attachment D.	\$ 35
<input type="checkbox"/> <u>Name Change</u> (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"/> <u>Reinstatement of Cancelled Certificate</u> – Complete sections 1 and 8	\$200

043403

TYPE OF PAYMENT:

Cash Check Money Order AMEX MasterCard Visa

Credit Card Information (if applicable):

Expiration Date
 Month/Year

Amount: \$ 150.00 Company Name: Pacific Northwest Transportation Services, Inc. dba Capital Aeroporter

Cardholder's signature: _____ Date: 08/31/11

FOR OFFICIAL USE ONLY

Date Filed: <u>9/1/11</u>	Docket #:	Motcar:	Cert. Issued:
LS Staff Assigned:	Insurance:	Application:	Related App:
DOL/SOS:	Tariff/Time Schedule:	Map:	
Text approved for docket:	Safety Inspection:	Reception #:	111 0268:
111-0268-232-02: <u>150.00</u>	111-0268-232-01:	111-0268-230-02:	111-0268-230-01:

SECTION 1 – APPLICATION INFORMATION

Name of Applicant: Pacific Northwest Transportation Services, Inc.		
Trade Name(s) (if applicable): d/b/a Capital Aeroporter Airport Shuttle		
Unified Business Identification Number (UBI): (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) 754-7113	Fax Number: (360) 754-7118	E-mail: jimf@capair.com
<u>Physical Address</u>		<u>Mailing address</u> (if different from Business Address)
Street: 2745 29 th Ave SW	Street: PO Box 2163	
City: Tumwater	City: Olympia	
State/Zip: WA, 98512	State/Zip: WA 98507	

SECTION 2 – COMPANY INFORMATION

Type of business structure:		
<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>
James N. Fricke	President/CEO	39%
Shirley M. Fricke	Executive Vice President	51%
John E. Fricke	Vice President—Operations	10%

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.

Passenger Service between Seattle-Tacoma International Airport and Seattle Waterfront. Passenger Service between points in Grays Harbor, Lewis, Mason, Thurston, Pierce and King Counties and the Seattle Waterfront via Seattle-Tacoma International Airport.

Limitations: No service may be rendered hereunder between: Hotels in the cities of Sea-Tac or Tukwila and Cruise Terminals #66 and #91. South Center Mall and Cruise Terminals #66 and #91.

Limitation: Closed door service between Seattle-Tacoma International Airport and Seattle Waterfront. Limitation Removal: C-862 Service to Elbe, Ashford, Longmire and Mt. Rainier.

State the conditions that justify the granting of this application.

The cruise ship industry has grown to nearly 200 sailings per year over the past decade. Significant increases in requests for such service, particularly for small numbers of people at a time where charter services are relatively expensive. Limitation Removal: previous service by Rainier Shuttle has been discontinued.

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

What is your USDOT number? 1967348 (If you currently don't have a USDOT number, you can go online to www.fmcsa.dot.gov/online-registration to apply or call 360-596-3816 or 360-596-3803)

Do you currently hold, or have you ever held, an auto transportation certificate?
 No Yes If yes, please indicate your certificate number: C- 862

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: 3 Amount of time: 1.5 hours

Will an attorney be representing you? If yes, complete the following: No

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	\$ 41,373.21	Salaries/Wages Payable	\$ 86,534.99
Notes Receivable	\$ 28,355.96	Accounts Payable	\$ 101,829.00
Accounts Receivable	\$ 13,695.25	Notes Payable	\$ 81,697.06
Investments	\$ 0.00	Mortgages Payable	\$ 0.00
Other Current Assets	\$ 5,273.29	Contracts and Bonds Payable	\$ 0.00
Prepaid Expenses	\$ 0.00	TOTAL LIABILITIES	\$ 270,061.05
Land and Buildings	\$ 0.00	NET WORTH	
Trucks and Trailers	\$207,177.84	Preferred Stock	\$
Office Furniture	\$ 3,662.99	Common Stock	\$ 203,235.00
Other Equipment	\$ 5,673.00	Retained Earnings	\$(144,446.51)
Other Assets	\$ 23,638.00	Capital	\$
TOTAL ASSETS	\$328,849.54	TOTAL LIABILITIES AND NET WORTH	\$328,849.54

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
See	Attachment			

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: Mick Forry	Position: Driver Supervisor
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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: James N. Fricke	Position: President/CEO
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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: Mick Forry	Position: Driver Supervisor
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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: Shirley Fricke	Position: Executive Vice President
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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: James N. Fricke II	Position: Maintenance Supervisor
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SAFETY REGULATIONS, GENERAL (Title 49, Code of Federal Regulations Part 390)

Name: Mick Forry	Position: Driver Supervisor
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DRIVING OF COMMERCIAL MOTOR VEHICLES (Title 49, Code of Federal Regulations Part 392)

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

Name:	Position:
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OPERATIONAL RESPONSIBILITIES

List the person and position responsible for understanding and complying with the requirements of each category shown below.

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: James N. Fricke / John Fricke	Position: CEO / COO
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ANNUAL REPORTS AND REGULATORY FEES (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: John Fricke	Position: COO
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CUSTOMER SERVICE Person responsible for customer service complaints, and customer notice requirements.

Name: John Fricke

Position: COO

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: John Fricke

Position: COO

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: James N. Fricke

Signature: James N. Fricke

Date, County, State: August 31, 2011, Thurston County, Washington



CERTIFICATE OF LIABILITY INSURANCE

OP ID: SH

DATE (MM/DD/YYYY)

06/14/11

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Ferguson & Associates, Inc. PO Box 1835 Kingston, WA 98346-1835 Ken Shlmomura	360-297-4844 360-297-4882	CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL ADDRESS: PRODUCER CUSTOMER ID #: CAPIT-1	FAX (A/C, No):
	INSURER(S) AFFORDING COVERAGE		NAIC #
INSURED Pacific Northwest Transp Svcs, Inc. dba Capital Aeroporter Tours & Charters; Airport Shuttle; Capital City Shuttle PO Box 2163 Olympia, WA 98507	INSURER A: Occidental Fire & Casualty INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:		

COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

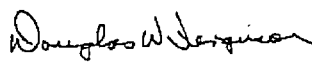
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL/SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC		CL00145823	06/14/11	06/14/12	EACH OCCURRENCE	\$ 1,000,000
						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
						MED EXP (Any one person)	\$ 5,000
						PERSONAL & ADV INJURY	\$ 1,000,000
						GENERAL AGGREGATE	\$ 2,000,000
						PRODUCTS - COM/OP AGG	\$ Included
							\$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	X	CA00034114	06/14/11	06/14/12	COMBINED SINGLE LIMIT (Ea accident)	\$ 5,000,000
						BODILY INJURY (Per person)	\$
						BODILY INJURY (Per accident)	\$
						PROPERTY DAMAGE (Per accident)	\$
							\$
							\$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DEDUCTIBLE RETENTION \$					EACH OCCURRENCE	\$
						AGGREGATE	\$
							\$
							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A			WC STATUTORY LIMITS	OT-HER
						E.L. EACH ACCIDENT	\$
						E.L. DISEASE - EA EMPLOYEE	\$
						E.L. DISEASE - POLICY LIMIT	\$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Certificate holder is recognized as an additional insured as respects the interest in the operation of the named insured

CERTIFICATE HOLDER**CANCELLATION**

DEXONE1 Dex One 9380 Station Street, 6th Floor Lone Tree, CO 80124	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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CERTIFICATE OF LIABILITY INSURANCE

OP ID: SH

DATE (MM/DD/YYYY)

06/14/11

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PRODUCER Ferguson & Associates, Inc. PO Box 1835 Kingston, WA 98346-1835 Ken Shimomura	360-297-4844	CONTACT NAME:
	360-297-4882	PHONE (A/C, No, Ext):
		FAX (A/C, No):
		E-MAIL ADDRESS:
		PRODUCER CUSTOMER ID #: CAPIT-1
		INSURER(S) AFFORDING COVERAGE
		INSURER A: Occidental Fire & Casualty
		INSURER B:
		INSURER C:
		INSURER D:
		INSURER E:
		INSURER F:

INSURED
Pacific Northwest Transp Svcs,
Inc. dba Capital Aeroporter
Tours & Charters; Airport
Shuttle; Capital City Shuttle
PO Box 2163
Olympia, WA 98507

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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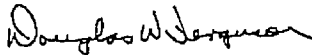
INSR LTR	TYPE OF INSURANCE	ADDITIONAL INSURER	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY	X	CL00145823	06/14/11	06/14/12	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR					MED EXP (Any one person) \$ 5,000
						PERSONAL & ADV INJURY \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE \$ 2,000,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					PRODUCTS - COMP/OP AGG \$ Included
A	AUTOMOBILE LIABILITY	X	CA00034114	06/14/11	06/14/12	COMBINED SINGLE LIMIT (Ea accident) \$ 5,000,000
	<input type="checkbox"/> ANY AUTO					BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS					BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> SCHEDULED AUTOS					PROPERTY DAMAGE (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS					\$
<input checked="" type="checkbox"/> NON-OWNED AUTOS	\$					
	UMBRELLA LIAB					EACH OCCURRENCE \$
	EXCESS LIAB					AGGREGATE \$
	DEDUCTIBLE					\$
	RETENTION \$					\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					WC STATUTORY LIMITS
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In NH)	<input type="checkbox"/> Y/N	N/A			E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - EA EMPLOYEE \$
						E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

It is agreed that the Port of Seattle, their respective officers, agents, and employees are added as additional insured per endorsement GL 20 10. A copy is to follow.

CERTIFICATE HOLDER

CANCELLATION

PORTOFS Port of Seattle Landside Operations PO Box 68727 Seattle, WA 98168	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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	360-297-4882	PHONE (A/C, No, Ext):	FAX (A/C, No):
		E-MAIL ADDRESS:	
		PRODUCER CUSTOMER ID #:	CAPIT-1
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	INSURER B:		
	INSURER C:		
	INSURER D:		
	INSURER E:		
	INSURER F:		

COVERAGES

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	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR						MED EXP (Any one person)	\$
							PERSONAL & ADV INJURY	\$
							GENERAL AGGREGATE	\$
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC							\$
A	AUTOMOBILE LIABILITY	X		CA00034114	06/14/11	06/14/12	COMBINED SINGLE LIMIT (Ea accident)	\$ 5,000,000
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per accident)	\$
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	<input checked="" type="checkbox"/> NON-OWNED AUTOS							\$
	UMBRELLA LIAB						EACH OCCURRENCE	\$
	EXCESS LIAB						AGGREGATE	\$
	DEDUCTIBLE							\$
	RETENTION \$							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATU-TORY LIMITS	OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. EACH ACCIDENT	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$

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Washington Utilities & Transportation Commission Highway & License Bldg PO Box 47250 Olympia, WA 98504-7250	AUTHORIZED REPRESENTATIVE

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06/14/11

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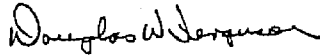
PRODUCER Ferguson & Associates, Inc. PO Box 1835 Kingston, WA 98346-1835 Ken Shlmomura	360-297-4844	CONTACT NAME:	
	360-297-4882	PHONE (A/C, No, Ext):	FAX (A/C, No):
		E-MAIL ADDRESS:	
		PRODUCER CUSTOMER ID #:	CAPIT-1
		INSURER(S) AFFORDING COVERAGE	NAIC #
INSURED Pacific Northwest Transp Svcs, Inc. dba Capital Aeroporter Tours & Charters; Airport Shuttle; Capital City Shuttle PO Box 2163 Olympia, WA 98507	INSURER A : Occidental Fire & Casualty		
	INSURER B :		
	INSURER C :		
	INSURER D :		
	INSURER E :		
	INSURER F :		

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

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INSURER	TYPE OF INSURANCE	ADDITIONAL INSURER	SUBR	W/D	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	GENERAL LIABILITY							EACH OCCURRENCE	\$
	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR							MED EXP (Any one person)	\$
								PERSONAL & ADV INJURY	\$
								GENERAL AGGREGATE	\$
	GEN'L AGGREGATE LIMIT APPLIES PER:							PRODUCTS - COMP/OP AGG	\$
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC								\$
A	AUTOMOBILE LIABILITY	X			CA00034114	06/14/11	06/14/12	COMBINED SINGLE LIMIT (Ea accident)	\$ 5,000,000
	<input type="checkbox"/> ANY AUTO							BODILY INJURY (Per person)	\$
	<input type="checkbox"/> ALL OWNED AUTOS							BODILY INJURY (Per accident)	\$
	<input checked="" type="checkbox"/> SCHEDULED AUTOS							PROPERTY DAMAGE (Per accident)	\$
	<input checked="" type="checkbox"/> HIRED AUTOS								\$
	<input checked="" type="checkbox"/> NON-OWNED AUTOS								\$
	UMBRELLA LIAB							EACH OCCURRENCE	\$
	EXCESS LIAB							AGGREGATE	\$
	DEDUCTIBLE								\$
	RETENTION \$								\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							WC STATUTORY LIMITS	OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N			N/A			E.L. EACH ACCIDENT	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - EA EMPLOYEE	\$
								E.L. DISEASE - POLICY LIMIT	\$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
The certificate holder is added as an additional insured as respects the interest in the operations of the named insured.

CERTIFICATE HOLDER DEPTLI1 Department of Licensing Fax #360-570-7875 Master Licensing Service PO Box 9048 Olympia, WA 98507	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE 

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CERTIFICATE OF LIABILITY INSURANCE

OP ID: SH

DATE (MM/DD/YYYY)

06/14/11

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PRODUCER Ferguson & Associates, Inc. PO Box 1835 Kingston, WA 98346-1835 Ken Shimomura	360-297-4844	CONTACT NAME:	
	360-297-4882	PHONE (A/C, No, Ext):	FAX (A/C, No):
		E-MAIL ADDRESS:	
		PRODUCER CUSTOMER ID #: CAPIT-1	
		INSURER(S) AFFORDING COVERAGE	NAIC #
INSURED Pacific Northwest Transp Svcs, Inc. dba Capital Aeroporter Tours & Charters; Airport Shuttle; Capital City Shuttle PO Box 2163 Olympia, WA 98507	INSURER A: Occidental Fire & Casualty		
	INSURER B:		
	INSURER C:		
	INSURER D:		
	INSURER E:		
	INSURER F:		

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

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TYPE OF INSURANCE	ADDL SUBR INSR	WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
GENERAL LIABILITY						EACH OCCURRENCE \$
<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$
<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR						MED EXP (Any one person) \$
						PERSONAL & ADV INJURY \$
						GENERAL AGGREGATE \$
GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG \$
<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						\$
AUTOMOBILE LIABILITY	X		CA00034114	06/14/11	06/14/12	COMBINED SINGLE LIMIT (Ea accident) \$ 5,000,000
<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per accident) \$
<input checked="" type="checkbox"/> SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident) \$
<input checked="" type="checkbox"/> HIRED AUTOS						\$
<input checked="" type="checkbox"/> NON-OWNED AUTOS						\$
UMBRELLA LIAB						EACH OCCURRENCE \$
<input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR						AGGREGATE \$
<input type="checkbox"/> CLAIMS-MADE						\$
DEDUCTIBLE						\$
RETENTION \$						\$
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATU-TORY LIMITS
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				E.L. EACH ACCIDENT \$
						E.L. DISEASE - EA EMPLOYEE \$
						E.L. DISEASE - POLICY LIMIT \$
	X					

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
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CERTIFICATE HOLDER	CANCELLATION
GLOBMO1	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Global Mobile Management John Fricke 2236 Crestwood PI NW Olympia, WA 98502	AUTHORIZED REPRESENTATIVE <i>Douglas W. Ferguson</i>

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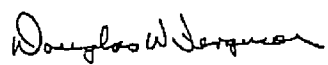
PRODUCER Ferguson & Associates, Inc. PO Box 1835 Kingston, WA 98346-1835 Ken Shimomura	360-297-4844 360-297-4882	CONTACT NAME: PHONE (A/C, No, Ext):	FAX (A/C, No):
	E-MAIL ADDRESS: PRODUCER CUSTOMER ID #: CAPIT-1		
		INSURER(S) AFFORDING COVERAGE	NAIC #
INSURED Pacific Northwest Transp Svcs, Inc. dba Capital Aeroporter Tours & Charters; Airport Shuttle; Capital City Shuttle PO Box 2163 Olympia, WA 98507	INSURER A: Occidental Fire & Casualty		
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INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$	
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	X	CA00034114	06/14/11	06/14/12	COMBINED SINGLE LIMIT (Ea accident) \$ 5,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ \$	
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DEDUCTIBLE \$ RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$ \$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/>	N/A			<input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
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CERTIFICATE HOLDER TESPRO1 TES Properties and GVA Kidder Mathews Attn Colleen 1201 Pacific Ave Ste 1400 Tacoma, WA 98402	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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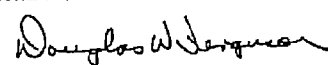
PRODUCER Ferguson & Associates, Inc. PO Box 1835 Kingston, WA 98346-1835 Ken Shlmomura	360-297-4844 360-297-4882	CONTACT NAME: PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL ADDRESS: PRODUCER CUSTOMER ID #: CAPIT-1													
	<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A: Occidental Fire & Casualty</td> <td></td> </tr> <tr> <td>INSURER B:</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </tbody> </table>		INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Occidental Fire & Casualty		INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:
INSURER(S) AFFORDING COVERAGE	NAIC #														
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TYPE OF INSURANCE	ADDL INSR	INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS									
GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$									
AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			CA00034114	06/14/11	06/14/12	COMBINED SINGLE LIMIT (Ea accident) \$ 5,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ \$									
UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DEDUCTIBLE RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$ \$									
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				<table border="1"> <tr> <td>WC STATU-TORY LIMITS</td> <td>OTH-ER</td> </tr> <tr> <td>E.L. EACH ACCIDENT</td> <td>\$</td> </tr> <tr> <td>E.L. DISEASE - EA EMPLOYEE</td> <td>\$</td> </tr> <tr> <td>E.L. DISEASE - POLICY LIMIT</td> <td>\$</td> </tr> </table>	WC STATU-TORY LIMITS	OTH-ER	E.L. EACH ACCIDENT	\$	E.L. DISEASE - EA EMPLOYEE	\$	E.L. DISEASE - POLICY LIMIT	\$	
WC STATU-TORY LIMITS	OTH-ER														
E.L. EACH ACCIDENT	\$														
E.L. DISEASE - EA EMPLOYEE	\$														
E.L. DISEASE - POLICY LIMIT	\$														
Physical Damage Deductibles			CA00034114	06/14/11	06/14/12	Comp 1,000 Collision 1,000									

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 Certificate Holder is shown as a loss payee with regards to the following: 2003 Dodge VIN:WD5WD642235494707 Value: \$5,000; 2009 Freightliner VIN WCDPE745195375154 Value \$39,000 and 2010 Mercedes-Benz Sprinter VIN WDWZPE7CC4A5496083 Value \$49,000.

CERTIFICATE HOLDER <p style="text-align: center;">ANCHBA1</p> Anchor Bank 211 East Market Street PO Box 348 Aberdeen, WA 98520	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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PRODUCER Douglas W. Jerquin & Associates, Inc. Box 1835 Tumwater, WA 98346-1835 Shimomura	360-297-4844	CONTACT NAME:	
	360-297-4882	PHONE (A/C, No, Ext):	FAX (A/C, No):
		E-MAIL ADDRESS:	
		PRODUCER CUSTOMER ID #:	CAPIT-1
		INSURER(S) AFFORDING COVERAGE	
		INSURER A:	Occidental Fire & Casualty
		INSURER B:	
		INSURER C:	
		INSURER D:	
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INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	GENERAL LIABILITY					EACH OCCURRENCE	\$
	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR					MED EXP (Any one person)	\$
						PERSONAL & ADV INJURY	\$
						GENERAL AGGREGATE	\$
						PRODUCTS - COMP/OP AGG	\$
	GEN'L AGGREGATE LIMIT APPLIES PER:						\$
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						\$
	AUTOMOBILE LIABILITY	X	CA00034114	06/14/11	06/14/12	COMBINED SINGLE LIMIT (Ea accident)	\$ 5,000,000
	<input type="checkbox"/> ANY AUTO					BODILY INJURY (Per person)	\$
	<input type="checkbox"/> ALL OWNED AUTOS					BODILY INJURY (Per accident)	\$
	<input checked="" type="checkbox"/> SCHEDULED AUTOS					PROPERTY DAMAGE (Per accident)	\$
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	<input checked="" type="checkbox"/> NON-OWNED AUTOS						\$
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	<input type="checkbox"/> EXCESS LIAB					AGGREGATE	\$
	<input type="checkbox"/> DEDUCTIBLE						\$
	<input type="checkbox"/> RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					WC STATUTORY LIMITS	OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N	N/A			E.L. EACH ACCIDENT	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - EA EMPLOYEE	\$
	Physical Damage		CA00034114	06/14/11	06/14/12	E.L. DISEASE - POLICY LIMIT	\$
	Deductibles					Comp	1,000
						Collision	1,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 Certificate Holder is shown as a loss payee and additional insured with respect to the following vehicle: 2009 Freightliner Sprinter VIN #PE745395375172 Value \$45,000

CERTIFICATE HOLDER**CANCELLATION**

DAIMLER

Daimler Trust
 Attn: David Michael
 13650 Heritage Pkwy 1st Fl
 Fort Worth, TX 76177

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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Schedule No. 1

of

**Pacific Northwest Transportation Services, Inc.
d/b/a Capital Aeroporter Airport Shuttle**

Certificate No. 862

**Schedule of Door-to-Door Share Ride Passenger
Service in the following described territory:**

**Between Seattle Waterfront and points served in King, Pierce,
Thurston, Mason, Lewis and Grays Harbor Counties**

Issued by:

James N. Fricke, President

PO Box 2163

Olympia, WA 98507

2745 29th Ave SW #B

Tumwater, WA 98512

Phone: (360) 754-7113

Fax: (360) 754-7118

For official use only

All times of arrival on this page are changed.

**PACIFIC NORTHWEST TRANSPORTATION SERVICES INC.
D/B/A CAPITAL AEROPORTER/AIRPORT SHUTTLE/AIRPORT EXPRESS SEA TAC**

TIME SCHEDULE

Scheduled Door-to-Door Share Ride Service Between
Seattle Waterfront and King, Pierce, Thurston, Lewis, Mason, and Grays Harbor Counties, via connecting streets and roads.

RESERVATIONS REQUIRED: AM Departures by 1:00 PM prior day/PM Departures by 10:00 AM same day

Transportation from all points to/from Seattle Waterfront will require reservations.

TIMES TO SEATTLE WATERFRONT

RUN #	All Service Locations, other than Seatac Airport	Departing Seatac Airport to SEATTLE WATERFRONT (Friday, Saturday and Sunday)	Arriving At SEATTLE WATERFRONT (Friday, Saturday and Sunday)
1	R	10:30 AM	11:00 AM
3	R	11:00 AM	11:30 AM
5	R	11:30 AM	12:00 PM
7	R	12:00 PM	12:30 PM
9	R	12:30 PM	1:00 PM
11	R	1:00 PM	1:30 PM

R = By Reservation

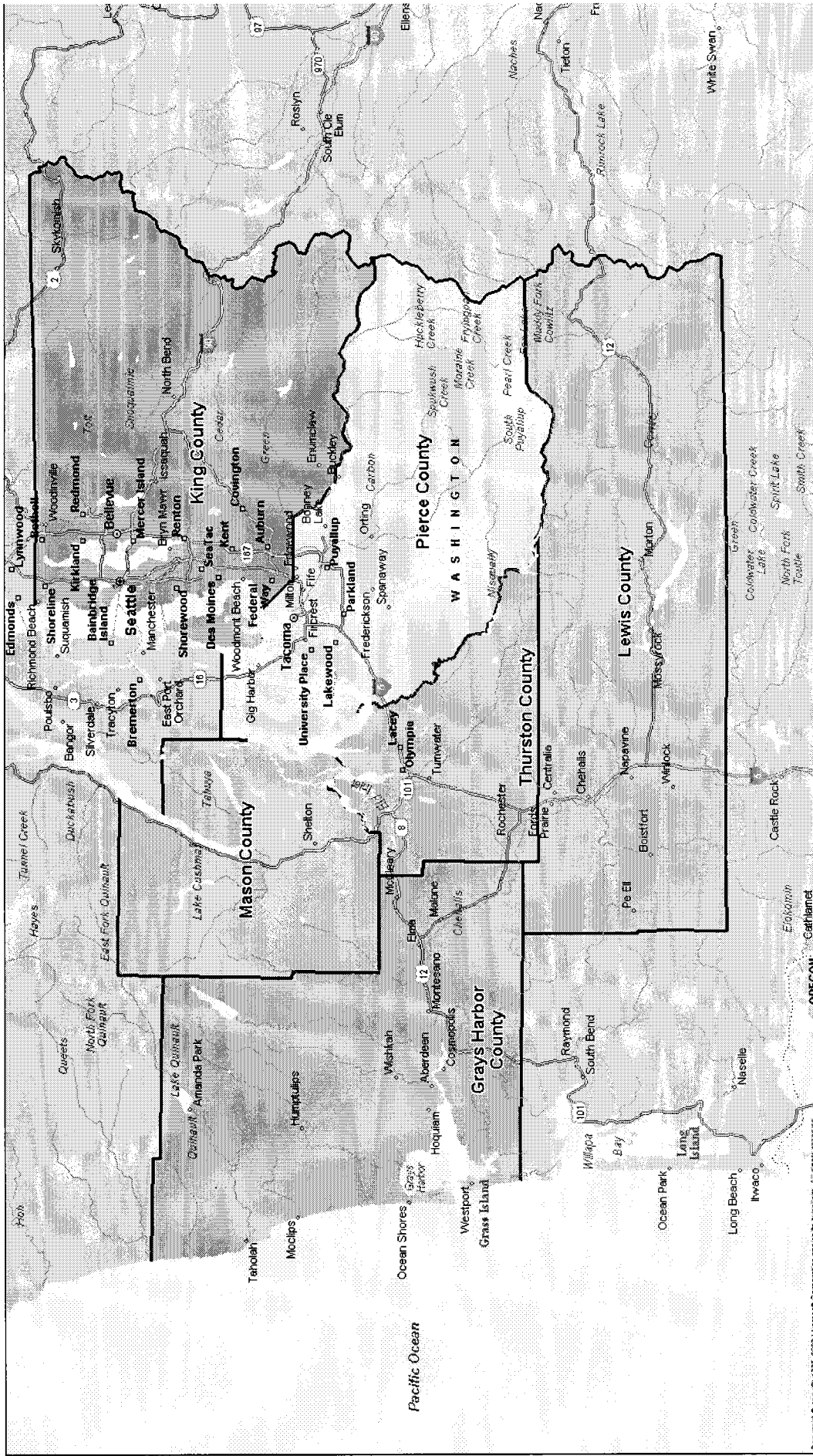
TIMES FROM SEATTLE WATERFRONT

RUN #	Departing From SEATTLE WATERFRONT (Friday, Saturday and Sunday)	Arriving at Seatac Airport from SEATTLE WATERFRONT (Friday, Saturday and Sunday)	All Service Locations, other than Seatac Airport
2	8:00 AM	8:30 AM	R
4	8:30 AM	9:00 AM	R
6	9:00 AM	9:30 AM	R
8	9:30 AM	10:00 AM	R
10	10:00 AM	10:30 AM	R
12	10:30 AM	11:00 AM	R

R = By Reservation

Full Fare
Per Person..... Fare Zones

\$20	Zone AC:	98003 (Federal Way), 98032 (Kent, Military Rd and West), 98158 (Seatac Airport)
\$35	Zone AB:	98001 (Auburn/Algona), 98424 (Fife), 98032 (Kent), 98032 (Kent)
\$40	Zone A:	98402 , 98421 , 98198 (Seatac) , 98168 (Tukwila)
\$45	Zone B:	98023 , 98422 , 98030 (Kent), 98031 (Kent), 98178 (Tukwila)
\$45	Zone C:	98047 (Pacific), 98404 (Tacoma), 98405 , 98406 , 98408 , 98409 , 98416 , 98418 , 98002
\$45	Zone CC:	98408 , 98416
\$50	Zone D:	98371 , 98372 , 98373 , 98407 , 98444 (N. of SR-512), 98447 , 98465 ,
\$50	Zone DD:	98444 (N. of SR-512), 98447 , 98499 , 98430 (Gate), 98433 (Gate), 98438 (Gate),
\$50	Zone E:	98374 , 98444 (S. of SR-512), 98445 (Parkland), 98465 , 98466 , 98467 , 98498 (Lakewood), 98042 (Kent), 98092 (Auburn/Kent), 98390
\$55	Zone F:	98327 , 98388 , 98494
\$55	Zone FF:	98327
\$55	Zone G/GG	98501 (N. of 99 th Ave SE), 98502 (E. of Eld Inlet and Mud Bay, West Olympia), 98503 , 98504 , 98505 , 98506 , 98512 , 98513 , 98516
\$60	Zone H/HH	98512 (S. of 93 rd Ave SW), 98391
\$60	Zone J/JJ	98501 (S. of 99 th Ave SE), 98506 (N. of 57 th Ave NE), 98512 (Capitol Forest / W of Mima Rd), 98516 (N. of 57 th Ave NE), 98540 , 98556 , 98579 (E of Albany St SW), 98321 , 98360 (N of 224 th St E), 98338 , 98387 (S of 192 nd St E), 98385
\$65	Zone K/KK:	98502 (W. of Eld Inlet/Mud Bay, Island Market), 98530 , 98531 , 98579 (W. of Albany St SW), 98584 (Kamilche/Taylor Town), 98589 (W. of 6100'E)
\$70	Zone L/LL:	98532 (Chehalis), 98544 (Galvin), 98557 (McCleary), 98568 (Oakville), 98576 (N. of 143 rd Ave SE), 98584 (Shelton), 98589 (E. of 6100'E), 98597 (N. of 108 th Ave SE)
\$75	Zone M/MM:	98522 (Adna), 98541 (Elma), 98558 , 98565 (Napavine), 98576 (S. of 143 rd Ave SE & W of 15500E), 98584 (Dayton/E. of Oakland Bay/Lake Limerick/Potlatch/Skokomish Res), 98597 (Between 108 th Ave SE & 163 rd Ave SE)
\$80	Zone N/NN:	98532 (Mary's Corner), 98541 (Matlock), 98546 , 98548 (Hoodsport), 98559 (Makena), 98576 (E. of 15500E), 98580 (Roy), 98584 (Harstine Island/Lake Nahwatzel), 98592 , 98597 (S. of 163 rd Ave SE)
\$85	Zone O/OO:	98520 (Aberdeen), 98524 , 98528 (S. of Hood Canal), 98542 (Ethel), 98548 (Lake Cushman/Lilliwaup), 98560 (Matlock), 98563 (Melborne), 98584 (Matlock)
\$90	Zone P/PP:	98528 (E. of Hood Canal/Belfair), 98537 (Cosmopolis), 98550 (Hoquiam), 98555 (Colony Surf/Eldon), 98582 (Salkum)
\$95	Zone R/RR:	98520 (Bay City/Markham), 98528 (N. Hood Canal), 98532 (Boistfort), 98536 , 98539 (Doty), 98555 (Triton), 98570 (Onalaska), 98572 (Pe Ell), 98585 (Silver Creek), 98591 (Toledo), 98596 (Winlock)
\$100.....	Zone S/SS:	98533 , 98535 (Copalis Beach), 98536 (Carlisle), 98547 (Grayland), 98550 (Oyhut), 98552 (Humptulips), 98564 (Mossyrock), 98569 (Ocean Shores/Ocean City), 98583 (Satsop), 98588 , 98593 (Vader), 98595 (Westport)
\$105.....	Zone T/TT:	98356 , 98562 (Moclips), 98571 (Aloha/Pacific Beach)
\$110.....	Zone W/WW:	98336 , 98526 (Amanda Park), 98566 (Neilton), 98575 (Quinault), 98587 (Taholah), 98588 (Tahuya)
\$115.....	Zone X/XX:	98355 , 98377
\$120.....	Zone Z/ZZ:	98361



Pacific Northwest Transportation Services, Inc.
 d/b/a Capital Aeroporter Airport Shuttle
 Application for Extension of Authority C-862 08/31/11
 John Fricke, 360-507-0476, johnf@capair.com

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Fleet Details

<u>Unit #</u>	<u>Year</u>	<u>Make</u>	<u>Model</u>	<u>VIN</u>	<u>Fuel Type</u> (<u>D</u> / <u>G</u> / <u>CNG</u> / <u>LPG</u>)	<u>License #</u>	<u>Transponder #</u>	<u>Seating</u> <u>Capacity</u>
1	2008	Chevrolet	Express	1GAHG39K481118264	G	SEATAC1	00004504	10/14
3	2005	Chevrolet	Express	1GAHG39U151175051	G	B42929R	00004501	11
4	2009	Freightliner	Sprinter	WCDPE745395375172	D	B12331S	00003678	11
5	2009	Freightliner	Sprinter	WCDPE745695377255	D	B74131P	00004494	11
6	2003	Dodge	Sprinter	WD5WD642235494707	D	A57984T	00004506	9
7	2010	Mercedes-Benz	Sprinter	WDZPE7CC4A5496083	D	B59953S	00004555	11
10	2006	Chevrolet	Express	1GAHG39U161265141	G	205VSD	00003901	11
15	2007	Dodge	Sprinter	WD8PE745175150117	D	B81388E	00003446	9
16	1996	Ford	E-350	1FDKE30F2THA52909	D	B13874P	00004213	20/24
17	2002	Freightliner	Sprinter	WD5WD141025370041	D	885XDO	00004563	7
18	2010	Toyota	Sienna	5TDJK4CC8AS033502	G	B91749K	00004505	5
19	2009	Freightliner	Sprinter	WCDPE745195375588	D	B74190P	00003722	11
20	2009	Freightliner	Sprinter	WCDPE745195375154	D	B74185P	00003463	11
	1997	Wells Cargo	Trailer	1WC200B12V4030B72		9901-SR		