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## COMMERCIAL FERRY APPLICATION

Application is made in accordance with RCW 81.84 for a Certificate of Public Convenience and Necessity to operate vessels in furnishing Passenger Ferry Service.
\$200.00 APPLICATION FEE MUST ACCOMPANY THIS APPLICATION

|  | INDICATE TYPE OF APPLICATION: <br> (Only one type per application) |  | INDICATE TYPE OF SERVICE |
| :--- | :--- | :--- | :--- |
| $\mathbf{\text { APPLYING FOR: }}$ |  |  |  |


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## BUSINESS INFORMATION

1. Legal name of applicant: MEI NORTHWEST,CLC
(Legal name must match your registration with the Department of Revenue)
2. Trade Name, if applicable:
3. Mailing Address:

Street or PO Box: 4008
City: WMLNU CREEK 145596 $\frac{\text { Physical Address: }}{}$
Street: 2085 N. BROAD WAY, SUITE 500
City: WALNUT CREEK 98596
State/Zip: CA
Fax: $\frac{510-523.6466}{}$
Telephone: $\quad 510.523 .8900$
$\qquad$
State/Zip:_CA
$\qquad$

Email address: rsesch@marineexpress.us
4. UBI Number: $\quad 603-584-917$ State of Incorporation WASHINGTON
Type of Business Structure:
$\square$ Individual
$\square$ Partnership
Corporation $\mathbb{Z}$ Other (LP, LLP, LLC)

List names and addresses of all persons having an interest in the business. If a CORPORATION or LLC, give names and addresses of two principal officers, noting their titles, and indicate in which state incorporated. If a PARTNERSHIP, attach a certified copy of the partnership agreement, which sets forth the responsibility of the interested individuals.

Marine express, inc. (membe rr)

- Randall martin exch (Member / Ceo)
- Randy 5 ESCH (Troy) (President/Managen of LC)

5. List the territory in which you wish to operate: (attach additional sheet if necessary)
VARIOUS ANCHORAGE ZONES IN PUGET SOUND AND THE
strait of juan de fula.
6. Attach a map which shows in detail the proposed routes, clearly showing beginning, ending, and intermediate points to be served. Also show the routes of other carriers giving similar service into the same or neighboring territory (if known to applicant).
7. Will an attorney be representing you at the hearing? Yes $\square$ No

If yes, give specific attorney's name DAN BENTSON
$\qquad$

Telephone Number $10^{6} 9$ S21-6420 Address 1700 SEVENTH QUE. SUITE 1810 , SEATTLE
8. Attach a copy of the tariff you propose using. The tariff must contain proposed fares and rates to be assessed for service and the rules and regulations governing same. The tariff must comply with WAC 480-$51-080$ and the rules in the Commission's Tariff Circular No. 6 (WAC 480-149).

Attach a copy of the time schedule you propose using. The schedule must show routes, trips, times, points served, distances and available facilities. The time schedule must comply with WAC 480-51-090 of the Commission's Laws and Rules Relating to Commercial Ferry Service.CRL ore LAUNCH SERVICE
10. List vessels which are owned (unless otherwise stated) and will be used in the proposed service. (Attach additional sheet if needed)


VESSELS ARE OWNED BY THE PARENT COMPANY MARINE EXPRESS
11. List the docks proposed to be used in providing service. Indicate value of each dock, if owned. If not owned, indicate if dock owner and applicant have an agreement allowing use of the dock by the applicant.
ALL SPACES (EASED
12. Complete the following financial statement:

## FINANCIAL STATEMENT

```
Cash on hand and in bank Notes receivable
Accounts receivable
Stocks in other companies
Vessels (listed above)
Bonds
Docks (listed above) Machinery, tools, etc.
Real estate (listed below)
Other assets (listed below)
```

Total



Total
$\qquad$
a. List all Real Estate as to location and value (List here only such property as cannot be listed under item 10)

b. List total "Other Assets" mentioned above:
$\qquad$
SPARE PARTS
COMPANY TRUCK
RUGGing AnT Support Equipment

13. List conditions that exist which would justify the granting of a Certificate of Public Convenience and Necessity:

LACK OF AVAILABILITY AND RESOVACES BY THE SINGLE PROVIDER. SOLICITED BY USERS IN THE AREA SEEKINLO OUR ABILITES AND RESOURCES.
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$\qquad$
14. List names and addresses of all persons, firms, or corporations now furnishing similar service between any of the points or along any portion of the route proposed to be served:

ARROW LAUNCH SERVICE, INC. $\qquad$
$\qquad$
$\qquad$
$\qquad$
$\qquad$
15. State applicant's prior experience, if any, in providing commercial ferry service:

MET NORTHWEST IS OWNED BY MARINE EXPRESS, INC. MARINE EXPRESS HAS BEEN PROVIDING LAUNCH SERVICES SINCE 198Z: MARINE EXPRESS CURRENTLY OWNS AND OPERATES 13 VESSELS IA THE GREATER CALIFORNIA AREA (SAN FRANCISCO /LONGBEACH). MARINE EXPRESS' EXPERIENCE LULL GOVERN AND MANAGE THE DAY TO DAY OF MET NORTHWEST LC.
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16. All applicants must attach separate sheets containing the following information:
a. Pro forma financial statement of operations (projections of incomes and expenses for first year operations). ProvideD
b. Ridership and revenue forecasts. PLOVIDED ON PAS FORAA FFNANCIAL STATERAENT
c. The cost of service for the proposed operation. PCOVIDED ON PRO PORHA FINANCIAC STHFEMEUT d. An estimate of the cost of the assets to be used in providing service. PRovided on PRo Foema funmerke
e. Certificate from United States Coast Guard on inspection.

STATEA顛
f. Evidence of proper insurance as required by WAC 480-51-070.
17. If certificate is granted, carrier will begin operations within 45 days of that grant.
18. If this is a transfer application, you must:
$>$ Complete attachment A.
$>$ If this application is for transfer of a portion of certificated authority, attach document clearly showing authority to be transferred and a document clearly showing the authority to be retained.
> Current company must submit closing annual report.
If this is an acquisition of control of the stock, you must:
$>$ Attach copy of the corporate minutes authorizing such transfer.

If this is an application for a temporary certificate you must:
$>$ Attach proof of insurance.
$>$ Attach statements from potential customers showing immediate and urgent need for service.
$>$ Attach proof that all vessels to be operated under the temporary are inspected and found to be safe and seaworthy.

The applicant certifies he/she is familiar with the provisions of Chapter 81.84 RCW and Chapter 480-51 WAC, Laws and Rules of the Washington Utilities and Transportation Commission, governing the operation of vessels and ferries upon the waters of the state of Washington. Applicant further certifies that vessels operated under Certificates of Public Convenience and Necessity are in no way released from the necessity of observing all Federal and State laws providing for the registration of vessels, the observance of navigation and maritime rules and regulations, and other matters subject to Federal or State enactments.

Applicant affirms that its operations shall be at all times within the provisions of such acts, and requests the Washington Utilities and Transportation Commission to make its order granting a Certificate of Public Convenience and Necessity as provided in Chapter 81.84 RCW and Chapter 480-51 WAC.

The applicant swears or affirms that he/she has read the foregoing application and knows the contents, that the same is true of his/her own knowledge, except as to matters which are therein stated information or belief, and as to those matters he/she believes them to be true.


MAY 5, 2016
Date
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## Tariff Rates

## Ship Launch \& Freight Service Between <br> Various Mainland Ports and the Following Specific Anchorage Zones

| Anacortes to Anacortes | Per Hour |
| :--- | ---: |
| Anacortes and the Bellingham Anchorage Zones | $\$ 255.00$ |
| Anacortes and Sandy Point/Cherry Point/Ferndale | 255.00 |
| Anacortes to Vendovi Island | 255.00 |
| Bellingham to Bellingham Anchorage Zone | 255.00 |
| Bellingham and the Vendovi Island Anchorage Zone _ | 255.00 |
| Grays Harbor to Grays Harbor | 255.00 |
| Everett to Everett | 255.00 |
| Fisherman's Cove and ships at anchor off Cherry Point/Ferndale/Sandy Point | 255.00 |
| Olympia to Olympia | 255.00 |
| Port Angeles to Port Angeles | 255.00 |
| Port Angeles and Anchorage Zones bounded by Crescent Bay to the West and Dungeness Bay to the East _- | 255.00 |
| Port Townsend to Port Townsend | 255.00 |
| Sandy Point to Cherry Point/Sandy Point/Ferndale | 255.00 |
| Seattle to Manchester | 255.00 |
| Seattle to Seattle | 255.00 |
| Standby Time, at Dock | 255.00 |
| Tacoma to Tacoma | 255.00 |
| Willapa to Willapa | 255.00 |
| Deadhead Time | 255.00 |
| Deckhand |  |

Hourly Rates: Above rates stated in dollars and cents per hour per ship (2-hour minimum). Time to be computed to the nearest increment of 15 minutes. Time shall be assessed at the Carrier's Dock or Moorage Facility until returning to the original departure point.

Overtime Rates: Services other than boarding launches consisting of Ships' Agents and/or U.S. Customs/Immigrations Agents between the hours of 0001 and 0700 will be assessed at time and one-half rates.

Holiday Rates: Double Time (Thanksgiving, Christmas Eve, Christmas Day, New Year's Eve, New Year's Day, Presidents' Day, Easter, Memorial Day, Fourth of July, Labor Day, and Veterans' Day)

Accessorial Charges: Accessorial, pass-through, and other non-regulated charges may apply and vary by port. Please contact MEI Northwest LLC for a schedule of current accessorial charges.

Scheduling: Launch schedule will be a call out as needed service. Four (4) hours notice is Recommended and 2 hours required; however all efforts will be made to facilitate all requests and times. Cancellations within two hours will be subject to one hour of service charge.

Terms: $\quad$ Net due thirty (30) days. On the $31^{\text {st }}$ day past the original invoice date, a one and on-half percent ( $1.5 \%$ ) late charge will be added per month to the outstanding balance until full payment is received. Late charges are automatically applicable on every consecutive 30 -day payment interval, and are not subject to proration.


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CERTIFICATE OF LIABILITY INSURANCE
 COVERAGES CERTIFICATE NUMBER:11/15 GL/H/P\&I/XS/POLL 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. NOTMTHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WTH 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


DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
EVIDENCE OF INSURANCE

## MEL NORTHWEST LL WII BE ADDED TO THE INSURED LIST ONCE APPLICATION IS APPROVED AND BEFORE OPERATIONS BEGIN.

## CERTIFICATE HOLDER

INSURED COPY

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.
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## United States of America Department of Homeland Security <br> Certificate of Inspection

Vessef Name: JAMIE LEE
INSPECTED AND APPROVED FOR THE CARRIAGE OF NOT MORE THAN 14,525 POUNDS OF DECK CARGO. CARRIAGE OF FREIGHT IS LIMITED TO THE MAIN DECK. FREIGHT MUST NOT BLOCK EXITS OR ENGINE HATCHES, MUST BE SECURED AGAINST SHIFTING, AND MUST NOT EXCEED A VERTICAL CENTER OF GRAVITY (VCG) OF 2 FEET.
WHEN VESSEL IS NOT CARRYING LARGE OR BULKY DECK CARGO TTEMS, SUCH AS STANDS OF PIPE, PALLETIZED LOADS, ETC., ONLY ONE DECKHAND IS REQUIRED.

WHEN TRANSPORTING HAZARDOUS FLAMMABLE OR COMBUSTIBLE LIQUIDS IN BULK AS PERMITTED BY 49 CFR 172.101, AN ADDITIONAL
ONE (1) B-V AND TWO (2) BII FIRE EXTINGUISHERS SHALL BE PROVIDED AS REQUIRED BY 49 CFR PARTS 176.315. 176.320, \& 176.325.
THE NUMBER OF PASSENGERS IS LIMITED TO 16 WHEN HAZARDOUS MATERIAL.S ARE BEING CARRIED.
ADULT PASSENGERS ONLY.
---Hull Exams---


## --- Fire Fighting Equipment ---

Number of Fireman Outits - Number of Fire Pumps - 0
*Fire Extinguishers - Hand portable and semi-portable*
Quantity Class Type
1
B-I

3
B-II
$\qquad$

| Certification Date: | 07 May 2012 |
| :--- | :--- |
| Expiration Date: | 07 May 2017 |
| IMO Number: |  | Department of Homeland Security United States Coast Guard Certificate of Inspection

For ships on international voyages this certificate fulfils the requirements of SOLAS 74 as amended, regulation V/14, for a SAFE MANNING DOCUMENT.


This vessel must be manned with the following licensed and unlicensed personnel. Included in which there must be
0 certified lifeboatmen, 0 certified tankermen, 0 HSC type rating, and 0 GMDSS Operators.

| 1 Master | 0 Master \& ist Class pilot | 0 Radlo Officer(s) | 0 Chief Engineer |
| :--- | :--- | :--- | :--- |
| 0 Chief Mate | 0 Mate \& 1st Class Pllot | 0 Able SeameniROANW | 0 1st Asst. Engr/2nd Engr. |
| 0 2nd Mate/OICNW | 0 Lic. Mate/OICNW | 0 Ordinary Seamen | 0 2nd Asst. Engr/3rd Engr. |
| 0 3rd Mate/OICNW | 0 1st Class Pilot | 1 Deckhands | 0 3rd Asst. Engr. |
|  |  |  | 0 Lic. Engr. |

In addition, this vessel may carry 9 passengers, 0 other persons in crew, 0 persons in addition to crew, and no others. Total persons allowed: 11
Route Permitted and Conditions of Operation:
---Lakes, Bays, and Sounds plus Limited Coastwise---

PACIFIC OCEAN, BETWEEN POINT CONCEPTION, CA. AND 32-15 DEGREES NORTH LATITUDE, NOT MORE THAN 20 MILES FROM A HARBOR OF SAFE REFUGE AND NOT MORE THAN 3 MILES FROM THE MAINLAND SHORE.

WHEN NO DECK CARGO IS BEING CARRIED THE NUMEER OF PASSENGERS ALLOWED MAY BE INCREASED TO 18 AND THE MAXTMUM PERSONS PERMITTED ON BOARD IS 20 . WHEN OPERATING ON A LIMITED COASTWISE ROUTE DURING COLD WATER MONTHS FROM JANUARY O1 TO MAY 31, THE MAXIMUM NUMBER OF PERSONS ALLOWED IS DECREASED TO 18.

## ***SEE NEXT PAGE FOR ADDITIONAL CERTIFICATE INFORMATION***

With this Inspection for Certification having been completed at Long Beach, CA, the Officer in Charge, Marine Inspection, Los Angeles - Long Beach certified the vessel, in all respects, is in conformity with the applicable vessel inspection laws and the rules and regulations prescribed thereunder.

$\qquad$
---Hull Exams---

| Exam Type | Next Exam | Last Exam | Prior Exam |
| :--- | :--- | :--- | :--- |
| Drydock | 30 Apr 2016 | $23 A p r 2014$ | 19Apr2012 |

---stability---
Letter Approval Date / 14Apri989 Office/ LOSMS

## ---Lifesaving Equipment---

|  | Number Persons | Required |  |  |
| :--- | :--- | :--- | :--- | :--- |
| Total Equipment for |  | 22 | Life Preservers(Adult) | 20 |
| Lifeboats(Total) | 0 | 0 | Life Preservers(Child) | 2 |
| Lifeboats (Port)* | 0 | 0 | Ring Buoys(Total) | 1 |
| Lifeboats(Starbd)* | 0 | 0 | With Lights* | 1 |
| Motor Lifeboats* | 0 | 0 | With Line Attached* | 1 |
| Lifeboats W/Radio* | 0 | 0 | Other* | 0 |
| Rescue Boats/Platforms | 0 | 0 | Immersion Suits | 0 |
| Inflatable Rafts | 0 | 0 | Portable Lifeboat Radios | 0 |
| Life Floats/Buoyant App | 2 | 18 | Equipped with EPIRB? | No |
| Inflatable Bouyant App(IBA) | 0 | 0 | (* included in totals) |  |

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