

UTILITIES AND TRANSPORTATION  
COMMISSION

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](mailto:Transportation@utc.wa.gov)

**AUTO TRANSPORTATION AUTHORITY APPLICATION**

Type of Passenger Transportation Authority Requested (check one box)	Fee Required
<input checked="" 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 checked="" 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 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
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 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	<i>Replacement</i>	ID#	Docket #:
<i>9/27/16</i>	<i>Reqd 9/21/16</i>	<i>17,803</i>	<i>TC/160997</i>
LS Staff Assigned	Insurance	Map	Tariff/ Time Schedule
<i>Stillwell</i>	<input checked="" type="checkbox"/>		
<i>DOL/SOS/DOR</i>	Safety Inspection		Cert Issued
<i>DOT</i>	<i>Payment IO 1294</i>	Receipt ID	111-0268
111-0268-232-02	111-0268-232-01	111-0268-230-02	111-0268-230-01

**SECTION 1 – APPLICANT INFORMATION**

Legal Name of Applicant: SL Taxi, LLC

Trade Name(s) (if applicable): San Juan Taxi & Tours

Phone #: 360-378-3550 Fax #: 0 E-mail: carlphassell@gmail.com

Physical Address:	Mailing Address (if different from physical):
Street: <u>266 Whatever Way</u>	Street: <u>P.O. Box 2316</u>
City: <u>Friday Harbor</u>	City: <u>Friday Harbor</u>
State/Zip: <u>Wash 98250</u>	State/Zip: <u>Wash 98250</u>

Unified Business Identifier Number (UBI): 603360596 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>Carl Hassell</u>	<u>Owner/President</u>	<u>100</u>
<u>Gudrun Zimney</u>	<u>VP/Sec/Treasurer</u>	<u>0</u>

USDOT number 2912988 If you do not have a USDOT number, you can go online to [www.fmcsa.dot.gov/online-registration](http://www.fmcsa.dot.gov/online-registration) to apply or call 360-596-3810 for assistance.

Labor & Industries #: NA/Have no Employees Employment Security Department #: No Employees and Corp's are Exempt by law

**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
- 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."

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:

---

---

---

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

---

---

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

---

---

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:

San Juan Transit, who only runs in the Summer  
and not winter

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: <u>1</u>	Amount of time: <u>15 min</u>
Will an attorney be representing you? If yes, complete the following:	
Attorney's name: <u>None</u>	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	\$ <del>0</del>	Salaries/Wages Payable	\$
Notes Receivable	\$ <del>0</del>	Accounts Payable	\$
Accounts Receivable	\$ <del>0</del>	Notes Payable	\$
Investments	\$ <del>0</del>	Mortgages Payable	\$
Other Current Assets	\$ <del>0</del>	Contracts and Bonds Payable	\$
Prepaid Expenses <i>Insurance</i>	\$ <u>4,929.47</u>	<b>TOTAL LIABILITIES</b>	\$
Land and Buildings	\$ <del>0</del>	<b>NET WORTH</b>	
Trucks and Trailers	\$ <u>10,572.00</u>	Preferred Stock	\$
Office Furniture	\$ <del>0</del>	Common Stock	\$
Other Equipment	\$ <del>0</del>	Retained Earnings	\$
Other Assets	\$ <del>0</del>	Capital	\$
<b>TOTAL ASSETS</b>	\$	<b>TOTAL LIABILITIES AND NET WORTH</b>	\$

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.

DOT-MC# 2912988

I am DOT Certificate waiting for inspection & Decal

Year	Make	License Number	Vehicle ID number	Seating Capacity
<u>2000</u>	<u>E 450 Bus</u>	<u>AVK2073</u>	<u>1FDXG45F1YHB55119</u>	<u>17</u>

*? 15 per  
Car  
9/28/16*

**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: *Carl Hassell* Position: *Owner / President / Operator*

**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: Position:

**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: *Carl Hassell* Position: *Owner / Pres / Operator*

**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: *Carl Hassell* Position: *Owner / Pres / Operator*

**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: *Carl Hassell* Position: *Owner / Pres / Operator*

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

Name: *Carl Hassell* Position: *Owner / Pres / Operator*

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

Name: *Carl Hassell* Position: *Owner / Pres / Operator*

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

Name: *Carl Hassell* Position: *Owner / Pres / Operator*

**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: Position:

**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: *Carl Hassell* Position: *Owner / Pres / Operator*

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

Name: Position:

**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.

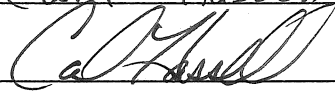
Name: *Carl Hassell* Position: *Owner / Pres / Operator*

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: Carl Hassell Title: Owner/President  
Signature:   
Date: 9-10-16 County, State SAN JUAN COUNTY, WA.

	Aug 2015	June 2016	July 2016	Aug 2016	Sept 2016	Total
1 Fuel		238 33	594 76		703 26	1496 05
2 Phone				65 00	65 00	130 00
3 Equipment	867 00					867 00
4 Cleaning	225 00					225 00
5 Tires	2240 00					2240 00
6 Maintenance	360 00					360 00
7 Insurance		1344 25	1242 61	1242 61	1100 09	4929 57
8						
9						
10						
11 Tax						
12 Advertising	3865 00					3865 00
13 Chamber Commerce						
14						
15						
16 Office Supplies						
17 Buss Cards				158 49		158 49
18 Registration				110 75		110 75
19						
20						
21 Fed Tax						
22 State Tax						
23						
24 DOT MC #				300 00		300 00
25 Drug testing				99 00		99 00
26 WUTC licenc			225 00			225 00
27						
28						
29						
30						
31						
32 Bus coust	8600 00					8600 00
33						
34						18605 76
35						
36						
37						
38						
39						
40						

San Juan Taxi LLC - Bus  
 Profit and Loss Statement

Love through Sept  
 Projected Revenue

	Initials	Date
Prepared By		
Approved By		

© WILSON JONES

G7208 GREEN

10 pep Per Day 5<sup>00</sup> Ea. x 120 Days

Operating Costs

Fuel	1496.05
lic Fee	225.00
Oil/Tires/Pats	
Advertising	
Phone	130.00
Depreciation	528.90
Buss Tax	
Ins	4929.47

Total	7309.42
Gross Profit	6000.00
Net Profit	-1309.42





**ATTACHMENT A**

**AUTO TRANSPORTATION CERTIFICATE SUPPORT STATEMENT**

Auto Transportation certificate applications must include more than one signed and sworn support statements from independent members of the public who need service or a statement by a representative of a city, county or regional transportation planning organization.

Applicant Name: \_\_\_\_\_

**Customer Sworn Statement Relating to the need for service:**

Customer Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_ Email: \_\_\_\_\_

Describe the need for the requested service:

\_\_\_\_\_  
\_\_\_\_\_  
*See Attached*  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If there is an existing company providing this service in the territory, please indicate the existing company's name (if applicable) \_\_\_\_\_

Explain why the current company is not providing adequate service: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*I certify or declare under penalty of perjury under the laws of the state of Washington that the information contained in this statement is true and correct.*


\_\_\_\_\_  
Print Name Signature Date, County, State

San Juan County

Washington 98250

To Whom It May Concern

This is a letter on behalf of San Juan Taxi and Tours and why they are an asset to San Juan Island. My name is Chris Mason and I own Herb's Tavern in Friday Harbor on the island. I exclusively use San Juan Taxi and Tours as they are the most reliable taxi service on the island. They operate 24 hours a day. Also, they have wheelchair accessibility on their tour bus which is utilized weekly for my patrons and anyone living or visiting the San Juan Island. They have great knowledge of the entire Island and are very personable to all their customers which makes it a memorable experience to visit the island. They definitely go above and beyond compared to the other taxi companies on the island.

Thank you  
  
Chris MASON



**ATTACHMENT F**

**CHARTER AND EXCURSION CARRIER REGULATORY FEES**

(A minimum fee of \$25.00 is required)

Name of Applicant: SAN JUAN TAXI - BUS

Trade Name(s), if applicable: \_\_\_\_\_

Phone Number: 360-298-8460 Fax Number: 360-378-3559

Physical Address

Mailing Address (if different from physical address)

Street: 266 Whatever Way Street: P.O. Box 2316

City: Friday Harbor City: Friday Harbor

State/Zip: Washington 98250 State/Zip: Washington 98250

There is a minimum fee of \$25.00 that an auto transportation company with charter and excursion carrier service must pay.

Number of Vehicles 1 X \$25.00 = \$ 25.00

money has been paid  
pd. 8/8/16

Form E  
**UNIFORM MOTOR CARRIER BODILY INJURY AND PROPERTY  
DAMAGE LIABILITY CERTIFICATE OF INSURANCE**  
(Executed in Triplicate)

\$1,500,000

\$0

DOT2912988

Filed with WA Utilities & Trans. Comm. (hereinafter called Commission)  
(Name of Commission)

This is to certify, that the National Casualty Company  
(Name of Company)  
(hereinafter called Company) of 8877 N. Gainey Center Drive, Scottsdale, AZ 85258  
(Home Office Address of Company)

has issued to SJ TAXI LLC DBA: SAN JUAN TAXI & TOURS of 393 PRIMROSE LN, FRIDAY HARBOR, WA 98250  
(Name of Motor Carrier) (Address of Motor Carrier)

a policy or policies of insurance effective from September 22, 2016 12:01 A.M. standard time at the address of the insured stated in said policy or policies and continuing until cancelled as provided herein, which, by attachment of the Uniform Motor Carrier Bodily Injury and Property Damage Liability Insurance Endorsement, has or have been amended to provide automobile bodily injury and property damage liability insurance covering the obligations imposed upon such motor carrier by the provisions of the motor carrier law of the State in which the Commission has jurisdiction or regulations promulgated in accordance therewith.

Whenever requested, the Company agrees to furnish the Commission a duplicate original of said policy or policies and all endorsements thereon.

This certificate and the endorsement described herein may not be cancelled without cancellation of the policy to which it is attached. Such cancellation may be effected by the Company or the insured giving thirty (30) days' notice in writing to the State Commission, such thirty (30) days' notice to commence to run from the date notice is actually received in the office of the Commission.

Countersigned at 8877 N. Gainey Center Drive Scottsdale AZ 85258  
(Street Address) (City) (State) (Zip Code)

this 23 day of September 2016

Insurance Company File No. CAO7765869  
(Policy Number)

  
(Authorized Company Representative)

**TEMPORARY AUTO TRANSPORTATION CERTIFICATE SUPPORT STATEMENT**

Temporary auto transportation certificate applications must include signed and sworn support statements from potential customers identifying all pertinent facts relating to need for proposed service.

Applicant Name: \_\_\_\_\_

**Customer Sworn Statement Relating to the need for service:**

Customer Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_ Email: \_\_\_\_\_

Describe the need for the requested service:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If there is an existing company providing this service in the territory, please indicate the existing company's name (if applicable) \_\_\_\_\_

Explain why the current company is not able to provide the service you need: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*I certify or declare under penalty of perjury under the laws of the state of Washington that the information contained in this statement is true and correct.*

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date, County, State

**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- \_\_\_\_\_

Check appropriate box:

- Transfer All\*       Transfer Portion\* *NA*       Lease All\*\*       Lease Portion\*\*

Current Name on Certificate (Seller/Lessor) \_\_\_\_\_

Current Trade Name on Certificate (Seller/Lessor) \_\_\_\_\_

Address (Seller/Lessor) \_\_\_\_\_

Phone Number \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Have all fines and /or penalties been paid?  No  Yes

Has the closing annual report been filed?  Yes  No

**WAC 480-30-071(1)(e) requires a company transferring operations to submit an annual report for that point of the year in which the company operated.**

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.

\_\_\_\_\_  
Seller's/Lessor's Signature

\_\_\_\_\_  
Date, County, State

\_\_\_\_\_  
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 D

AUTO TRANSPORTATION NAME CHANGE (WAC 480-30-146)

A company must file a name change application under the provisions of WAC 480-30-096 to:

- Change its corporate name
Change its trade name
Add a trade name to certificate, or
Change the surname of an individual owner or partner to reflect a change resulting in marriage or other legal action.

NA

If the name change results in a change in ownership, the company must file an application to transfer the certificate according to the provisions of WAC 480-30-141.

With your application, you must include:

- Copies of any corporate minutes or other legal documents authorizing the name change
Proof that the new name is properly registered with the Department of Licensing, Office of the Secretary of State, or other agencies, as may be required

Current Name on Certificate:

Current Trade Name on Certificate

Address:

Phone Number: Fax Number: Email address

If a corporation or LLC, list the name, title, and percentage of partner's share or stock distribution for major stockholders under current name:

Table with 3 columns: Name, Title, Stock Distribution or Percentage of Shares

I request the name on Auto Transportation Certificate C- be changed to:

New Name:

New Trade Name (if applicable): UBI#

You must file a new tariff using the same rate levels as currently on file, or adopt the current tariff in the new name.

To file a new tariff use the standard tariff format attached to the application or an approved alternate form. Indicate which option you will use:

- Adopt a current tariff- complete Attachment G; or, File a new tariff

I certify under penalty of perjury under the laws of the state of Washington that the information contained in this application is true and correct.

Print Name of Applicant Signature & Title Date, County, State

**PERMISSION TO MORTGAGE A CERTIFICATE**

The Commission must approve any mortgage of a company's certificate.

You must include:

- A copy of the mortgage.
- A profit and loss statement for the 12 month period indicated below.
- A copy of original certificate

Mortgager Name: NA

Address: \_\_\_\_\_

\$ \_\_\_\_\_

Amount of Mortgage

Date Mortgage is in effect

Mortgage will be due and payable as follows:

\_\_\_\_\_

Mortgage is incurred for the following purpose:

\_\_\_\_\_

Indicate other property to be secured by the mortgage:

\_\_\_\_\_

For the most recent 12 month period ending \_\_\_\_\_, the internally generated funds of the certificate holder consist of the following:

Depreciation	\$	_____
Net Income	\$	_____
Other	\$	_____
Total	\$	_____

Less estimated payments during the next 12 month period for:

Interest in existing debt	\$	_____
Interest on proposed debt	\$	_____
Principal payments on existing debt	\$	_____
Principal payments on proposed debt	\$	_____
Payments on other long-term obligations		_____
Total	\$	_____

Balance of internal funds available for other purpose: \$ \_\_\_\_\_

If internally generated funds are insufficient to meet the actual and proposed interest and principal payments, report the source and amount of other funds to be used for these payments.

***I certify this information is true and correct, that I am authorized to execute and file this document on behalf of the applicant, and that all information is current and valid.***

Print Name

Signature

Date, County, State





**ATTACHMENT G**

**TARIFF ADOPTION NOTICE**

Tariff No. \_\_\_\_\_

*NA*

\_\_\_\_\_  
Name of New Company

\_\_\_\_\_  
Trade Name of New Company

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

\_\_\_\_\_  
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: \_\_\_\_\_



**SAMPLE FLEXIBLE FARE TARIFF SHEET**

Tariff No. \_\_\_\_\_

Page No. of \_\_\_\_\_

Company Name: \_\_\_\_\_ *NA*

**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.**

TYPE OF PAYMENT

NOTE: A convenience fee of 2.5% (minimum fee of \$3.95) is charged by Official Payments for processing credit card payments.

Check  Money Order

Amount: \$ 250.00 PD 8/8/16

Amex CCV# \_\_\_\_\_ (four digit code on front of card)

Expiration Date: \_\_\_\_\_

Discover  Mastercard  Visa CCV # \_\_\_\_\_ (three digit code on back of card)

Credit Card number:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

CERTIFICATION: I, the undersigned, under penalty for false statement, certify that the following information is true and correct, that I am authorized to execute and file this document on behalf of the applicant, and that all information on file is current and valid.

Company Name: Sam Juan Taxi

Name (printed): Carl Hassell Date: 9-10-16

Signature: *Carl Hassell* Title: Owner

If paying by credit card, fax your application to 360-586-1181 or scan and email to [transportation@utc.wa.gov](mailto:transportation@utc.wa.gov)

If paying by check or money order, mail the completed application with fees and attachments to:

Washington Utilities and Transportation Commission  
P.O. Box 47250  
Olympia, WA 98504-7250

WASHINGTON



UTILITIES AND TRANSPORTATION  
COMMISSION



UTILITIES AND TRANSPORTATION  
COMMISSION

NO MONIES  
ENCLOSED

*Paid 8/2/16*

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](mailto:Transportation@utc.wa.gov)

**AUTO TRANSPORTATION COMPANY APPLICATION**

**Auto Transportation Company** means every person owning, controlling, operating, or managing any motor propelled vehicle used in the business of transporting person over any public highway in this state between fixed termini or over a regular route (example; transporting passengers and their baggage to the airport), and not operating exclusively within the incorporated limits of any city or town. You may not operate as an auto transportation company until you have been approved and receive a certificate from the Commission. Auto Transportation company applications are subject to public notice and objection and may be set for hearing.

If you provide intrastate regular route service under a federal grant of authority under the provisions of 49 U.S.C§13902, the Commission will grant you an auto transportation certificate consistent with the federal grant of authority and limited to intrastate operations that are conducted together with regularly scheduled interstate operations on the same route. You must provide a copy of your federal order granting authority. You must also verify you have paid for Unified Carrier Registration fees.

This application packet contains the following information:

- Application form
- Checklist for a completed application
- Sample Standard Tariff and Time Schedule Format and Fare Flexibility Tariff
- WAC 480-30 – Rules Relating to Passenger Transportation Companies
- “Your Guide to Achieving a Satisfactory Safety Rating”

**RECEIVED**

SEP 21 2016

**WASH. UT. & TP. COMM**

You must file and maintain bodily injury and property damage insurance (Form E) covering each motor vehicle you operate in the state of Washington. The Commission must be shown as the certificate holder. Insurance or bond minimum limits are:

Motor vehicles that:	Must have bodily injury and property damage insurance or surety bond with the following minimum limits:
Have a passenger seating capacity of fifteen or less (including the driver)	\$1,500,000 combined single limit coverage
Have a passenger seating capacity of sixteen or more (including the driver)	\$5,000,000 combined single limit coverage

For questions, please contact Licensing Services staff at 360-664-1222 and/or Compliance staff at 360-664-1236. Submit your completed application, appropriate attachments and fees to:

Washington Utilities & Transportation Commission  
 PO Box 47250  
 Olympia, WA 98504-7250

If paying by credit card, you can fax your application to 360-586-1181 or scan and email to [transportation@utc.wa.gov](mailto:transportation@utc.wa.gov). Please refer to our website [www.utc.wa.gov](http://www.utc.wa.gov) for WORD and PDF versions of the application, standard tariff and time schedule format, fare flexibility tariff, adoption notice, etc. The Commission has a policy of providing equal access to its services. If you need special accommodations, please call 1-800-416-5289 or TTY 360-586-8203. To request this document in alternate formats, call 360-664-1222.