



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”

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.

## Checklist for a Completed Application

- Type of authority requested – check one
    - If you plan on operating as a charter/excursion service also, complete Attachment F.
  - Correct fees (including \$25 for each vehicle to be used if also applying for charter/excursion).
    - Complete Type of Payment sheet
  - Legal Name – as registered with Business Licensing Services
    - If corporation or LLC, name must match registration with Secretary of State’s office.
  - Trade Name(s) – as registered with Business Licensing Services
  - Phone, Fax and email address
  - Physical address – Mailing address, if different from physical address
  - UBI number – as registered with Business Licensing Services
  - Type of Business Structure
    - If Partnership, Corporation, or Other, list members of partnership, corporation or LLC and their percentages.
  - USDOT number – all carriers must have one. The legal name on the USDOT must match your application name.
  - Labor & Industries registration number
  - Employment Security registration
  - Map of the proposed line, route, or service territory that meets standards described in WAC [480-30-051](#).
  - Type of service to be provided: door-to-door services and/or scheduled service.
  - A complete description of the proposed service including the line, route, or service territory described in terms such as streets, avenues, roads, highways, townships, ranges, cities, towns, counties, or other geographic descriptions.
  - A statement of conditions that justify the proposed service.
  - A statement of the applicant’s prior experience and familiarity with the statutes and rules that govern the operation it proposes.
  - Proposed tariff and time schedule – according to the samples provided for filing tariff and time schedule.
    - If you are applying for flexibility rates, you must also complete Attachment H to show your proposed base rate and maximum rate.
  - Hearing information – in case your application is scheduled for a formal hearing.
  - Financial Statement of assets and liabilities
  - Ridership and revenue forecasts for the first twelve months of operation.
  - A pro forma balance sheet and income statement for first twelve months of operation.
  - A list of equipment to be used in providing the proposed service
  - Safety & Operations – completed with person and position who will be responsible for understanding and complying with the requirements.
  - Operational Responsibilities - completed with person and position who will be responsible for understanding and complying with the requirements.
  - Declaration of Application – sign and date application.
- TRANSFERS: A completed closing annual report must be submitted by the current company before the commission will approve a transfer of authority.**



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## AUTO TRANSPORTATION AUTHORITY APPLICATION

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

### FOR OFFICIAL USE ONLY

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



**SECTION 1 – APPLICANT INFORMATION**

Legal Name of Applicant: \_\_\_\_\_

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

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ E-mail: \_\_\_\_\_

<b>Physical Address:</b>	<b>Mailing Address (if different from physical):</b>
Street: _____	Street: _____
City: _____	City: _____
State/Zip: _____	State/Zip: _____

Unified Business Identifier Number (UBI): \_\_\_\_\_ 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:

<u>Name</u>	<u>Title</u>	<u>Stock Distribution or % of Shares</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

**USDOT number** \_\_\_\_\_ 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](#) #: \_\_\_\_\_ [Employment Security Department](#) #: \_\_\_\_\_

**SECTION 2 – COMPANY INFORMATION**

Provide the following documents with your application:

- A map of the proposed line, route, or service territory that meets the standards described in [WAC 480-30-051](#)
- 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:

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

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

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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:

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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:	Amount of time:
Will an attorney be representing you? If yes, complete the following:	
Attorney's name:	Attorney's phone number:
Attorney's address: Street	Fax number:
City, State, Zip	E-mail address

**SECTION 5 – FINANCIAL STATEMENT**

ASSETS		LIABILITIES	
Cash in Bank	\$	Salaries/Wages Payable	\$
Notes Receivable	\$	Accounts Payable	\$
Accounts Receivable	\$	Notes Payable	\$
Investments	\$	Mortgages Payable	\$
Other Current Assets	\$	Contracts and Bonds Payable	\$
Prepaid Expenses	\$	<b>TOTAL LIABILITIES</b>	\$
Land and Buildings	\$	NET WORTH	
Trucks and Trailers	\$	Preferred Stock	\$
Office Furniture	\$	Common Stock	\$
Other Equipment	\$	Retained Earnings	\$
Other Assets	\$	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.

Year	Make	License Number	Vehicle ID number	Seating Capacity

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

Name:	Position:
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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

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

Name:	Position:
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**STATE OF WASHINGTON GENERAL LAWS, RULES AND REGULATIONS** Individuals and companies doing business in the state of Washington must comply with the regulations of local, state, and federal agencies such as, but not limited to: Department of Labor and Industries (industrial insurance, safety, prevailing wage); Department of Licensing (vehicle and drivers licenses, business licensing, fuel permits, fuel tax); Secretary of State (corporate registrations); Department of Revenue and Internal Revenue Service (taxes); and Employment Security.

Name:	Position:
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**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: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_

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

**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:

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

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

**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\*                       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

**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.

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:

<u>Name</u>	<u>Title</u>	<u>Stock Distribution or Percentage of Shares</u>
_____	_____	_____
_____	_____	_____

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





**ATTACHMENT F**

**CHARTER AND EXCURSION CARRIER REGULATORY FEES**  
**(A minimum fee of \$25.00 is required)**

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

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

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

**Physical Address**

**Mailing Address** (if different from physical address)

Street: \_\_\_\_\_ Street: \_\_\_\_\_

City: \_\_\_\_\_ City: \_\_\_\_\_

State/Zip: \_\_\_\_\_ State/Zip: \_\_\_\_\_

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

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





**ATTACHMENT G**

**TARIFF ADOPTION NOTICE**

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

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

**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.**