

BEFORE THE PUBLIC UTILITIES COMMISSION
OF THE STATE OF HAWAII

In the Matter of the Application of)
)
_____)
)
_____)
)
_____)
)
For A Motor Carrier Certificate or Permit.)
_____)

DOCKET NO. _____

APPLICATION FOR MOTOR CARRIER CERTIFICATE OR PERMIT
FOR TRANSPORTATION OF PASSENGERS

1. APPLICANT'S FULL NAME IS:
 - a. Name _____
Trade name _____
(Attach a file-stamped copy of trade name registration)
 - b. Mailing address _____
_____ Zip Code _____
 - c. Business phone _____ Residence phone _____
2. CORRESPONDENCE AND COMMUNICATIONS regarding this application shall be sent to the following:
Name _____
Address _____
_____ Zip Code _____

3If Applicant is represented by an attorney, please complete:

Name of Attorney_____

Law Firm_____

Address_____

_____ Zip Code_____

Phone number_____

3. APPLICANT SEEKS AUTHORITY TO:

- a. institute a new operation
- b. change an existing operation (PUC No._____)

(Describe the change in transportation operation.)

4. APPLICANT SEEKS AUTHORITY IN:

(NOTE: Upon receiving a decision and order approving your application, Applicant must have vehicle(s) in each classification being applied for.)

- a. 1-to-7 Passenger Vehicle Classification;
- b. 8-to-25 Passenger Vehicle Classification;
- c. Over-25 Passenger Vehicle Classification.

IMPORTANT: Do not count the driver's seat when determining passenger vehicle classification.

35. APPLICANT IS:

- an individual
- a partnership
- a corporation
- a limited liability company

(Partnership or corporate applicants **must complete Exhibit A.**)

6. TRANSPORTATION SERVICES will be:

a. performed on the island(s) of:

- Kauai
- Oahu
- Maui
- Lanai
- Molokai
- Hawaii

b. performed for:

- the entire island.
- only a portion of an island. (State specifically where the services will be provided such as district or points served.)

(If service is limited, attach a map or sketch of the area to be served. If necessary, show present and proposed operations using distinctive coloring or marking.)

7. a. Applicant requests authority to provide transportation services for a for-hire basis as a:

common carrier

contract carrier

b. If the application is for a **contract carrier permit**, list each person or company to be served. **Attach** a copy of each contract or agreement.

Name

Address

_____	_____
_____	_____
_____	_____

8. APPLICANT proposes to use approximately _____ motor vehicles in the proposed service. **Attach** specific information regarding each vehicle on **Exhibit B**, Vehicle Inventory List. Also **attach** a copy of the certificate of ownership or registration for each vehicle.

9. IS APPLICANT directly or indirectly affiliated with, controlled by, or under common control or management with any other motor carrier subject to the provisions of chapter 271, Hawaii Revised Statutes?

Yes

No

If "Yes", provide specific information of the affiliation with another motor carrier, and **attach** it as an **exhibit** to this application.

10. APPLICANT will:

a. Join and participate in the published tariff of:

Western Motor Tariff Bureau, Inc.

Hawaii State Certified Common Carriers Association, Inc.

b. Not participate in a tariff bureau. Attach as an exhibit to the application, a proposed tariff that contains the rates or fares proposed to be charged and the rules and regulations governing service.

11. APPLICANT is fit, willing, and able to properly perform the service proposed in this application. Applicant has the experience, facilities, and financial security to provide the services proposed in this application as follows:

a. Experience:

State the transportation experience of Applicant, such as driving, managing, dispatching, overall knowledge of the transportation industry and length of residence in the State of Hawaii. List key personnel responsible for operation of the proposed operation and their qualifications.

b. Facilities:

State the character and location of physical facilities to be used in the proposed operation. State whether facilities are owned or will be leased or rented. (Indicate if you will be operating from your residence.)

c. Financial security:

Is applicant able to secure sufficient amounts of surety bonds, policies of insurance, or other securities for the protection of the public in such reasonable amounts as the commission may require?

Yes

No

If "Yes", provide the following:

Insurance company _____

Name of agent _____

Phone no. _____

12. TO BE COMPLETED BY APPLICANTS

a. **COMMON CARRIER CERTIFICATES:**

Provide the reasons that the proposed service as a common carrier is or will be required by the present and future public convenience and necessity. **Attach** copies of letters from prospective customers that support the application.

b. **CONTRACT CARRIER PERMITS:**

Provide the reasons that the proposed service of a contract carrier is consistent with the public interest and transportation policy.

13. APPLICANT understands that the filing of this application does not, in itself, constitute authority to operate as a common or contract carrier.

14. WHEREFORE, Applicant prays that the PUBLIC UTILITIES COMMISSION enter an order approving and authorizing this application with the terms and conditions and other modifications as the commission finds to be just and reasonable.

APPLICANT certifies that in such capacity, he/she is qualified and authorized to file and verify this application; and that he/she has carefully examined all the statements and matters contained in the application; that all such statements made and matters set forth therein are true and correct to the best of his/her knowledge, information, and belief. Applicant further states that the application is made in good faith and with the intention of presenting evidence in support of each statement in the application.

APPLICANT further certifies that the use of Applicant's login and password in the electronic filing of this document constitutes Applicant's signature for all purposes, and shall have the same force and effect as if Applicant had affixed his or her signature on a paper copy of the document being filed.

DATED this _____ day of _____, 20____.

(Signature of Applicant in **black ink**)

CERTIFICATE OF SERVICE

I hereby certify that I served a copy of the foregoing application, together with this Certificate of Service, by mailing a copy by United States mail, postage prepaid, to the following:

HAWAII TRANSPORTATION ASSOCIATION
P.O. Box 30166
Honolulu, HI 96820

WESTERN MOTOR TARIFF BUREAU, INC.
P.O. Box 30268
Honolulu, HI 96820

OAHU PASSENGER CARRIER ONLY:

HAWAII STATE CERTIFIED COMMON CARRIERS ASSOCIATION
812 Queen St.
Honolulu, HI 96813

I hereby further certify that TWO (2) COPIES of this application, together with this Certificate of Service, have been served by United States mail, postage prepaid to:

DIVISION OF CONSUMER ADVOCACY
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
P.O. Box 541
Honolulu, HI 96809

DATED this _____ day of _____, 20_____.

(Signature in black ink)

EXHIBIT A

PARTNERSHIP OR CORPORATION INFORMATION
(Page 1 of 2)

Partnership or corporate applicants:

1. Registered or Incorporated in the State of _____.
2. Date of Registration _____
3. ATTACH copies of Articles of Incorporation or Partnership Agreement.
4. Partnerships:

The name and residence address of each partner and percent interest held in the partnership is:

<u>Name</u>	<u>Address</u>	<u>% Interest</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

5. Corporations:

a. The following persons are the officers and directors of the corporation:

<u>Name and Office</u>	<u>Address</u>	<u>Shares Held</u>	
		<u>Number</u>	<u>% Interest</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

EXHIBIT A

PARTNERSHIP OR CORPORATION INFORMATION
(Page 2 of 2)

- b. The name and address of stockholders of the corporation other than those listed in a.: (If more than 10, list major stockholders.)

- c. Authorized capitalization: \$ _____
- Par value per share: \$ _____
- Authorized no. of shares: _____
- Total stock issued: _____

6. Do any of the principal stockholders of the corporation or any of the partners hold stock or interest in other motor carriers in the State of Hawaii or other states:

Yes

No

If "Yes", furnish name(s) of stockholder, or partner and the name of the company in which concurrent interest is held and the per cent interest held in each listed corporation or partnership.

EXHIBIT C

BALANCE SHEET

As of _____, 20____

APPLICANT: _____

ADDRESS: _____

ASSETS: (Use Whole Dollars)

1. Cash		
2. Accounts Receivable		
2a. Due from officers		
2b. Due from others (Describe on Separate Sheet)		
2c. Total Accounts Receivable (Add Lines 2a and 2b)		
3. Fixed Assets (Exhibit D, Line 5, Col. 3)		
4. Investments		
5. Prepayments - deposits, prepaid insurance, etc.		
6. Other (Describe):		
7.		
8.		
9.		
10.		
11. TOTAL ASSETS (Add Lines 1, 2c, 3 to 10)		
LIABILITIES & OWNERS' EQUITY:		
Liabilities:		
12. Accounts Payable		
13. Taxes Payable		
14. Loans Payable (Exhibit E, Line 3, Col. 4)		
15. Other Liabilities (Describe on Exhibit E, Line 4)		
16. TOTAL LIABILITIES Add Lines 12 to 15		
Owners' Equity:		
17. Capital Stock (Corporation Only)		
18. Paid in Capital (Corporation Only)		
19. Retained Earnings (Corporation Only)		
20. Owners' Equity (Proprietorships & Partnerships)		
21. TOTAL OWNERS' EQUITY (Add Lines 17 to 20)		
22. TOTAL LIABILITIES & OWNERS' EQUITY: (Add Lines 16 and 21)		

EXHIBIT D

FIXED ASSETS SCHEDULE

As of _____, 20_____

APPLICANT: _____

ADDRESS: _____

(Use Whole Dollars)

Description	(1) Original Cost	(2) Accumulated Depreciation	(3) Net (Col.1 less Col. 2)
1. PUC Vehicles (Auto/Truck/Van/Etc.): (List Each Vehicle Separately - if there are more vehicles, provide information on a separate sheet)			
1a.			
1b.			
1c.			
1d.			
1e.			
1f.			
1g.			
1h.			
2. Non-PUC Vehicles			
3. Land, Buildings & Improvements			
4. Other Fixed Assets (Describe)			
4a.			
4b.			
4c.			
4d.			
4e.			
5. Total (Add Lines 1a to 4e)			*

*Transfer Line 5, Col. 3 to Line 3 of Balance Sheet, Exhibit C.

EXHIBIT E

LOANS PAYABLE SCHEDULE

As of _____, 20____

APPLICANT: _____

ADDRESS: _____

(Use Whole Dollars)

Name of Lender/Type of Loan	(1) Date of Loan	(2) Term of Loan	(3) Original Amount	(4) Balance Due
1. Loans from Officers/Partners				
1a.				
1b.				
1c.				
2. Other Loans (Describe)				
2a.				
2b.				
2c.				
2d.				
2e.				
2f.				
2g.				
2h.				
2i.				
2j.				
3. Total (Add Lines 1a to 2j)				*

*Transfer Line 3, Col. 4, to Line 14 of Balance Sheet, Exhibit C.

OTHER LIABILITIES (Describe below):

4a.	
4b.	
4c.	
4d.	
4e.	
4f.	
4g.	
4h.	
4i.	
4j.	
4. Total (Add Lines 4a to 4j)	*

*Transfer Line 4 to Line 15 of Balance Sheet, Exhibit C.

EXHIBIT F

**PROJECTED PUC OPERATING REVENUES
AND STATISTICS**

For the 12 Month Period Ending _____, 20_____

APPLICANT: _____

ADDRESS: _____

ISLAND: _____

(Use Whole Dollars)

Description	(1) PUC Operating Revenues	(2) Average Tariff Rate	(3) Number of Passengers	(4) Number of Trips
1. Tour				
2. Transfer				
3. Shuttle				
4.				
5.				
6.				
7.				
8.				
9.				
10. Total (Add Lines 1 to 9)	*			

* Transfer Line 10, Col. 1, to Line 1 of Projected Income Statement, Exhibit G.

EXHIBIT G

PROJECTED INCOME STATEMENT

For the 12 Month Period Ending _____, 20_____

APPLICANT: _____

ADDRESS: _____

(Use Whole Dollars)

DESCRIPTION	AMOUNT	TOTAL
1. Total Operating Revenues (Exhibit F, Line 10)		
Operating Expenses:		
2. Advertising		
3. Dues & License		
4a. Equipment Rental - Leased Vehicles		
4b. Equipment Rental - Others		
5. Fuel & Oil		
6. Insurance		
7. Legal & Accounting		
8. Office Supplies		
9. Payroll - Drivers		
10. Payroll - Others		
11. Payroll Taxes & Fringe Benefits		
12. Rent - Office/Terminal		
13. Repairs & Maintenance - Auto		
14. Telephone/Utilities		
15. PUC Motor Carrier Fee (Multiply Gross Revenues (Line 1) by .25% (.0025))		
16. General Excise Tax (Multiply Gross Revenues (Line 1) by 4% (.04)) (4.5% Oahu only)		
17. Airport Transfer Fee (See Instructions for Exhibit G)		
18a. Depreciation - PUC Vehicles		
18b. Depreciation - Other Fixed Assets		
19. Other Expenses (Describe):		
20.		
21.		
22.		
23.		
24.		
25. Total Operating Expenses (Add Lines 2 to 24)		
26. OPERATING INCOME (Line 1 less Line 25)		
27. OPERATING RATIO (Line 25 divided by Line 1)		%
28. Non - PUC Income (Describe on separate sheet)		
29. NET INCOME BEFORE INCOME TAXES (Line 26 plus line 28)		