

PART - A

WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION

1300 S Evergreen Park Drive SW, PO Box 47250
Olympia, WA 98504-7250
Telephone (360) 664-1222 Fax (360) 586-1181

RECEIVED

JAN 13 2005

Private Nonprofit Transportation Provider

Application Fee: \$50.00

WASH. UT. & TP. COMM

APPLICATION FOR CERTIFICATE

To provide transportation services for compensation solely to persons with special transportation needs

(For Commission Use Only)

Reception Number: 0009321
Safety/Inspection: [initials]
Application D #: 79348
111 0268 231 02 50.00 Insurance: [initials]
Carrier ID: 43466
Date Filed: 1/13/05 Docket # TN-050068
Employee: [initials]

TYPE OF APPLICATION (check one)

[X] New Certificate [ ] Reinstatement Certificate [ ] Transfer Certificate (New Owner or New Name)

APPLICANT IDENTIFICATION

Attach a copy of approved articles of incorporation and proof of status as a registered non-profit corporation

C#: NPC-1084 WA UNIFIED BUSINESS IDENTIFIER (UBI)#: 602-402-234
APPLICANT NAME: PACE Van Service PHONE #: 360 387 3589
d/b/a: N/A FAX #: Same (call ahead prior to sending)
BUSINESS (MAILING) ADDRESS: 848 Cambell Drive
Camano Island, WA 98282
PHYSICAL ADDRESS: (street address, if different) Same

PRINCIPAL OFFICERS (List names, titles, and addresses of two principal officers of the nonprofit corporation)

Nina Runge, Chief Operations Officer, President, Director, Registered Agent
Driver, Supervisor - 848 Cambell Drive, Camano Is., WA 98282
Marlon Runge, Chief Financial Officer, Vice President, Director
848 Cambell Drive, Camano Island, WA 98282
Greg Trotman, member of the Board of Directors
238 SW 292nd Street, Federal Way, WA 98003

## TRANSFER OF CERTIFICATE

Complete this section if you are transferring an existing certificate to a new corporation, or if you are changing your corporate name. List name of current certificate holder and the certificate number to be transferred. If this section is not complete, you will be issued a new certificate number instead of having the existing certificate reissued.

NAME ON CERTIFICATE: N/A

CERTIFICATE NUMBER: \_\_\_\_\_

### INSURANCE REQUIREMENTS (must check one)

(certificate will not be issued until acceptable insurance is received)

The applicant will provide service only in vehicles with a seating capacity of less than 16 passengers, including the driver - \$500,000 in Public Liability and Property Damage Insurance is required. Complete and submit the Safety Fitness Survey. You will not be subject to the motor carrier safety provisions relating to Commercial Driver s License and Controlled Substance and Alcohol Training/Testing.

The applicant will provide service in vehicles with a seating capacity of 16 passengers or more, including the driver - \$1,000,000 in Public Liability and Property Damage Insurance is required. Complete and submit the Safety Fitness Survey. You will be subject to all of the motor carrier safety provisions including Commercial Driver s License and Controlled Substance and Alcohol Training/Testing.

### EQUIPMENT LIST (Attach additional list if necessary)

State & License Number	Year and Make of Vehicle	Seating Capacity	Vehicle Identification Number (VIN#)
WA, <del>4153TRR</del> 4803VD	94 Ford <sup>Champion</sup> Challenger	7+driver + 2 wheel chairs	1FDJE30H7RH867219

### CONDITIONS JUSTIFYING GRANT OF CERTIFICATE (Attach Additional Sheet if Necessary)

Please describe the transportation service you will provide to persons with special transportation needs if a Private Nonprofit Transportation Provider certificate is granted. Be sure to describe the special transportation needs that exist and the source of your "compensation". (i.e. Private or Government grants or contracts, passenger fares, etc.)

PACE Van Service is a private, commercial non-profit corporation, organized to provide transportation of the sick, disabled, and/or economically disadvantaged individuals. The source of compensation is passenger fare and/or Government contract.

**As applicant, I understand that the filing of this application does not in itself constitute authority to operate and that no operations may be conducted until a certificate is received from the Commission. I hereby declare and affirm that the information contained in this application is true to the best of my knowledge and belief.**

Maria M Runge / Registered Agent  
Signature / Title

1/10/05  
Date

## PART - B

### SAFETY FITNESS SURVEY

**Instructions:** In each category shown below, list the person and/or position responsible for understanding, maintaining, and complying with current Federal Motor Carrier Safety Regulations (FMCSR).

Copies of the FMCSR's are available from several vendors, these include, but are not limited to:

Washington Trucking Associations, 930 So. 336th St., Suite B, Federal Way, WA 98003, (206) 838-1650  
J. J. Keller, P O Box 368, Neenah, WI 54957-0368, (800) 558-5011  
Willamette Traffic Bureau, 1444 SE Hawthorne, Portland, OR 97214, (503) 236-1183  
Government Printing Office, 915 2nd, Seattle, WA 98174, (206) 553-4270

#### Controlled Substances and Alcohol Testing (Part 382)

Name: Nina Runge Position: Chief Operations Officer

Any person who drives a commercial motor vehicle requiring a CDL must be in a Controlled Substance and Alcohol Testing program that complies with the FMCSR in 49 CFR Part 382 and 49 CFR Part 40.

Each company will have in place a system for complying with FMCSR governing alcohol and controlled substances testing requirements (49 CFR Part 382 and 49 CFR Part 40)

#### Commercial Drivers License (CDL) Requirements (Part 383)

Name: Nina Runge Position: Chief Operations Officer

Any driver who operates a vehicle that meets the definition of a commercial motor vehicle **as described below** must have a valid CDL. The definition of a commercial motor vehicle is:

- < has a gross combined weight rating of 26,001 pounds that includes a towed unit with a gross vehicle weight rating of more than 10,000 pounds; or
- < has a gross vehicle weight rating of 26,001 pounds or more; or
- < is designed to transport 16 or more passengers, including the driver; or
- < is of any size and is used to transport hazardous materials of an amount that requires placarding under HM regulations.

(Definition shown above applies in reference to this section and that of controlled substance testing.) Contact local Department of Licensing office for additional information

#### Driver Qualification Requirements (Part 391)

Name: Nina Runge Position: Chief Operations Officer

Each company must maintain a complete Driver Qualification File for each employee (whether permanent, casual, or intermittent) authorized to drive a motor vehicle. To determine what information is required, review FMCSR Part 391.51.

Owner/operators that work exclusively in intrastate commerce within Washington have limited exemptions that are found in WAC 480-14-370(7). Owner/operators that conduct any interstate operations must maintain a complete file on themselves and any casual or intermittent driver that they may use.

### Drivers Hours of Service (Part 395)

Name: Nina Runge Position: Chief Operations Officer

Each company must maintain true and accurate hours of service records for each individual that drives a motor vehicle. If company's operations meet all requirements of the "100 air mile radius driver," a record of duty status is acceptable. A driver must complete a driver's daily log book when he/she exceeds the 100 air-mile radius or he/she exceeds 12 hours.

Note: Reference 49 CFR, Part 395.1(e) and WAC 480-14-380

### Vehicle Inspection, Repair, and Maintenance (Part 396)

Name: Nina Runge Position: Chief Operations Officer

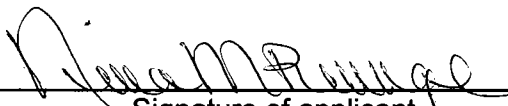
Part 396.11 requires that drivers prepare a written "Driver Vehicle Inspection Report" on each vehicle used each day. Refer to Part 396.11 for a description of the required content of this report.

Each motor carrier must maintain certain required records for each vehicle that include the following: (see Part 396.3(b)).

- Identification of the vehicle.
- A means to indicate the nature and due date of various inspection and maintenance operations to be performed.
- A record of inspections, repairs and maintenance indicating their date and nature.

All companies must comply with Part 396.17 dealing with Periodic Inspections. Each motor carrier must inspect or have inspected, all motor vehicles subject to its control at least once during the preceding 12 months.

***My signature below certifies that I understand my responsibility as a motor carrier of passengers and I will comply with all the safety requirements which apply to my operations.***

      1/10/05  
Signature of applicant      Date

Please ask for technical assistance if you require information on any of these safety issues.

## Technical Assistance

As part of the application process, the Commission voluntarily provides technical assistance on any of the Safety Fitness requirements. The goal and mission of the Commission is to assist carriers in understanding the safety rules and regulations and what is necessary to have an adequate and effective safety program.

Requesting additional information on any or all of the below listed sections will not result in your company being selected for a safety compliance audit. There is no additional charge for this service. Technical assistance may be in the form of a personal contact or telephone contact, depending on Commission employee availability.

If you want information on any of the safety requirements, check the appropriate box(es) below. Please include day and evening phone numbers and the name of the person to be contacted.

Place an "X" or check mark in the box in front of any subject on which you wish assistance.	Subject/Topic Area
	Controlled Substances and Alcohol testing (Part 382)
X	Commercial Driver's Licensing requirements (Part 383)
	Minimum Levels of Financial Responsibility (Insurance) (Part 387)
X	Driver Qualification requirements (Part 391)
	Driving of Commercial Motor Vehicles (Part 392)
	Parts and Accessories Necessary for Safe Operation (Part 393)
X	Hours of Service requirements (Part 395)
X	Inspection, Repair, and Maintenance (Part 396)

Contact person: Nina Runge

Day telephone number: 360 387 3579

Evening telephone number: same



**STATE OF WASHINGTON  
SECRETARY OF STATE**

Copy

**APPLICATION TO FORM A  
NONPROFIT CORPORATION**

(Per Chapter 24.03 RCW)

**FEE: \$30**

**EXPEDITED (24-HOUR) SERVICE AVAILABLE - \$20 PER ENTITY  
INCLUDE FEE AND WRITE "EXPEDITE" IN BOLD LETTERS  
ON OUTSIDE OF ENVELOPE**

- Please PRINT or TYPE in black ink
- Sign, date and return original AND ONE COPY to:

CORPORATIONS DIVISION  
801 CAPITOL WAY SOUTH • PO BOX 40234  
OLYMPIA, WA 98504-0234

- BE SURE TO INCLUDE FILING FEE. Checks should be made payable to "Secretary of State"

FOR OFFICE USE ONLY

FILED: / /	UBI:
CORPORATION NUMBER:	

FOR OFFICE USE ONLY

FOR OFFICE USE ONLY

FOR OFFICE USE ONLY

<b>IMPORTANT!</b> Person to contact about this filing <u>Nina M. Runge</u>	Daytime Phone Number (with area code) <u>360 387 3579</u>
---	--

**ARTICLES OF INCORPORATION**

NAME OF CORPORATION (May contain designations such as "Association" "Services" or "Committee." May not contain a corporate designation such as "Corporation" "Incorporated" or "Limited" or the abbreviation "Corp." "Inc." "Co." or "Ltd.")

PACF Van Service

EFFECTIVE DATE OF INCORPORATION (Specified effective date may be up to 30 days after receipt of the document by the Secretary of State)

INCORPORATION  Specific Date: \_\_\_\_\_  Upon filing by the Secretary of State

TERM OF EXISTENCE (Check one box only)

Perpetual  \_\_\_\_\_ Years (Please indicate number of years)

PURPOSE FOR WHICH THE NONPROFIT CORPORATION IS ORGANIZED: (If necessary, attach additional information)

See attachment

IN THE EVENT OF A VOLUNTARY DISSOLUTION, THE NET ASSETS WILL BE DISTRIBUTED AS FOLLOWS: (If necessary, attach additional information)

All net assets are the sole property of the incorporator.

NAME AND ADDRESS OF WASHINGTON STATE REGISTERED AGENT

Name Nina M. Runge

Street Address (Required) 848 Cambell Drive City Camano Is. State WA ZIP 98282

PO Box (Optional - Must be in same city as street address) \_\_\_\_\_ ZIP (If different than street ZIP) \_\_\_\_\_

**I consent to serve as Registered Agent in the State of Washington for the above named corporation. I understand it will be my responsibility to accept Service of Process on behalf of the corporation; to forward mail to the corporation; and to immediately notify the Office of the Secretary of State if I resign or change the Registered Office Address.**

Nina M Runge Nina M. Runge 6/8/04  
Signature of Agent Printed Name Date

NAMES AND ADDRESSES OF EACH INITIAL BOARD DIRECTOR (If necessary, attach additional names and addresses)

Name See attachment

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

NAMES AND ADDRESSES OF EACH INCORPORATOR (If necessary, attach names, addresses and signatures of each additional incorporator)

Name Nina M Runge

Address 848 Cambell Drive City Camano Is State WA ZIP 98282

SIGNATURE OF INCORPORATOR

**This document is hereby executed under penalties of perjury, and is, to the best of my knowledge, true and correct.**

Nina M Runge Nina M Runge owner 6/8/04  
Signature of Incorporator Printed Name Title Date

**Secretary of State**  
**Application To Form A Non-Profit Corporation**  
**Articles of Incorporation**  
**Attachment**

**PURPOSE FOR WHICH THE NON-PROFIT CORPORATION IS ORGANIZED:**  
Transportation of sick, disabled, and/or economically disadvantaged individuals.

**NAMES AND ADDRESSES OF INITIAL BOARD MEMBERS:**

Nina M. Runge, 848 Cambell Drive, Camano Island, WA 98282

Marlon A. Runge, Cambell Drive, Camano Island, WA 98282

Greg Trotman, 238 SW 292<sup>nd</sup> St., Federal Way, WA 98003

UNITED STATES OF AMERICA

The State of



Washington

Secretary of State

I, **SAM REED**, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

**CERTIFICATE OF INCORPORATION**

to

**PACE VAN SERVICE**

a/an WA Non-Profit Corporation. Charter documents are effective on the date indicated below.

Date: 6/9/2004

UBI Number: 602-402-234

APPID: 105054



Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

A handwritten signature in cursive script that reads "Sam Reed".

Sam Reed, Secretary of State



**INSURANCE IDENTIFICATION CARD**

**OP ID VV**

STATE **WA**  
 COMPANY NUMBER      COMPANY  
**Pacific Int'l Underwriters**  
 POLICY NUMBER      EFFECTIVE DATE      EXPIRATION DATE  
**70APE698256      09/01/04      09/01/04**  
 YEAR      MAKE/MODEL      VEHICLE IDENTIFICATION NUMBER  
**1994 Ford      Challeng      1FDJE30E7REB67219**  
 AGENCY/COMPANY ISSUING CARD  
**Wallace & Associates**  
**Vikki Valentine**  
**360-755-0631**  
 INSURED  
**Pace Van Service**  
  
**848 Cambell Drive**  
**Camano Island      WA 98293**

THIS CARD MUST BE KEPT IN THE INSURED VEHICLE AND PRESENTED UPON DEMAND

IN CASE OF ACCIDENT: Report all accidents to your Agent/Company as soon as possible. Obtain the following information:

1. Name and address of each driver, passenger and witness.
2. Name of Insurance Company and policy number for each vehicle involved.

COVERAGE MEETS MINIMUM LIABILITY INSURANCE PRESCRIBED BY LAW

ACORD 50 WM(2/95)

NEW

RENEWAL OF NUMBER

70APE 698256

NATIONAL INDEMNITY COMPANY
OMAHA, NEBRASKA
BUSINESS AUTO COVERAGE DECLARATIONS

The Declarations include a second part designated "Part 2".

Sub-Agent's Code: 0984200

ITEM ONE NAMED INSURED & ADDRESS

PACE VAN SERVICE INC.
848 CABELL DR.
CAMANO ISLAND WA 98292

(This has been corrected)

FORM OF NAMED INSURED'S BUSINESS

CORPORATION; PARTNERSHIP; INDIVIDUAL OR
OTHER:
NAMED INSURED'S BUSINESS: PARATRANSIT

POLICY PERIOD: Policy covers FROM 09/13/2004 TO 09/13/2005
04:52 P.M. 12:01 A.M. Standard Time at the Named Insured's Address stated above.

ITEM TWO - SCHEDULE OF COVERAGES AND COVERED AUTOS

This policy provides only those coverages where a charge is shown in the premium column below. Each of these coverages will apply only to those "autos" shown as covered "autos". "Autos" are shown as covered "autos" for a particular coverage by the entry of one or more of the symbols from the COVERED AUTO Section of the Business Auto Coverage Form next to the name of the coverage.

Table with 4 columns: COVERAGES, COVERED AUTOS, LIMIT OF INSURANCE, PREMIUM. Rows include LIABILITY, PERSONAL INJURY PROTECTION, ADDED P.I.P., PROPERTY PROTECTION INSURANCE, AUTO MEDICAL PAYMENTS, UNINSURED MOTORISTS, UNDERINSURED MOTORISTS, PHYSICAL DAMAGE INSURANCE (COMPREHENSIVE COVERAGE, SPECIFIED CAUSES OF LOSS, COLLISION COVERAGE, TOWING AND LABOR).

FORMS AND ENDORSEMENTS CONTAINED IN THIS POLICY AT ITS INCEPTION

NICO-M4803 (2/98), NICO-M5056 (08/01), NICO-M5150 (10/03), NICO-M3831b (03/89), NICO-M3834a (03/89), NICO-M4487 (04/94), NICO-M4600 (06/95), NICO-CA2402 (12/93), NICO-1L0146 (11/98), NICO-M3795 (03/87), NICO-M3797a (03/92), M4483 (12/94), NICO-CA0001 (10/01), NICO-CA0135 (10/01), NICO-CA2134 (08/01)

PREMIUM FOR ENDORSEMENTS \$
ESTIMATED TOTAL PREMIUM \$ 5,379.00

ENTER SYMBOL 10 DESCRIPTION HERE:

POLICY SUBJECT TO A FULLY EARNED POLICYWRITING MINIMUM PREMIUM OF \$ 250.00 IF CANCELLED BY THE INSURED.

ITEM THREE - SCHEDULE OF COVERED AUTOS YOU OWN

M2633a(11/85) - sticker attached to policy jacket

Countersigned At Edmonds, Washington

By [Signature] AUTHORIZED SIGNATURE

In Witness whereof, we have caused this policy to be executed and attested.

Pacific International Underwriters, Inc

TLS
10/01/04

[Signature]

Secretary

[Signature]

President

# ROUTING SLIP

ASSIGNMENT NO.: 105018 MOTCAR NO.: 43466 PERMIT: NPC Applica

CARRIER NAME: Pace Van Service

INVESTIGATOR(S): A. DICKSON DATE: 1-21-2005

RECOMMENDATION: Vehicle inspection for private nonprofit applications. Van checked free of defects. CVSA issued. Driver/owner needs to obtain driver medical exam & certificate. Ms. Runge stated Form E was faxed to HQ.  
Forward to licensing services for processing.

Should carrier be rechecked? Add to NPC workplan

REVIEWED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

FINAL RECOMMENDATION BY: \_\_\_\_\_ DATE: \_\_\_\_\_

OTHER INFORMATION: \_\_\_\_\_

CC: Licensing

**MEMORANDUM**

January 21, 2005

Assignment No.: 105018  
Industry Code: 231

To: Mark Halliday, Compliance Manager

From: Alan Dickson, Special Investigator

Subject: Pace Van Service  
848 Cambell Drive  
Camano Island, WA 98282  
360 387-3589

Permit Number: NPC Applica

Ms. Nina Runge was contacted at the WSDOT Mt. Vernon, WA on January 21, 2005. She presented an 8 passenger 1994 Ford Van for inspection in the proposed use as a nonprofit passenger transportation company.

The vehicle checked free of defects and a CVSA safety sticker was affixed. Ms. Runge will need to obtain a driver's physical medical examination for compliance with driver qualification 391.41.

Attached: Driver/vehicle inspection report  
MSCAP DATA

  
\_\_\_\_\_  
Alan Dickson



**Nina M. Runge**

**Special Needs Transportation • Door-To-Door Service**

**1-877-299-7779**

**UNIFORM DRIVER/VEHICLE INSPECTION REPORT**

**1175613**

PERSONNEL NO. <b>J553</b>	DIST / DET	LEVEL: 1 <b>X</b> 2 _____ 3 _____ 4 _____ 5 _____
------------------------------	------------	---

GENERAL				HAZARDOUS MATERIALS			
DATE <b>1/21/05</b>	TIME (MILITARY) BEGUN <b>1300</b>	TIME (MILITARY) FINISHED <b>1320</b>	HAZARD CLASS / DIVISION NO.				
LOCATION: SR/MP <b>Cedarvale Rd. Mt Vernon</b>		SCALEHOUSE NO.	CNTY CODE <b>29</b>	REPORTABLE QTY? Y N	HAZARDOUS WASTE? Y N	PLACARD REQUIRED? Y N	CARGO TANKS? Y N

**CARRIER**

CARRIER NAME (Include DBA when applicable)  
**Pace Van Service**

ADDRESS  
**848 Cambell Dr.**

CITY <b>Camano Island</b>	STATE <b>WA</b>	ZIP CODE <b>98282</b>	INTERSTATE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	DOT NO.	ICC NO.
------------------------------	--------------------	--------------------------	---	---------	---------

**DRIVER**

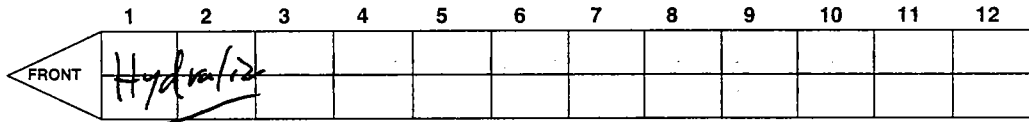
DRIVER NAME <b>Runge N.</b>	LICENSE NO. <b>RUNGE WA 503 MW</b>	STATE <b>WA</b>	EXP. YEAR <b>05</b>
--------------------------------	---------------------------------------	--------------------	------------------------

DATE OF BIRTH <b>7.15.50</b>	MED. CERT. Y <input checked="" type="checkbox"/> N <input type="checkbox"/> WAIVER Y <input type="checkbox"/> N <input type="checkbox"/>	SHIPPER NAME	SHIPPING NO.
---------------------------------	---	--------------	--------------

**VEHICLE**

REGISTERED OWNER NAME/ADDRESS <b>Carmer</b>	G.V.W. <b>8 PASSENGER</b>	PBT RATE
--	------------------------------	----------

UNIT	TYPE	YEAR/MAKE	CO. UNIT NO.	LICENSE NO. / VIN NO.	STATE
1	VN	94 FORD	1	480 SVD	WA
2					
3					
4					



CFR	VIOLATIONS	D	1	2	3	4	Unit #s O/S	Complied
<b>391.41(A)</b>	<b>No Driver Medical Exam Certificate</b>	<b>X</b>						

CVSA DECALS UNIT 1 <b>00735901</b>	UNIT 2	UNIT 3	UNIT 4	NOIC NO.
---------------------------------------	--------	--------	--------	----------

Vehicle may not be operated until O / S defects noted above are repaired.  
 Driver may not drive until in compliance.

DRIVER SIGNATURE  
*William Runge*

OFFICER SIGNATURE  
*A. Dickson*

FROM: Washington Utilities and Transportation Commission  
Transportation Operations  
PO Box 47250 Phone: (360) 664-1222  
Olympia, WA 98504-7250 Fax: (360) 586-1181

Date: 01-14-2005 Staff: Linda Elhardt

D079348  
PACE VAN SERVICE  
848 CAMBELL DRIVE  
CAMANO ISLAND, WA 98282

Return this document with the completed/corrected items listed below for prompt processing of your application for operating authority.

Obtain a CVSA safety inspection of your vehicle (s) and remit a copy of the completed inspection form. You may contact Carolyn Caruso at (360) 664-1244 for an appointment.

Obtain a Uniform Motor Carrier Certificate of Insurance (Form E) from your insurance company. The insurance must show your name EXACTLY as it is shown above.

# ROUTING SLIP

ASSIGNMENT NO.: 105018 MOTCAR NO.: 43466 PERMIT: NPC Applic.

CARRIER NAME: Pace Van Service

INVESTIGATOR(S): A. DICKSON DATE: 1-21-2005

RECOMMENDATION: Vehicle inspection for private nonprofit applications, Van checked free of defects, CVSA issued. Driver/owner needs to obtain driver medical exam & certificate. Ms. Runge stated Form E was faxed to HQ.  
Forward to licensing services for processing.

Should carrier be rechecked? Add to NPC workplan

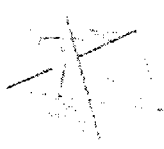
REVIEWED BY: Vicki Elliott DATE: 1/27/05

- Assignment for check of non profit applicant.
- CVSA issued for van.
- Owner/driver committed to obtaining medical certificate.
- Close & file.

FINAL RECOMMENDATION BY: \_\_\_\_\_ DATE: \_\_\_\_\_

OTHER INFORMATION: Copy of documents given to Vicki  
1/27/05 Closed case  
CC: Alan Dubson  
Licensing






Alan Dickson/WUTC

01/26/2005 05:53 PM

To Vicki Elliott/WUTC

cc

bcc

Subject Re: Pace Van Service; Assignment 105018 

Ms. Runge stated she would make an appt for the medical exam as soon as she could. The sample examination form was pointed out to her from the safety guide and the regulation was reviewed.



Vicki Elliott/WUTC  
01/26/2005 07:09 AM

To alan dickson/WUTC  
cc  
bcc  
Subject Pace Van Service; Assignment 105018

Alan,

In your report, you state that the carrier needs to obtain a driver medical exam and certificate. Did Ms. Runge, the owner/driver, indicate that she would do so? Did she indicate when she would do that?

**MEMORANDUM**

January 21, 2005

Assignment No.: 105018  
Industry Code: 231

To: Mark Halliday, Compliance Manager

From: Alan Dickson, Special Investigator

Subject: Pace Van Service  
848 Cambell Drive  
Camano Island, WA 98282  
360 387-3589

Permit Number: NPC Applica

Ms. Nina Runge was contacted at the WSDOT Mt. Vernon, WA on January 21, 2005. She presented an 8 passenger 1994 Ford Van for inspection in the proposed use as a nonprofit passenger transportation company.

The vehicle checked free of defects and a CVSA safety sticker was affixed. Ms. Runge will need to obtain a driver's physical medical examination for compliance with driver qualification 391.41.

Attached: Driver/vehicle inspection report  
MSCAP DATA

  
\_\_\_\_\_  
Alan Dickson



**Nina M. Runge**

**Special Needs Transportation • Door-To-Door Service**

**1-877-299-7779**

**UNIFORM DRIVER/VEHICLE INSPECTION REPORT**

**1175613**

PERSONNEL NO. **J553** DIST / DET \_\_\_\_\_ LEVEL: 1 **X** 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_ 5 \_\_\_\_\_

GENERAL				HAZARDOUS MATERIALS			
DATE <b>1, 21, 05</b>	TIME (MILITARY) BEGUN <b>1300</b>	TIME (MILITARY) FINISHED <b>1320</b>	HAZARD CLASS / DIVISION NO. _____				
LOCATION: GR/MP <b>Cedarvale Rd. Mt Vernon</b>		SCALEHOUSE NO. <b>29</b>	CNTY CODE _____	REPORTABLE QTY? Y N	HAZARDOUS WASTE? Y N	PLACARD REQUIRED? Y N	CARGO TANKS? Y N

**CARRIER**

CARRIER NAME (Include DBA when applicable)  
**Pace Van Service**

ADDRESS  
**848 Cambell DR.**

CITY **Camano Island** STATE **WA** ZIP CODE **98282** INTERSTATE YES  NO  DOT NO. \_\_\_\_\_ ICC NO. **Applica.**

**DRIVER**

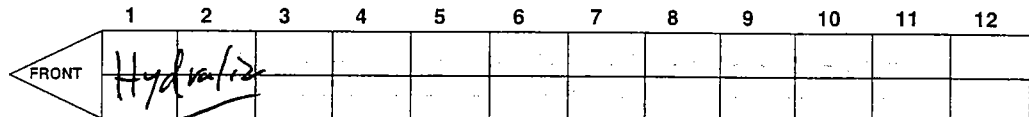
DRIVER NAME **Runge N.** LICENSE NO. **RUNGE WA 503 MW** STATE **WA** EXP. YEAR **05**

DATE OF BIRTH **7, 15, 50** MED. CERT. Y  N  SHIPPER NAME \_\_\_\_\_ SHIPPING NO. \_\_\_\_\_

**VEHICLE**

REGISTERED OWNER NAME/ADDRESS **Carrier** G.V.W. **8 PASSENGER** PBT RATE \_\_\_\_\_

UNIT	TYPE	YEAR/MAKE	CO. UNIT NO.	LICENSE NO. / VIN NO.	STATE
1	<b>VN</b>	<b>94 FORD</b>	<b>1</b>	<b>480 SVD</b>	<b>WA</b>
2					
3					
4					



CFR	VIOLATIONS	D	1	2	3	4	Unit #s O/S	Compliance
<b>391.41(A)</b>	<b>No Driver Medical Exam Certificate</b>	<b>X</b>						

CVSA DECALS UNIT 1 **00735901** UNIT 2 \_\_\_\_\_ UNIT 3 \_\_\_\_\_ UNIT 4 \_\_\_\_\_ NOIC NO. \_\_\_\_\_

DRIVER SIGNATURE **William Runge**

OFFICER SIGNATURE **A. Dickson**

— Vehicle may not be operated until O/S defects noted above are repaired.  
 — Driver may not drive until in compliance.

# 2004 MCSAP DATA SHEET

Assignment #: 105018  
Date of CR/Inspection: 1-21-2005  
Carrier Name: Pace Van Service  
DBA:  
Permit #: NPC Applica  
DOT #:  
MC #:  
MotCar #:

## VEHICLE INSPECTION DATA:

Vehicle Type Van  
# of Vehicle Inspections: 1  
# of Defective Vehicles: 0  
Defective Vehicle Ratio: 0  
# of OOS Vehicles: 0  
OOS Vehicle Ratio: 0  
Location of Inspection: Mt. Vernon  
Level of Inspection: 1

## PART 393 -VEHICLE INSPECTION VIOLATIONS

1. Brakes
2. Steering
3. Lights
4. Tires/Wheels/Rims
5. Horn
6. Windshield/Wipers
7. Mirrors
8. Emergency Equipment/Exits
9. Coupling Devices
10. Frame
11. Suspension

## 2004 MCSAP DATA SHEET (cont):

12. Exhaust

---

13. Other

---

### COMPLIANCE REVIEW DATA:

1. Safety Rating:

---

2. Number of Vehicles Operated:

---

3. Number of Drivers Positions:

---

4. Total Miles for Prior Year:

---

5. Recordable Accidents for Prior Year:

---

6. Accident Ratio:

---

### PART B VIOLATIONS:

1. Part 382/Part 40

---

2. Part 383

---

3. Part 387

---

4. Part 390

---

5. Part 391

1

6. Part 392

---

7. Part 395

---

8. Part 396

---

9. Part 397

---

Inspector(s):

Alan Dickson