

**WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION**

1300 South Evergreen Park Drive SW, PO Box 47250  
 Olympia Washington 98504-7250  
 Phone: (360) 664-1222  
 Fax (360) 586-1181

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2005 MAY 24 AM 8:10

**APPLICATION FOR CHARTER BUS/EXCURSION SERVICE CERTIFICATE**

STATE OF WASH.  
 NOTE

Fee: \$150.00

ES-192

111 0268 232 01	CID 43714	CHA 79375
111 0268 232 02 150.00	DATE 5-24-05	SAFETY INSP [Signature]
111 0268 232 03		INS/BOND [Signature]
111 0268 0010469	Docket # TF 650800	

**THIS APPLICATION IS FOR:**

(Check One Only)  CHARTER BUS CERTIFICATE  EXCURSION SERVICE CERTIFICATE

NAME OF APPLICANT Eisenman Inc

D/B/A Royal Tours

MAILING ADDRESS P.O. Box 838  
Port Hadlock WA  
98339

PHYSICAL ADDRESS 15 Noble Lane  
Port Hadlock WA  
98339

BUSINESS TELEPHONE NUMBER 360 531 1556 FAX NUMBER 360 343 1141

UBI # 602 503 430 E-MAIL royaltours@cablespeed.com

IF APPLICANT IS A CORPORATION, LIST NAME, TITLES, AND PERCENTAGE OF STOCK OF PRINCIPAL SHAREHOLDERS. IF APPLICANT IS A PARTNERSHIP, LIST NAMES, ADDRESSES, AND PERCENTAGE OF INTEREST OF ALL PERSONS HAVING AN EQUITY IN THE BUSINESSES:

Lloyd Eisenman, President 50%  
Sandra Eisenman, Vice President 50%

IF APPLICANT HOLDS ANY OTHER CERTIFICATE OR PERMIT WITH THE COMMISSION, LIST PERMIT NUMBERS:

**EQUIPMENT LIST:**

LICENSE NUMBER	YEAR AND MAKE OF VEHICLE	SERIAL NUMBER (VEHICLE IDENTIFICATION NUMBER)	SEATING CAPACITY
<u>8086703</u>	<u>1981 GMC</u>	<u>1G0YT82J70V811103</u>	<u>47</u>
<u>A38899m</u>	<u>1974 COURI</u>	<u>511000</u>	<u>53</u>

DESCRIBE OPERATIONS (Territory) Day tours to Victoria British Columbia from Port Angeles and Sequim Washington.

**SAFETY COMPLIANCE REVIEW AND QUESTIONNAIRE:**

**GENERAL**

	YES	NO	N/A
Do you have a copy of the laws and rules relating to passenger charter and excursion service carriers?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you been cited within the last three years by the Commission for violations of its rules or laws?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If Yes, explain: _____			
Are you familiar with the state motor carrier safety rules?.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Will management review the carrier's compliance status on a periodic basis?.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**NOTIFICATION AND REPORTING OF ACCIDENTS**

	YES	NO	N/A
Are you familiar with the Commission accident reporting rule? .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Will you take any action against drivers involved in preventable accidents?.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**PART 391 - QUALIFICATION OF DRIVERS**

	YES	NO	N/A
Do you have written hiring policies/procedures that are being followed when hiring new drivers?.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are oral interviews conducted with new drivers to verify information submitted on their applications?.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Will you have a system established to ensure drivers' medical certificates remain current?.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Will you verify that physicians completing medical certifications are knowledgeable about the instructions for performing and recording driver physical examinations?.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Will you review the results of the health history and physical examination?.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Will you have a system established that will ensure drivers' operating licenses remain current?.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Will you have a system established that will ensure drivers' annual reviews and annual record of violations remain current?.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Will you comply with the road test provisions of Section 391.31?.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can you maintain and produce complete driver qualification files on drivers?.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**PART 392 - DRIVING OF MOTOR VEHICLES**

	YES	NO	N/A
Do you have established procedures concerning the use of alcohol and drugs?.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a policy for monitoring speed?.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**PART 395 - HOURS OF SERVICE OF DRIVERS**

	YES	NO	N/A
Can you explain the hours of service limitations, i.e., 10, 15, 60 in 7, 70 in 8?.....	X	___	___
Will you file records of duty status in systematic manner?.....	X	___	___
Will drivers be required to complete recaps of their records of duty status?.....	X	___	___
Will dispatchers be aware of drivers' hours of service prior to trip?.....	X	___	___
Will other independent records be compared to drivers records of duty status for accuracy?.....	X	___	___
Will you have a system for recording hours of duty status on 100 mile radius drivers?.....	X	___	___
Will you have a disciplinary policy for noncompliance with Part 395?.....	X	___	___

**PART 396 - INSPECTION, REPAIR AND MAINTENANCE**

	YES	NO	N/A
Will you have written procedures explaining a systematic, periodic maintenance program?.....	X	___	___
Will you periodically review maintenance records for all equipment?.....	X	___	___
Will you comply with the vehicle inspection procedure?.....	X	___	___
Will you train drivers to perform pre-trip inspections?.....	X	___	___
Will you maintain the prior three months vehicle inspection reports on a vehicle?.....	X	___	___
Will you maintain a complete maintenance file on all vehicles?.....	X	___	___

THE UNDERSIGNED APPLICANT REQUESTS THAT THE WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION MAKE ITS ORDER GRANTING A CERTIFICATE TO OPERATE AS A CHARTER PARTY OR EXCURSION SERVICE CARRIER AS PROVIDED FOR IN RCW 81.70 AND WAC 480-40

Dated at: Port Hadlock, Washington, May 19, 2005  
(City or Town) (Month/Day/Year)

Sandra Eisenman  
(Name of applicant)

By: Sandra Eisenman  
(Signature)

I certify (or declare) under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

5/19/05 Port Hadlock WA  
(Date and Place)

Sandra Eisenman  
(Signature)

UNIFORM DRIVER/VEHICLE INSPECTION REPORT

1224285

PERSONNEL NO. J518 DIST / DET LEVEL: 1 2 3 4 5 ✓

GENERAL HAZARDOUS MATERIALS DATE 4 3 06 TIME (MILITARY) BEGUN 10:05 FINISHED 10 25 HAZARD CLASS / DIVISION NO. LOCATION: SR/MP PORT ANGELES SCALEHOUSE NO. CNTY CODE 05 REPORTABLE QTY? Y N HAZARDOUS WASTE? Y PLACARD REQUIRED? Y N CARGO TANKS? Y

CARRIER 360-385-9978

CARRIER NAME (Include DBA when applicable) EISENMAN INC dba Royal TOWNS

ADDRESS P.O. B 838

CITY PORT HADLOCK STATE WA ZIP CODE 96339 INTERSTATE YES (NO) DOT NO. ICC NO.

DRIVER

DRIVER NAME LICENSE NO. STATE EXP. YEAR

DATE OF BIRTH MED. CERT. Y N SHIPPER NAME SHIPPING NO. WAIVER Y N

VEHICLE

REGISTERED OWNER NAME/ADDRESS G.V.W. 53 Pcs PBT RATE

Table with columns: UNIT, TYPE, YEAR/MAKE, CO. UNIT NO., LICENSE NO. / VIN NO., STATE. Row 1: 1, BUS, 74/MEL, 101, A75124X, WA

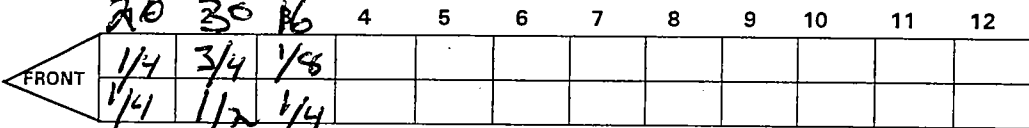


Table with columns: CFR, VIOLATIONS, D, 1, 2, 3, 4, Unit #s O/S, Complec. Row 1: 393.9, Backup lamps inop, W, J578

CVSA DECALS UNIT 1 350550 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: [Signature] OFFICER SIGNATURE: [Signature]



UNIFORM DRIVER/VEHICLE INSPECTION REPORT

1224334

PERSONNEL NO. J526 DIST / DET LEVEL: 1 2 3 4 5 X

GENERAL HAZARDOUS MATERIALS

DATE 12.08.05 TIME (MILITARY) BEGUN 0915 FINISHED 1020 HAZARD CLASS / DIVISION NO. LOCATION: SR/MP TERMINAL SCALEHOUSE NO. 05 REPORTABLE QTY? Y N HAZARDOUS WASTE? Y N PLACARD REQUIRED? Y N CARGO TANKS? Y N

CARRIER

CARRIER NAME (Include DBA when applicable) EISENMAN, INC, dba ROYAL TOURS ADDRESS 15 NOBLE LAKE

CITY PORT HADLOCK WA STATE WA ZIP CODE 98339 INTERSTATE YES DOT NO. 1373445 ICC NO. 524840

DRIVER

DRIVER NAME LICENSE NO. STATE EXP. YEAR DATE OF BIRTH MED. CERT. Y N SHIPPER NAME SHIPPING NO. WAIVER Y N

VEHICLE

REGISTERED OWNER NAME/ADDRESS SAME G.V.W. 47-PASS PBT RATE

Table with columns: UNIT, TYPE, YEAR/MAKE, CO. UNIT NO., LICENSE NO. / VIN NO., STATE. Row 1: 1, BU, 81/BMC, #0, A075123X, WA

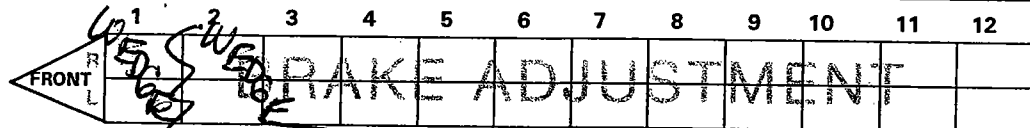


Table with columns: CFR, VIOLATIONS, D, 1, 2, 3, 4, Unit # O/S, Complied. Row 1: 392.2 CURRENTLY IDENTIFIED WITH PENINSULA TOURS & CHARTERS DOT# 6590... 393.245 RIGHT FRONT HIGH BEAM HEADLIGHT INOP. 393.61 EMERGENCY EXITS "BUS WINDOWS" PUSHOUT TYPE NOT MARKED AND/OR SCREENS SHUT THIS INOPERABLE. (OUT-OF-SERVICE WITH PASSENGERS ABOARD) 393.63 PUSHOUT WINDOWS NOT PROPERLY MARKED ESCAPE WINDOW AND METHOD TO OBTAIN EMERGENCY EXIT.

12/19/05 Leon working w/ co.

DRIVER SIGNATURE Steven M. Woodruff OFFICER SIGNATURE Leon A. Macomber