

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

APPLICATION FOR CHARTER BUS/EXCURSION SERVICE CERTIFICATE

Fee: \$150.00

TE 051826

111 0268 232 01	0000683	CID	44074	CHA	79413
111 0268 232 02	150.00	DATE		SAFETY INSP	
111 0268 232 03				INS/BOND	OK
111 0268					FS186

THIS APPLICATION IS FOR:

(Check One Only) CHARTER BUS CERTIFICATE EXCURSION SERVICE CERTIFICATE

NAME OF APPLICANT EDWIN S AGUIBALDO

D/B/A EDONG EXPRESS

MAILING ADDRESS 1224 STANFORD CT NW
 BREMERTON, WA 98311

PHYSICAL ADDRESS _____

BUSINESS TELEPHONE NUMBER (360) 307-8450

FAX NUMBER (360) 307-8450

UBI # _____

E-MAIL _____

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:

ELIZABETH A ROUSE (LTS) 1224 STANFORD CT NW
 BREMERTON, WA 98311

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>A41831N</u>	<u>1991 / DODGE</u>	<u>2B5WB35ZPMK451021</u>	<u>15</u>

DESCRIBE OPERATIONS (Territory): FM SILVERDALE BREWERTON, PORT ORCHARD
TO AUBURN & RETURN

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 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?.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Will you file records of duty status in systematic manner?.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Will drivers be required to complete recaps of their records of duty status?.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Will dispatchers be aware of drivers' hours of service prior to trip?.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Will other independent records be compared to drivers records of duty status for accuracy?.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Will you have a system for recording hours of duty status on 100 mile radius drivers?.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Will you have a disciplinary policy for noncompliance with Part 395?.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PART 396 - INSPECTION, REPAIR AND MAINTENANCE

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

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: BREMERTON, Washington, 11/22/05
(City or Town) (Month/Day/Year)

EDWIN S. AGUIRREDO
(Name of applicant)

By: [Signature]
(Signature)

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

11/22/05 BREMERTON
(Date and Place)

[Signature]
(Signature)

WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION
 1300 South Evergreen Park Drive SW, PO Box 47250
 Olympia Washington 98504-7250
 Phone: (360) 884-1222
 Fax (360) 586-1181

APPLICATION FOR CHARTER BUS/EXCURSION SERVICE CERTIFICATE

Fee: \$150.00 (37033) WWC

111 0284 232 01	OID	44074	CHA
111 0284 232 02	DATE		SAFETY RSP
111 0284 232 03			BNSOND
111 0284			

THIS APPLICATION IS FOR:

(Check One Only) CHARTER BUS CERTIFICATE EXCURSION SERVICE CERTIFICATE

NAME OF APPLICANT EDWIN S AGUILARDO / ELIZABETH A. ROUSE

DB/A EDONG EXPRESS

MAILING ADDRESS 7224 STANFORD CT NW BREMERTON, WA 98311

PHYSICAL ADDRESS

BUSINESS TELEPHONE NUMBER (206) 307-8450

FAX NUMBER (360) 307-8450

UBI # 602-309-313

E-MAIL

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 BUSINESS:

EDWIN S AGUILARDO - (25%) SAME ADDRESS
ELIZABETH A. ROUSE - (75%) 7224 STANFORD CT NW BREMERTON, WA 98311

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>A41821N</u>	<u>1991 / DODGE</u>	<u>2B5WB3570MK451011</u>	<u>15</u>

DESCRIBE OPERATIONS (Territory): FT. SILVERDALE BRIMLEY, PORT ORCHARD
TO AUBURN + RETURN

SAFETY COMPLIANCE REVIEW AND QUESTIONNAIRE:

GENERAL

Do you have a copy of the laws and rules relating to passenger charter and excursion service carriers? **YES** **NO** **NA**
Have you been cited within the last three years by the Commission for violations of its rules or laws? **YES** **NO** **NA**

If Yes, explain: CANCELLATION OF EXCURSION PERMIT / MISSING CO. UNIFORMS + FLARES

Are you familiar with the state motor carrier safety rules? **YES** **NO** **NA**
Will management review the carrier's compliance status on a periodic basis? **YES** **NO** **NA**

NOTIFICATION AND REPORTING OF ACCIDENTS

Are you familiar with the Commission accident reporting rule? **YES** **NO** **NA**
Will you take any action against drivers involved in preventable accidents? **YES** **NO** **NA**

PART 301 - QUALIFICATION OF DRIVERS

Do you have written hiring policies/procedures that are being followed when hiring new drivers? **YES** **NO** **NA**
Are oral interviews conducted with new drivers to verify information submitted on their applications? **YES** **NO** **NA**
Will you have a system established to ensure drivers' medical certificates remain current? **YES** **NO** **NA**
Will you verify that physicians completing medical certifications are knowledgeable about the instructions for performing and recording driver physical examinations? **YES** **NO** **NA**
Will you review the results of the health history and physical examination? **YES** **NO** **NA**
Will you have a system established that will ensure drivers' operating licenses remain current? **YES** **NO** **NA**
Will you have a system established that will ensure drivers' annual reviews and annual record of violations remain current? **YES** **NO** **NA**
Will you comply with the road test provisions of Section 301.31? **YES** **NO** **NA**
Can you maintain and produce complete driver qualification files on drivers? **YES** **NO** **NA**

PART 302 - DRIVING OF MOTOR VEHICLES

Do you have established procedures concerning the use of alcohol and drugs? **YES** **NO** **NA**
Do you have a policy for monitoring speed? **YES** **NO** **NA**

PART 385 - HOURS OF SERVICE OF DRIVERS

	YES	NO	NA
Can you explain the hours of service limitations, i.e., 10, 15, 30 in T, 70 in S?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Will you file records of duty status in systematic manner?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Will drivers be required to complete copies of their records of duty status?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Will dispatchers be aware of drivers' hours of service prior to trip?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Will other independent records be compared to drivers records of duty status for accuracy?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Will you have a system for recording hours of duty status on 100 mile radius drivers?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Will you have a disciplinary policy for noncompliance with Part 385?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PART 386 - INSPECTION, REPAIR AND MAINTENANCE

	YES	NO	NA
Will you have written procedures outlining a systematic, periodic maintenance program?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Will you periodically review maintenance records for all equipment?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Will you comply with the vehicle inspection procedure?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Will you train drivers to perform pre-trip inspections?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Will you maintain the prior three months vehicle inspection reports on a vehicle?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Will you maintain a complete maintenance file on all vehicles?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 BREMERTON Washington, 11/22/05

→ ELIZABETH A. ROUSEL
(Name of applicant)

→ By Elizabeth A. Rouse
(Signature)

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

11/22/05 BREMERTON
(Date and Place)

Elizabeth A. Rouse
(Signature)

COPY

WASHINGTON



UTILITIES AND TRANSPORTATION COMMISSION

**PASSENGER CHARTER/EXCURSION SERVICE
CARRIER OF PASSENGERS 2005 REGULATORY FEE**

=> PHONE 360-664-1222 FAX 360-686-1181

1300 South Evergreen Park Drive SW
PO Box 47260
Olympia, WA 98504-7260

The UTC has a policy of providing equal access to its services. If you need special accommodations, please call 360-664-1133 or TTY 360-686-8203.

INSTRUCTIONS:

1. Complete both sides of the form.
2. Include payment of the \$11.00 per vehicle fee. If renewing by mail, DO NOT SEND CASH. Payment may be made by check, money order, or credit card.
3. This receipt for regulatory fees paid will expire December 31, 2005.
4. This receipt must be kept at your principal place of business, subject to inspection by Commission personnel.

CH- _____ EG- _____ MC _____ US DOT _____

Applicant Name EDWIN S. AGUIVALDU /
ELIZABETH A. ROUSE

d/b/a EDONG EXPRESS

FOR COMMISSION USE ONLY

Reception Number _____

111.0268 232 01 _____ 111 0268 _____

Carrier ID _____

MAILING ADDRESS:
Street/P.O. Box 7224 STANFORD CT NW

City, State/Zip BREMERTON, WA 98311

Telephone (360) 307-8450 FAX _____ E-mail _____

TYPE OF PAYMENT - DO NOT SEND CASH IN THE MAIL - Important new information: The UTC now accepts credit card payments!

Check Money Order

Charge to: AMEX NOVUS VISA MASTER CARD

Card Number: _____

Expiration Date
Month Year

REGULATORY FEES:

Number of Vehicles: 1 X \$11.00 Fee = \$ 11.00

I hereby declare that the authority is no longer being used and is hereby surrendered to the Commission for cancellation.

Signature [Signature] Date 11/

2005 03/16/09

FOR COMMISSION APPROVAL ONLY:

By signature below, this authorizes the above named passenger charter or excursion service certificate holder to operate vehicles for which fees have been paid on the public roadways of Washington State.

Customer Service Representative _____ Date _____

Compliance Issues: _____

→ → → → → → → → → → → → → → → → See Reverse ← ← ← ← ← ← ← ← ← ← ← ← ← ← ← ←

Please complete the following:

Current Insurance Company: NATIONAL INDEMNITY COMPANY

Policy #: 70 - APN - 369482

Any recordable accidents in 2004: NONE

If yes, how many recordable accidents: _____

(Please indicate total recordable accidents for all passenger charter/excursion service operations involved in both intrastate and interstate operations.)

Accident Definition: An accident is defined as an occurrence involving a commercial motor vehicle on a public road in intrastate or interstate commerce which results in one or more of the following:

- 1. A fatality,
- 2. Injury to a person requiring immediate treatment away from the scene of the accident, or
- 3. Disabling damage to a vehicle requiring it to be towed from the accident scene.

What were the total operating miles for the year 2004? _____

(Please list total operating miles involving passenger charter/excursion service in intrastate and/or interstate transportation involving a commercial vehicle.)

I certify that the information provided on the front and back of this document is true and correct, I am authorized to execute and file this document, and that all information on file is current and valid.

Signature [Handwritten Signature] Title OWNER

Date 11/22/05

For questions or comments regarding accident reporting requirements, please contact:

Tom McVaugh, MCLE Special Investigator
360-664-1237
Email: tmcvaugh@wuto.wa.gov