



UTILITIES AND TRANSPORTATION
COMMISSION

Assignment Report Motor Carrier Safety

New Entrant? Yes No Was a CR conducted between 6-18 months after the permit was issued? Yes No

1. Investigator(s): Gilbert 2. Assignment No.: 116154
 3. Current Date: 10/14/2016 4. Date of Activity: 10/14/2016
 5. Carrier Name: Troy Richmond dba Limos on Demand
 6. Company ID: 17900 7. Industry Code: 232 8. USDOT #: 2931601
 9. Carrier is: Intrastate Yes No Intra and Interstate

- 10. Destination Check
- 11. Compliance Review
- 12. Part B Violations
- 13. Vehicle Inspection Data

	MB 16+	Carrier Type	Carrier Type	Carrier Type	Carrier Type	Carrier Type	Carrier Type	Carrier Type
Inspections	1							
Defective Vehicles	1							
OOS Vehicles	0							
Level	7							

14. Vehicle Inspection Violations

	MB 16+	Vehicle Type	Vehicle Type	Vehicle Type	Vehicle Type	Vehicle Type
Comments:						
Emergency Equipment, Exits	Markings					
Other						

15. Driver Inspection Violations

16. Relevant Carrier History:

Troy Richmond dba Limos on Demand recently began operations with just the one 15 passenger (including the driver) mini-bus. This bus had been in storage for the past few years only operating as a privately owned vehicle. The company is now attempting to fall under the commission for the bus. The bus will primarily be used in the Ronald and Roslyn area near Cle Elum.

17. Findings:

Limos on Demand received new entrant technical assistance in the following parts: 390, 391, 392, 393, 395, and 396 of the CFR's. See attached Verification of Training form. The vehicle had one minor violation; the one window emergency exits at the rear of the bus was not labeled. They will be correcting this violation.

Assignment Report
Motor Carrier Safety

18. Recommended Safety Action: Yes No

19. Is this carrier considered a high risk carrier as a result of this activity? Yes No

20. Additional Comments:

Recommend issuing charter permit and closing this assignment number.

Investigator's Signature: Wayne Gilbert Date: 10/14/2016

OFFICE USE ONLY

Initial Review By: Mat Perkinson Date: 10/20/2016

Initial Reviewer's Recommendation: Agree with recommendation. Please forward to licensing for permitting.

Final Review By: David Pratt Date: 10/20/16

Final Reviewer's Recommendation: Agree with recommendation. Forward to Licensing and ok to issue permit.

Internal Processing	
Date Closed: <u>10/20/2016</u>	By: <u>Kali Wrspir</u>
Company Name: <u>Troy Richmond dba Limos on Demand</u>	
Assignment #: <u>116154</u>	Staff Assigned: <u>Gilbert</u>

DRIVER/VEHICLE EXAMINATION REPORT

Aspen 3.0.0.17



Washington State Patrol
Commercial Vehicle Enforcement Section
P.O. Box 42614
Olympia, WA 98504-2614
360-596-3815

Report Number: WAU007000209
Inspection Date: 10/14/2016
Start: 08:51 AM PT End: 9:16:12 AM PT
Inspection Level: VII - Jurisdictional Mandate
HM Inspection Type: None

LIMOS ON DEMAND
5506 SOUTH 362ND AVENUE
AUBURN, WA 98001

USDOT#: 02931601 Phone#: (253)583-6482
MC/MX#: Fax#:
State#:

Location: 362ND ST
Highway:
County: KING, WA

MilePost: Shipper:
Origin: AUBURN, WA Bill of Lading:
Destination: AUBURN, WA Cargo: EMPTY

Driver:
License#: State:
Date of Birth:
CoDriver:
License#: State:
Date of Birth:

VEHICLE IDENTIFICATION

Table with columns: Unit, Type, Make, Year, State, Plate #, Equipment ID, VIN, GVWR, CVSA #, CVSA Issued #, OOS Sticker. Row 1: 1, BU, CHEV, 2001, WA, C30970C, 1GBJG31R711121428, 12,300

BRAKE ADJUSTMENTS

Table with columns: Axle #, Right, Left, Chamber. Rows for Axle 1 and 2.

VIOLATIONS

Table with columns: Vio Code, Section, Unit, OOS, Citation #, Verify, Crash, Violations Discovered. Row 1: 393.62E, 393.62(e), 1, N, N, N, No or inadequate bus emergency exit marking: Rear window emergency exit not marked

HazMat: No HM Transported.

Placard: No Cargo Tank:

Special Checks: Local Enforcement

The undersigned certifies that all violations noted on this report have been corrected and action has been taken to insure compliance with all applicable Federal and State regulations.
Signature Of Motor Carrier X: Title: Date:

Report Prepared By: WAYNE GILBERT
[Signature]

Badge #: WAU584

Copy Received By: X [Signature]





STATE OF WASHINGTON

UTILITIES AND TRANSPORTATION COMMISSION

1300 S. Evergreen Park Dr. S.W., P.O. Box 47250 • Olympia, Washington 98504-7250

(360) 664-1160 • TTY (360) 586-8203

Verification of Training

Company: Troy Richmond dba Limos on Demand
Date: 10/14/2016

Representative: Troy Richmond
Investigator: W. Douglas Gilbert

Table with 4 columns: Subject, CFR Part, Completed, n/a. Rows include General Applicability, Drug and Alcohol Testing, Pre-Employment Drug Testing, Post-Accident Testing, Random Testing, Selection & Notification, Reasonable Suspicion Testing, Subpart B Prohibitions, Drug & Alcohol Policy, Consequences for Engaging in Drug & Alcohol Use, Commercial Driver's License Vehicles that require a CDL/Endorsements, General Qualifications of Drivers, Medical Certificate Required.

Entry Level Driver Training	380.501 380.503	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Driver Qualification File	391.51	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Multiple Employer Driver	391.63	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Driver Operations (radar and text)	392.71 392.80	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Inspection and Use of Equipment	392.7	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Accident Register	390.15	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Marking of Motor Vehicles	390.21	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Equipment Leasing	390.303	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Hours of Service	395	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Maximum Driving Times	395.5	<input checked="" type="checkbox"/>	<input type="checkbox"/>
100 Air Mile Radius Driver	395.1(e)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Driver's Duty Status Record	395.8	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Driver's Log Book Requirements	395.8(d)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Inspection, Repair & Maintenance Records	396.3	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Driver Vehicle Inspection Report	396.11	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Pre-Trip Inspection	396.13	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Periodic Inspection	396.17	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liquor Permit Required	WAC 480-30-244	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Safety Compliance Review (CR)	General	<input checked="" type="checkbox"/>	<input type="checkbox"/>

I certify the above information is true and accurate and I have received specific training on each of the above listed areas:

Name (Print): Tray Richmond Signature: Tray Richmond Date: 10/14/16

This document is used to verify that training was provided to the new entrant passenger carrier listed above. It will become part of the carrier file maintained at the Commission.