



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.: 117035
 3. Current Date: 3/14/2017 4. Date of Activity: 3/14/2017
 5. Carrier Name: Evergreen TS Inc.
 6. Company ID: 18149 7. Industry Code: 232 8. USDOT #: 2983215
 9. Carrier is: Intrastate Yes No Intra and Interstate

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

	Van 9-15	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

	VAN 9-15	Vehicle Type	Vehicle Type	Vehicle Type	Vehicle Type	Vehicle Type
Comments:	Missing Fire Extinguisher/Warning Triangles/Awaiting on Markings					
Emergency Equipment, Exits	2					
Other						
Violation Type						

15. Driver Inspection Violations

16. Relevant Carrier History:

Evergreen TS Inc. is looking at beginning business in the Seattle area as an addition to the limousine service that is already currently in operation.

17. Findings:

No significant findings during the vehicle inspection. Accomplished new entrant passenger training and covered the following parts in the CFR: Part 382, 383, 387, 390, 391, 393, 395, and 396. See attached new entrant verification of training. The carrier currently does not have an active USDOT number, however are in the process of activating their USDOT to begin operations.

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 closing this assignment and issuing permanent operating authority upon notification that USDOT has been approved.

Investigator's Signature: Wyl Kelly Date: 3/14/2017

OFFICE USE ONLY

Initial Review By: [Signature] Date: 3/15/2017

Initial Reviewer's Recommendation: _____

Agree with recommendation to issue permanent authority after carrier obtains USDOT.

Final Review By: David Pratt Date: 3/20/17

Final Reviewer's Recommendation: Agree with recommendations. Once verification of USDOT, ok to issue permit. Close and file.

Internal Processing

Date Closed: 03/20/2017 By: [Signature]
Company Name: Evergreen TS Inc.
Assignment #: 117035 Staff Assigned: Gilbert



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

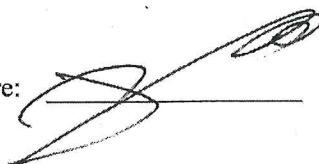
Company: Evergreen TS Inc.
 Date: 03/14/2017

Representative: Booyoung Kim
 Investigator: Wayne Gilbert

Safety Regulations Training Provided			
Subject	CFR Part	Completed	n/a
General Applicability	390.5 and 383.3	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Drug and Alcohol Testing	382	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Pre-Employment Drug Testing	382.301	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Post-Accident Testing	382.303	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Random Testing	382.305	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Selection & Notification	382.305(i)(1) 382.305(l)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Reasonable Suspicion Testing	382.307	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Subpart B Prohibitions	382.201 - 382.15	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Drug & Alcohol Policy	382.601	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Consequences for Engaging in Drug & Alcohol Use	382.501 - 382.507	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Commercial Driver's License Vehicles that require a CDL/Endorsements	383.3 383.5	<input type="checkbox"/>	<input checked="" type="checkbox"/>
General Qualifications of Drivers	391.11	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Medical Certificate Required	391.45	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Entry Level Driver Training	380.501 380.503	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Insurance Requirements	387	<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): Booyoung Kim Signature:  Date: 14 MAR 17

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.

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 email: safetynet@wsp.wa.gov

Report Number: WAU007000263
Inspection Date: 03/14/2017
Start: 02:09 PM PT End: 2:21:31 PM PT
Inspection Level: VII - Jurisdictional Mandate
HM Inspection Type: None

EVERGREEN TS INC
31811 PACIFIC HWY S STE B 148
FEDERAL WAY, WA 98003-5646
USDOT#: 02983215 Phone#: (206)383-5661
MC/MX#: Fax#:
State#:
Location: S 348TH ST, FEDERAL WAY
Highway:
County: KING, WA

Driver:
License#: State:
Date of Birth:
CoDriver:
License#: State:
Date of Birth:
Shipper:
MilePost:
Origin: FEDERAL WAY, WA Bill of Lading:
Destination: FEDERAL WAY, WA Cargo: EMPTY

VEHICLE IDENTIFICATION

Table with columns: Unit, Type, Make, Year, State, Plate #, Equipment ID, VIN, GVWR, CVSA #, CVSA Issued #, OOS Sticker. Row 1: 1, VN, MERZ, 2016, WA, C12245J, WDZPE8CD9GP254420, 8,550

BRAKE ADJUSTMENTS

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

VIOLATIONS

Table with columns: Vio Code, Section, Unit, OOS, Citation #, Verify, Crash, Violations Discovered. Rows for 390.21B, 393.95A, and 393.95F.

HazMat: No HM Transported.

Placard: No Cargo Tank:

Special Checks: No Data for Special Checks.

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: GILBERT, WAYNE

Badge #: WAU584

Copy Received By:

Page 1 of 1

Handwritten signature of Gilbert, Wayne

Handwritten signature of recipient



02983215 WA WAU007000263

DRIVER/VEHICLE EXAMINATION REPORT



Washington State Patrol
Commercial Vehicle Enforcement Section
P.O. Box 42614
Olympia, WA 98504-2614
360-596-3815 email: safetynet@wsp.wa.gov

Report Number: WAU007000263
Inspection Date: 03/14/2017
Start Time: 2:09:09 PM End Time: 2:21:31 PM
Inspection Level: VII - Jurisdictional Mandate
HM Inspection Type: None

EVERGREEN TS INC
31811 PACIFIC HWY S STE B 148
FEDERAL WAY, WA 98003-5646

Phone#: (206)383-5661 Fax#:
USDOT#: 02983215 MC/MX#:
State#:

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

Inspection Notes

This carrier was shown as not having operating authority by a real-time query at 3/14/2017 2:09:10 PM

This inspection followed all CVSA Level 1 or 5 inspection procedures.

Special Studies No Special Study Data Recorded