



TE-032127

STATE OF WASHINGTON

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

May 7, 2004

Department of Licensing
Master License Service
PO Box 9034
Campus Mail – 48001
Olympia, WA 98507-9034

Attention: Harumi Tolbert

Dear Ms. Tolbert:

The following information is provided to you in response to your recent inquiry regarding Checker Transportation Co., Inc.

The Washington Utilities and Transportation Commission regulates passenger charter carriers under Chapter 81.70 RCW. That regulation is limited to the safety of equipment, driver qualifications, and safety of operations. An applicant for a charter certificate must establish safety fitness and proof of financial responsibility before a certificate may be issued.

On December 22, 2003, the Washington Utilities and Transportation Commission (Commission) received an application for passenger charter certificate from Checker Transportation Co., Inc., d/b/a Kelley's Transportation. On March 19, 2004, the Commission received a certificate of insurance (Form E) for Checker Transportation Co., Inc. The Commission issued Charter Certificate No. CH-395 to Checker Transportation Co., Inc., by Order TE-032127, effective April 20, 2004.

A charter party carrier of passengers means every person engaged in the transportation of a group of persons, who, pursuant to a common purpose and under a single contract, have acquired the use of a motor bus to travel together as a group to a specified destination or for a particular itinerary, either agreed upon in advance or modified by the chartered group after having left the place of origin. RCW 81.70.020(5)



May 7, 2004

Page 2

For the purpose of regulation under Chapter 81.70 RCW, motor vehicle means every self-propelled vehicle with seating capacity for seven or more persons, excluding the driver. RCW 81.70.020(4)

RCW 81.70.030 excludes the following from Charter regulation:

1. Vehicles operated wholly within the limits of incorporated cities.
2. Taxicabs, hotel buses, or school buses, when operated as such.
3. Passenger vehicles carrying passengers on a noncommercial enterprise basis.
4. Charter boats operating on waters within or bordering the state.
5. Limousine carriers under Chapter 81.90 RCW. (Chapter 81.90 was repealed in 1996 when regulation was transferred to Dept. of Licensing.)

Vehicles operated by a charter carrier must have the name of the carrier and the certificate or permit number firmly affixed to both sides of the vehicle. The characters must be of a sufficient size to be clearly distinguishable at a distance of at least fifty feet from the vehicle. RCW 81.70.330

For your information, I have attached copies of the application, order, and certificate authority. If you have any questions, you may contact me at (360) 664-1226 or by e-mail at ballen@wutc.wa.gov.

Sincerely,

A handwritten signature in black ink, appearing to read 'Bonnie L. Allen', written over a horizontal line.

Bonnie L. Allen
Regulatory Analyst

Attachments

BEFORE THE WASHINGTON STATE
UTILITIES AND TRANSPORTATION COMMISSION

In re Application CHA-79246)	
)	
Checker Transportation Company, Inc., d/b/a Kelley's Transportation)	DOCKET NO. TE-032127
)	
)	ORDER GRANTING
for a certificate to operate as a Charter Party Carrier of Passengers under the provisions RCW 81.70.)	APPLICATION
.....)	

- 1 On December 22, 2003, application CHA-79246 was filed by Checker Transportation Company, Inc., d/b/a Kelley's Transportation under the provisions of RCW 81.70 to operate as a Charter Party Carrier of Passengers.
- 2 The Commission having considered the application and being fully advised in the premises finds that the applicant is fit, willing and able to properly perform the service and conform to the provisions of RCW 81.70.

ORDER

- 3 WHEREFORE, IT IS ORDERED That the application herein be and the same is hereby granted, that a certificate be issued authorizing the applicant to operate as a Charter Party Carrier of Passengers in the state of Washington subject to the provisions of RCW 81.70 and WAC 480-40.

DATED at Olympia, Washington, and effective this 20th day of April, 2004.

WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION

CAROLE J. WASHBURN
Executive Secretary

CHECKER TRANSPORTATION COMPANY, INC.
d/b/a KELLEY'S TRANSPORTATION
10710 E. MARGINAL WAY S.
TUKWILA, WA 98168

CERT. NO.
CH-395

CHARTER PARTY PASSENGER SERVICE.

In the State of Washington.

TE-032127

4-20-04

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

1st Amended app.

APPLICATION FOR CHARTER BUS/EXCURSION SERVICE CERTIFICATE

Fee: \$150.00

111 0268 232 01	66-	CID	34392	CHA	79246
111 0268 232 02	150-	DATE	12/22/03	SAFETY INSP	LS
111 0268 232 03				INS/BOND	LS
111 0268		Docket # TE-032127 Reg fees - LS.			

THIS APPLICATION IS FOR:

(Check One Only)

CHARTER BUS CERTIFICATE

EXCURSION SERVICE CERTIFICATE

NAME OF APPLICANT Checker Transportation, Inc.

CH-395

D/B/A Kelley's Transportation

MAILING ADDRESS 10710 E. Marginal Way S.

PHYSICAL ADDRESS 10710 E. Marginal Way S.

Tukwila, WA 98168

Tukwila, WA 98168

BUSINESS TELEPHONE NUMBER (206) 622-1234

FAX NUMBER (206) 885-1914

UBI # 601 761 400

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:

Mr. Alexander Milman, President 100%

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>A89563B</u>	<u>1994 Ford</u>	<u>1FBJS31H8RHA37398</u>	<u>14</u>
<u>CHEKR10</u>	<u>1996 Toyota LCRSW</u>	<u>JT3HJ85J4T0114561</u>	<u>16</u>
<u>CHEKER4</u>	<u>1998 Lincoln Navigator</u>	<u>5LMFU28L5WLJ01785</u>	<u>16</u>
<u>CHEKER8</u>	<u>1998 Lincoln Navigator</u>	<u>5LMFU28L5WLJ06923</u>	<u>16</u>
<u>545LBG</u>	<u>1995 AmGen H1</u>	<u>137YA8431SE168189</u>	<u>16</u>

WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION

RECEIVED

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

DEC 22 2003

WASH. UT. & TP. COMM.

APPLICATION FOR CHARTER BUS/EXCURSION SERVICE CERTIFICATE

0004693

Fee: \$150.00

111 0268 232 01	CID	34392	CHA	79246
111 0268 232 02	DATE	12/22/03	SAFETY	
111 0268 232 03			INSURANCE	
111 0268	Docket # TE-032127		Reg. Fees - Yes	

THIS APPLICATION IS FOR:

(Check One Only) **CHARTER BUS CERTIFICATE** EXCURSION SERVICE CERTIFICATE

NAME OF APPLICANT Checker Transportation Company, Inc.

D/B/A- _____

MAILING ADDRESS 10710 E. Marginal Way S.
Tukwila, WA 98168

PHYSICAL ADDRESS 10710 E. Marginal Way S.
Tukwila, WA 98168

BUSINESS TELEPHONE NUMBER (206) 622-1234 FAX NUMBER (425) 885-1914

UBI # 601 761 400 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:

Mr. Alexander Milman, President 100% of common stock

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
CHECKER 6	1998 Lincoln Town Car	1LNFM82WXWY720538	N/A
CHECKER 10	1996 Toyota LCERSW	JT3HJ85J4T0114561	N/A
CHECKER 8	1998 Lincoln Navigator	5LMFU28L5WLJ01785	N/A
500 PVP	2003 Hummer H2	5GRGN23U63H124403	N/A
CHECKER 4	1998 Lincoln Navigator	5LMFU28L5WLJ06923	N/A
557 REW	2000 Lincoln Town Car	1LNHM81W8YY908035	N/A

all 15 passengers

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** X **NO** **N/A**

Have you been cited within the last three years by the Commission for violations of its rules or laws? X

If Yes, explain: _____

Are you familiar with the state motor carrier safety rules?..... X

Will management review the carrier's compliance status on a periodic basis?..... X

NOTIFICATION AND REPORTING OF ACCIDENTS

Are you familiar with the Commission accident reporting rule? **YES** X **NO** **N/A**

Will you take any action against drivers involved in preventable accidents?..... X

PART 391 - QUALIFICATION OF DRIVERS

Do you have written hiring policies/procedures that are being followed when hiring new drivers?..... **YES** X **NO** **N/A**

Are oral interviews conducted with new drivers to verify information submitted on their applications?..... X

Will you have a system established to ensure drivers' medical certificates remain current?... X

Will you verify that physicians completing medical certifications are knowledgeable about the instructions for performing and recording driver physical examinations?..... X

Will you review the results of the health history and physical examination?..... X

Will you have a system established that will ensure drivers' operating licenses remain current?..... X

Will you have a system established that will ensure drivers' annual reviews and annual record of violations remain current?..... X

Will you comply with the road test provisions of Section 391.31?..... X

Can you maintain and produce complete driver qualification files on drivers?..... X

PART 392 - DRIVING OF MOTOR VEHICLES

Do you have established procedures concerning the use of alcohol and drugs?..... **YES** X **NO** **N/A**

Do you have a policy for monitoring speed?..... X

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

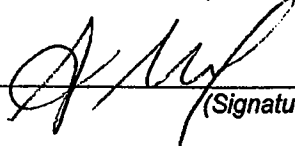
PART 396 - INSPECTION, REPAIR AND MAINTENANCE

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

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: Tukwila, WA, Washington, December 2, 2003
(City or Town) (Month/Day/Year)

Alexander Milman, President
(Name of applicant)

By: 
(Signature)

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

12/02/2003; Tukwila, WA
(Date and Place)


(Signature)

LAW OFFICE OF OLEG ORDINARTSEV, PLLC**8840 152ND AVE. N.E.****REDMOND, WA 98052****TELEPHONE: (425) 885-2565****FACSIMILE: (425) 885-1914****FACSIMILE TRANSMITTAL SHEET**

TO:	Linda	FROM:	Oleg E. Ordinartsev
COMPANY:	WUTC	DATE:	4/13/2004
FAX NUMBER:	(360) 586-1181	TOTAL NO. OF PAGES INCLUDING COVER:	2
PHONE NUMBER:	(360) 664-1222	ORIGINAL WILL BE MAILED:	No
RE:	Checker Transportation	YOUR REFERENCE NUMBER:	

URGENT FOR REVIEW PLEASE REPLY

NOTES/COMMENTS:

NOTICE: Information contained in this communication is privileged and/or confidential, intended only for the individual/entity named above. If reader of this cover page is NOT intended recipient, you are hereby notified that any dissemination, distribution, or copying of this information is strictly prohibited. If you have received this facsimile transmittal in error, please immediately notify the sender by telephone (425) 885-2565, and return this facsimile transmittal to the above address via U.S. Mail. Thank you.

34392

LAW OFFICE OF OLEG E. ORDINARTSEV, P.L.L.C.

**8840 152ND AVE. N.E.
REDMOND, WA 98052
TELEPHONE: (425) 885-2565
FACSIMILE: (425) 885-1914**

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APR 07 2004

WASH. UT. & TP. COMM.

April 5, 2004

Ms. Carolyn Caruso
WUTC
P.O. Box 47250
Olympia, WA 98504-7250

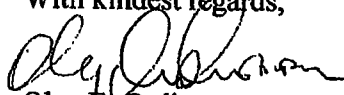
RE: Checker Transportation Company, Inc.
UBI # 601 761 400
Previous WUTC #395

Dear Ms. Caruso:

I am writing this letter to confirm that all corrections/improvements/repairs which were found during the CVSA inspection of my client's vehicles have been completed. My client is waiting for another inspection appointment, if it is necessary. Please, have the inspector contact Mr. Alexander Milman at (206) 391-5454 at his earliest convenience.

Since on or about March 19, 2004 our office forwarded to WUTC the "Form E", it appears that the afore-mentioned inspection is the only thing which is delaying my client's application. If my client's understanding of the issue is incorrect, please contact the undersigned immediately.

With kindest regards,


Oleg E. Ordinartsev

cc: Tom McLaughlin

LAW OFFICE OF OLEG E. ORDINARTSEV, P.L.L.C.

8840 152ND AVE. N.E.

REDMOND, WA 98052

TELEPHONE: (425) 885-2565

FACSIMILE: (425) 885-1914

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FEB 13 2004

WASH. UT. & TP. COMM.

February 10, 2004

WUTC

P.O. Box 47250

Olympia, WA 98504-7250

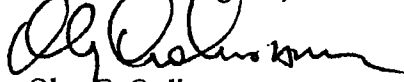
RE: Checker Transportation Company, Inc.
UBI # 601 761 400
Previous WUTC #395

Dear Sir or Madam:

I am writing this letter to inquire about the status of application filed by the above-stated company with the Washington Utilities and Transportation Commission on or about December 4, 2003. At this point, my client has not been contacted to schedule an inspection of his vehicles.

Please contact the undersigned and/or Mr. Alexander Milman (206-391-5454), if any additional information is necessary in order to process Checker's application.

With kindest regards,


Oleg E. Ordinartsev
Attorney at Law

2/17/04
Called + left a
message. We sent
write for letter
dated 12/23/03 re:
inspection + insur.

2/18
Rec. message
from atty. He said
his client never
rec. the write for
letter. I faxed a
copy today - LE

LAW OFFICE OF OLEG E. ORDINARTSEV, P.L.L.C.

8840 152ND AVE. N.E.

REDMOND, WA 98052

TELEPHONE: (425) 885-2565

FACSIMILE: (425) 885-1914

March 19, 2004

WUTC

P.O. Box 47250

Olympia, WA 98504-7250

VIA FACIMILE TRANSMITTAL AND U.S. MAIL

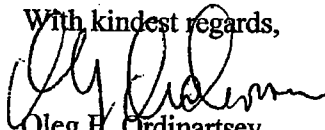
RE: Checker Transportation Company, Inc.
UBI # 601 761 400
Previous WUTC #395

Dear Sir or Madam:

Enclosed please find a copy of "Form E" for the above-stated client. I am aware that the initial inspection of my client's vehicles have already taken place. Any corrections/changes which were required by the WUTC inspector have been accomplished.

Please contact the undersigned and/or Mr. Alexander Milman (206-391-5454) and advise how soon another appointment may be scheduled.

With kindest regards,



Oleg E. Ordinartsev
Attorney at Law

Form E
UNIFORM MOTOR CARRIER BODILY INJURY AND PROPERTY
DAMAGE LIABILITY CERTIFICATE OF INSURANCE
(Executed in Triplicate)

Filed with WUTC (hereinafter called Commission)
(Name of Commission)

This is to certify, that the AMERICAN CASUALTY COMPANY OF READING, PA.
(Name of Company)

(hereinafter called Company) of C.N.A. PLAZA CHICAGO, IL. 60685
(Home Office Address of Company)

has issued to CHECKER TRANSPORTATION, INC., DBA: KELLY'S TRANSPORTATION

of 10710 E. MARGINAL WAY., S. TUKWILA, WA. 98168
(Address of Motor Carrier)

a policy or policies of insurance effective from 2/19/04 12:01 A.M. standard time at the address of the insured stated in said policy or policies and continuing until canceled as provided herein, which, by attachment of the Uniform Motor Carrier Bodily Injury and Property Damage Liability Insurance Endorsement, has or have been amended to provide automobile bodily injury and property damage liability insurance covering the obligations imposed upon such motor carrier by the provisions of the motor carrier law of the State in which the Commission has jurisdiction or regulations promulgated in accordance therewith.

Whenever requested, the Company agrees to furnish the Commission a duplicate original of said policy or policies and all endorsements thereon.

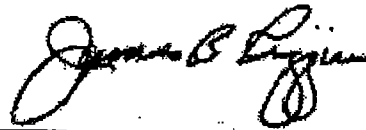
~~This certificate and the endorsement described herein may not be canceled without cancellation of the policy to which it is attached.~~
Such cancellation may be effected by the Company or the Insured giving thirty (30) days' notice in writing to the State Commission, such thirty (30) days' notice to commence to run from the date notice is actually received in the office of the Commission.

Countersigned at 6443 SW Beaverton-Hillsdale Hwy Suite 350 Portland OR 97221-4210
(Street Address) (City) (State) (Zip Code)

this 19TH Day of MARCH 20 04

Insurance Company File No.

BUA223646868
(Policy Number)



Authorized Company Representative

WP-MC 1633 (9/97)

RECEIVED
MAR 22 2004
WASH. UT. & TP. COMM.

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

Date: 12-23-2003 Staff: Linda Elhardt

TO: CHA079246
CHECKER TRANSPORTATION COMPANY, INC.
10710 E. MARGINAL WAY S.
TUKWILA, WA 98168

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

- pd.* ✓ You must remit regulatory fees for your vehicles. Please complete the form enclosed and return to our office with the correct payment.
- ✓ 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.
- ✓ We also need the seating capacity information for the vehicles that you have listed on your charter application.

UNIFORM DRIVER/VEHICLE INSPECTION REPORT

1020617

PERSONNEL NO. **J534** DIST / DET _____ LEVEL: 1 _____ 2 _____ 3 _____ 4 _____ 5 **X**

GENERAL **HAZARDOUS MATERIALS**

DATE **02.24.04** TIME (MILITARY) **BEGUN 10:30** FINISHED **10:42** HAZARD CLASS / DIVISION NO. _____
 LOCATION: SR/MP **Tukwila** SCALEHOUSE NO. **17** CNTY CODE _____ REPORTABLE QTY? Y N HAZARDOUS WASTE? Y N
 PLACARD REQUIRED? Y N CARGO TANKS? Y N

CARRIER **(206) 391-2228**

CARRIER NAME (Include DBA when applicable) **Checker Transportation Co., Inc.**

ADDRESS **10710 E. Marginal Way S**

CITY **Tukwila** STATE **WA** ZIP CODE **98168** INTERSTATE YES NO DOT NO. _____ ICC NO. _____

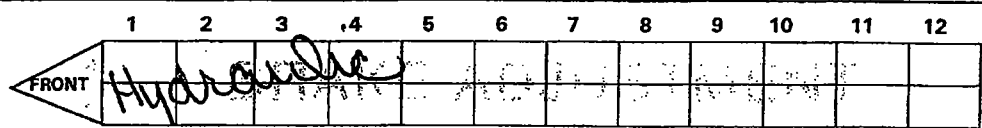
DRIVER

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

VEHICLE **16 Pass**

REGISTERED OWNER NAME/ADDRESS **Stewart, Mark Gregory** G.V.W. _____ PBT RATE _____

UNIT	TYPE	YEAR/MAKE	CO. UNIT NO.	LICENSE NO. / VIN NO.	STATE
1	VAN	95 AMGEN	H1	5A5L8G / SE168189	WA
2					
3					
4					



CFR	VIOLATIONS	D	1	2	3	4	Unit # O/S	Complied
393.9	Right ID Light rear inop.		✓					
393.9	Center ID light front inop.		✓					
393.95A	Fire Extinguisher not mounted!		✓					
393.41	Parking brake inop.		✓					

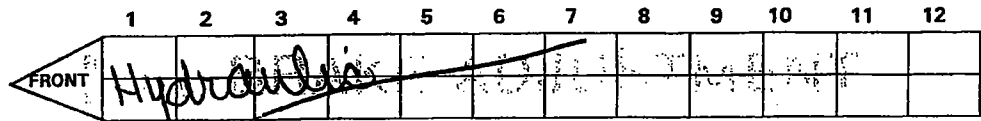
CVSA DECALS UNIT 1 _____ UNIT 2 _____ UNIT 3 _____ UNIT 4 _____ NOIC NO. _____
 DRIVER SIGNATURE _____
 OFFICER SIGNATURE **Stawdsen**

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

UNIFORM DRIVER/VEHICLE INSPECTION REPORT

1020621

PERSONNEL NO. 1534		DIST / DET		LEVEL: 1 <u> </u> 2 <u> </u> 3 <u> </u> 4 <u> </u> 5 <u>X</u>				
GENERAL				HAZARDOUS MATERIALS				
DATE 02/24/09	TIME (MILITARY) BEGUN 11:27	TIME (MILITARY) FINISHED 11:38	HAZARD CLASS / DIVISION NO.					
LOCATION: SR/MP Tukwila		SCALEHOUSE NO. / CNTY CODE 17	REPORTABLE QTY? Y <u> </u> N <u> </u>	HAZARDOUS WASTE? Y <u> </u> N <u> </u>		PLACARD REQUIRED? Y <u> </u> N <u> </u> CARGO TANKS? Y <u> </u> N <u> </u>		
CARRIER								
CARRIER NAME (Include DBA when applicable) Checker Transportation Co., Inc								
ADDRESS 10710 E Marginal Way S								
CITY Tukwila	STATE WA	ZIP CODE 98168	INTERSTATE YES <u> </u> NO <u>(X)</u>	DOT NO.	ICC NO.			
DRIVER								
DRIVER NAME				LICENSE NO.		STATE	EXP. YEAR	
DATE OF BIRTH		MED. CERT. Y <u> </u> N <u> </u> WAIVER Y <u> </u> N <u> </u>	SHIPPER NAME			SHIPPING NO.		
VEHICLE								
REGISTERED OWNER NAME/ADDRESS Checker Trans Inc dba				G.V.W. 9100	PBT RATE			
UNIT	TYPE	YEAR/MAKE	CO. UNIT NO.	LICENSE NO. / VIN NO.	STATE			
1	Van	94 FORD	5	A89553B/H8RHA37398	WA			
2								
3								
4								



CFR	VIOLATIONS	D	1	2	3	4	Unit #s O/S	Complied	
393.95A	Fire extinguisher not mounted		✓						
393.89	Drive shaft protection needed		✓						
393.209D	Tie rod left side excess movement		✓						
393.95 F	Missing one reflector		✓						
CVSA DECALS	UNIT 1	UNIT 2	UNIT 3	UNIT 4	NOIC NO.				
		DRIVER SIGNATURE <i>[Signature]</i>							
		OFFICER SIGNATURE <i>Spaulsen</i>							

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

UNIFORM DRIVER/VEHICLE INSPECTION REPORT

1020620

PERSONNEL NO. 1531	DIST / DET 	LEVEL: 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input checked="" type="checkbox"/>
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GENERAL	HAZARDOUS MATERIALS
---------	---------------------

DATE 02.24.04	TIME (MILITARY) BEGUN 11:15	TIME (MILITARY) FINISHED 11:25	HAZARD CLASS / DIVISION NO.
LOCATION: SR/MP Tukwila	SCALEHOUSE NO.	CNTY CODE 17	REPORTABLE QTY? Y N HAZARDOUS WASTE? Y N
			PLACARD REQUIRED? Y N CARGO TANKS? Y N

CARRIER (206)

CARRIER NAME (include DBA when applicable)
Checked Transportation Co., Inc

ADDRESS
10710 E. Marginal Way S.

CITY Tukwila	STATE WA	ZIP CODE 98168	INTERSTATE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	DOT NO. 	ICC NO.
------------------------	--------------------	--------------------------	-----------------------------------------------------------------------------------	-------------	-------------

DRIVER

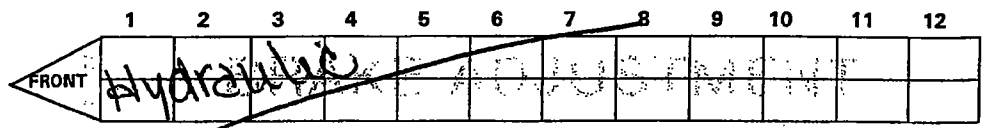
DRIVER NAME 	LICENSE NO. 	STATE 	EXP. YEAR
DATE OF BIRTH 	MED. CERT. Y N WAIVER Y N	SHIPPER NAME 	
		SHIPPING NO. 	

VEHICLE **16 Pass**

REGISTERED OWNER NAME/ADDRESS
Checked Trans dba Checker Limbs

G.V.W. **6470** PBT RATE

UNIT	TYPE	YEAR/MAKE	CO. UNIT NO.	LICENSE NO. / VIN NO.	STATE
1	Van	96 Toyo	10	CHEK10 / 0114561	WA
2					
3					
4					



CFR	VIOLATIONS	D	1	2	3	4	Unit # O/S	Complied
393.89	Drive shaft protection needed @ 4 locations		✓					
393.41	Parking brake out of adjust		✓					
393.95A	Fire extinguisher not mounted		✓					

CVSA DECALS	UNIT 1	UNIT 2	UNIT 3	UNIT 4	NOIC NO.
			DRIVER SIGNATURE 		
			OFFICER SIGNATURE 		

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

