



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): Gagne 2. Assignment No.: 116166
 3. Current Date: 11/22/2016 4. Date of Activity: 11/21/2016
 5. Carrier Name: Seattle Travel LLC
 6. Company ID: 17907 7. Industry Code: 232 8. USDOT #: 2643659
 9. Carrier is: Intrastate Yes No Intra and Interstate

10. Destination Check

- Has a copy of the Destination Check Safety plan been attached? Yes No
- Any special emphasis placed on the destination check? Yes No
- Describe Special Emphasis: _____

11. Compliance Review

- SI Rating: Satisfactory Unsatisfactory Conditional Not Rated
 - Number of Current Vehicles: _____ ▪ Number of Current Drivers: _____
 - Total Miles Prior Year: _____ ▪ Recordable Accidents Prior Year: _____
 - Accident Ratio: _____
- CSA Investigation:** Yes No Full Investigation Focused Investigation
- Carrier Type: Passenger Carrier Property Carrier Other: _____

12. Part B Violations

Part	Violations	Part	Violations	Part	Violations
382/40		383		387	
390		391		392	
395		396		397	

13. Vehicle Inspection Data

	MB 16+	MB 1-15					
Inspections	1	3					
Defective Vehicles	1	3					
OOS Vehicles	0	0					
Level	5	5					

14. Vehicle Inspection Violations

	MB 16+	MB 1-15				

Assignment Report

Motor Carrier Safety

Comments:	One ID light inoperative, missing markings, one fire extinguisher unsecured and missing two triangles					
Lights	1					
Other	1	3				
Emergency Equipment, Exits		2				

15. Driver Inspection Violations

Medical Card	Medical Waiver	Hours of Service	Driver's License
Comment:			

16. Relevant Carrier History:

This was a new entrant technical assistance. Owner Mr. Yu Yang does not speak English but his wife Yue Huang does. Ms. Huang is very interested in becoming compliant with all regulations and asked many questions. Seattle Travel Service LLC's vehicles are not marked because the carrier is waiting on its permit number. Ms. Huang is aware of the need to secure the fire extinguisher and procure additional warning triangles as well as fixing the one burnt out ID light. The business plan for the company is to provide airline crew shuttle service from the airport to hotels as well as areas restaurants/shopping for the airline crews. The expectation is that the carrier will operate under short haul exemptions. Only one of the carrier's vehicles requires a CDL as it has 20 passenger capacity. The carrier is aware of the requirement to only assign drivers with CDL's to that vehicle. I discussed the Guide to Obtaining a Safety Rating with the carrier and discussed parts 40 and 382 (for the one CDL driver), 383, 385, 387, 390, 391, 392, 393, 395 and 396.

17. Findings:

I recommend forwarding to Licensing and issuing a permit.

18. Recommended Safety Action: Yes No

- Require the company to submit a compliance plan in response to the 15 day letter requirement.
- Require the company to submit a compliance plan in response to the 385 letter requirement (45 days).
- Recheck – Safety Investigation (Date: _____)
- Revisit to recheck a specific issue (Date: _____)
- Send the company a compliance letter. Require a response: Yes No
- Issue administrative penalties.
- Issue a complaint.
- Stop company operations.

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

- Carrier accident ratio is higher than aggregate ratio.
- Carrier had an out-of-service ratio 25% higher at the last vehicle inspection.
- Carrier had a defect ratio 75% or higher at the last vehicle inspection.
- Carrier received more than one conditional or unsatisfactory safety investigation rating in more than one of the last four safety investigations (or less than four if four are not completed).

Assignment Report
Motor Carrier Safety

Other (please explain):

20. Additional Comments:

Investigator's Signature: Francine Gagne

Date: 11/22/2016

OFFICE USE ONLY

Initial Review By: Mathew Perkinson

Date: 11/28/2016

Initial Reviewer's Recommendation:

No major violations discovered and technical assistance provided. Please forward to licensing for permit.

Final Review By: David Pratt

Date: 11/30/16

Final Reviewer's Recommendation: Ok to issue permit.

Internal Processing

Date Closed: _____

By: _____

Company Name: _____

Assignment #:

Staff Assigned: _____



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: Seattle Travel Service LLC

Representative: Yue Huang

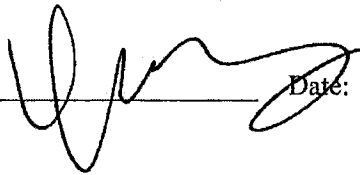
Date: November 21, 2016

Investigator: Francine Gagne

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	<i>1 CDL DRIVER</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Pre-Employment Drug Testing	382.301	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Post-Accident Testing	382.303	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Random Testing	382.305	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Selection & Notification	382.305(i)(1) 382.305(l)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Reasonable Suspicion Testing	382.307	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Subpart B Prohibitions	382.201 - 382.15	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Drug & Alcohol Policy	382.601	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Consequences for Engaging in Drug & Alcohol Use	382.501 – 382.507	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Commercial Driver's License Vehicles that require a CDL/Endorsements	383.3 383.5	<input checked="" type="checkbox"/>	<input 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"/>

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 type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" 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): Yue Huang Signature:  Date: 11/21/16

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.

DRIVER/VEHICLE EXAMINATION REPORT

Aspen 3.0.0.17



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

Report Number: WAU005000133
Inspection Date: 11/21/2016
Start: 02:50 PM PT **End:** 3:15:00 PM PT
Inspection Level: V - Terminal
HM Inspection Type: None

SEATTLE TRAVEL SERVICE LLC
 808 INDUSTRY DR
 TUKWILA, WA 98188

USDOT#: 02643659 **Phone#:** (206)438-3085

MC/MX#: **Fax#:**

State#:

Location: 18525 36TH AVE S

Highway:

County: KING, WA

MilePost:
Origin:
Destination:

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

Shipper:
Bill of Lading:
Cargo: EMPTY

VEHICLE IDENTIFICATION

Unit	Type	Make	Year	State	Plate #	Equipment ID	VIN	GVWR	CVSA #	CVSA Issued #	OOS Sticker
1	BU	MERZ	2015	WA	C25620G		WDZPE7DCXFP170590	8,550			

BRAKE ADJUSTMENTS

Axle #	1	2
Right	N/A	N/A
Left	N/A	N/A
Chamber	HYDR	HYDR

VIOLATIONS

Vio Code	Section	Unit	OOS	Citation #	Verify	Crash	Violations Discovered
390.21A	390.21(a)	1	N		N	N	Not marked in accordance with regulations: Missing certificate holder's name and certificate number. Must also have USDOT number.
393.95A	393.95(a)	1	N		N	N	No/discharged/unsecured fire extinguisher: Extinguisher must be secured
393.95F	393.95(f)	1	N		N	N	No / insufficient warning devices: Must have three warning triangles

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:
 FRANCINE GAGNE

Badge #:
 WAU583

Copy Received By:

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02643659 WA WAU005000133

X _____

X _____

DRIVER/VEHICLE EXAMINATION REPORT

Aspen 3.0.0.17

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

Report Number: WAU005000134
Inspection Date: 11/21/2016
Start: 03:15 PM PT **End:** 3:35:00 PM PT
Inspection Level: V - Terminal
HM Inspection Type: None

SEATTLE TRAVEL SERVICE LLC		Driver:	
808 INDUSTRY DR		License#:	State:
TUKWILA, WA 98188		Date of Birth:	
USDOT#: 02643659	Phone#: (206)438-3085	CoDriver:	
MC/MX#:	Fax#:	License#:	State:
State#:		Date of Birth:	
Location: 18525 36TH AVE S	MilePost:	Shipper:	
Highway:	Origin: ,	Bill of Lading:	
County: KING, WA	Destination:	Cargo: EMPTY	

VEHICLE IDENTIFICATION

<u>Unit</u>	<u>Type</u>	<u>Make</u>	<u>Year</u>	<u>State</u>	<u>Plate #</u>	<u>Equipment ID</u>	<u>VIN</u>	<u>GVWR</u>	<u>CVSA #</u>	<u>CVSA Issued #</u>	<u>OOS Sticker</u>
1	BU	MERZ	2014	WA	C32441C		WDAPF4CC0E5887574	11,030			

BRAKE ADJUSTMENTS

<u>Axle #</u>	<u>1</u>	<u>2</u>
Right	N/A	N/A
Left	N/A	N/A
Chamber	HYDR	HYDR

VIOLATIONS

<u>Vio Code</u>	<u>Section</u>	<u>Unit</u>	<u>OOS</u>	<u>Citation #</u>	<u>Verify</u>	<u>Crash</u>	<u>Violations Discovered</u>
390.21A	390.21(a)	1	N		N	N	Not marked in accordance with regulations: Missing certificate holder's name and certificate number. Must also have USDOT number.

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:
FRANCINE GAGNE

Badge #:
WAU583

Copy Received By:

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02643659 WA WAU005000134

X _____

X _____

DRIVER/VEHICLE EXAMINATION REPORT

Aspen 3.0.0.17



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

Report Number: WAU005000135
Inspection Date: 11/21/2016
Start: 03:25 PM PT End: 3:50:00 PM PT
Inspection Level: V - Terminal
HM Inspection Type: None

SEATTLE TRAVEL SERVICE LLC
808 INDUSTRY DR
TUKWILA, WA 98188
USDOT#: 02643659
MC/MX#:
State#:

Phone#: (206)438-3085
Fax#:

Location: 18525 36TH AVE S
Highway:
County: KING, WA

MilePost:
Origin:
Destination:

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

Shipper:
Bill of Lading:
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, BU, FORD, 2015, WA, AVL3586, 1FDEE3FL7FDA35142, 12,500

BRAKE ADJUSTMENTS

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

VIOLATIONS

Table with columns: Vio Code, Section, Unit, OOS, Citation #, Verify, Crash, Violations Discovered. Row 1: 390.21A, 390.21(a), 1, N, N, N, Not marked in accordance with regulations: Missing certificate holder's name and certificate number. Must also have USDOT number.

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:
FRANCINE GAGNE

Badge #:
WAU583

Copy Received By:

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X

X

DRIVER/VEHICLE EXAMINATION REPORT

Aspen 3.0.0.17



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

Report Number: WAU005000136
Inspection Date: 11/21/2016
Start: 03:55 PM PT **End:** 4:20:00 PM PT
Inspection Level: V - Terminal
HM Inspection Type: None

SEATTLE TRAVEL SERVICE LLC

808 INDUSTRY DR
 TUKWILA, WA 98188

USDOT#: 02643659 **Phone#:** (206)438-3085

MC/MX#: **Fax#:**

State#:

Location: 18525 36TH AVE S

Highway:

County: KING, WA

MilePost:
Origin:
Destination:

Driver:
License#: **State:**
Date of Birth:
CoDriver:
License#: **State:**
Date of Birth:
Shipper:
Bill of Lading:
Cargo: EMPTY

VEHICLE IDENTIFICATION

Unit	Type	Make	Year	State	Plate #	Equipment ID	VIN	GVWR	CVSA #	CVSA Issued #	OOS Sticker
1	BU	FORD	2004	WA	AZG4335		1FDXE45544HA56639	14,000			

BRAKE ADJUSTMENTS

Axle #	1	2
Right	N/A	N/A
Left	N/A	N/A
Chamber	HYDR	HYDR

VIOLATIONS

Vio Code	Section	Unit	OOS	Citation #	Verify	Crash	Violations Discovered
390.21A	390.21(a)	1	N		N	N	Not marked in accordance with regulations: Missing certificate holder's name and certificate number. Must also have USDOT number.
393.9	393.9(a)	1	N		N	N	Inoperable Required Lamp: Driver side identification lamp inoperative

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:
 FRANCINE GAGNE

Badge #:
 WAU583

Copy Received By:

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02643659 WA WAU005000136

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X _____