



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.: 117031  
 3. Current Date: 3/14/2017 4. Date of Activity: 3/14/2017  
 5. Carrier Name: Cruising Transportation Company dba Cruising Shuttles  
 6. Company ID: M30776 7. Industry Code: 232 8. USDOT #: 2971487  
 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	0							
OOS Vehicles	0							
Level	7							

**14. Vehicle Inspection Violations**

	Vehicle Type	Vehicle Type	Vehicle Type	Vehicle Type	Vehicle Type	Vehicle Type
Comments:						
Violation Type						
Violation Type						
Violation Type						

**15. Driver Inspection Violations**

**16. Relevant Carrier History:**

Cruising Shuttles is looking at beginning business in the Seattle area picking up passengers at the Cruise Ship Terminals and SeaTac International Airport.

**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. They currently do not have an active USDOT number, however are in the process of activating their USDOT to begin on 03/15/2017.

18. Recommended Safety Action:  Yes  No

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

Assignment Report  
Motor Carrier Safety

20. Additional Comments:

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

Investigator's Signature: W. J. Kelly Date: 3/14/2017

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

Initial Reviewer's Recommendation: \_\_\_\_\_

Agree with recommendation to issue permanent authority once USDOT number is activated by carrier.

Final Review By: David Pratt Date: 3/15/2017

Final Reviewer's Recommendation: Investigator Gilbert's report indicates this carrier is planning on performing cruise ship terminal and SeaTac airport service. Those locations require auto transportation authority and not charter. The carrier needs to be informed of the difference between charter and auto transportation. If they want to serve the cruise ship terminals and the airport, they need to apply for auto transportation authority. Licensing will send a letter informing the carrier and the consequences if they are found providing service at the cruise ship terminal or airport. Ok to issue permit.

Internal Processing

Date Closed: 03/15/2017 By: [Signature]  
Company Name: Cruising Transportation Company dba Cruising Shuttles  
Assignment #: 117031 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: Cruising Shuttles

Representative:

Stephen Wright JR

Date: 03/14/2017

Investigator:

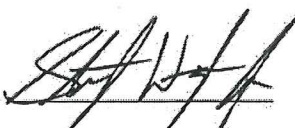
Wayne Gilbert

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 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"/>



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): Stephen Wright Jr Signature:  Date: 3-14-17

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: WAU007000262
Inspection Date: 03/14/2017
Start: 12:05 PM PT End: 12:25:09 PM PT
Inspection Level: VII - Jurisdictional Mandate
HM Inspection Type: None

CRUISING TRANSPORTATION COMPANY LLC
32169 33RD AVE SW
FEDERAL WAY, WA 98023-2275
USDOT#: 02971487 Phone#: (206)271-2796
MC/MX#: State#:
Location: 33RD AVE SW, FEDERAL WAY
Highway:
County: KING, WA

Driver: License#: State:
Date of Birth:
CoDriver: License#: State:
Date of Birth:
Shipper:
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, BU, FORD, 1997, WA, BDX6426, 1FDLE40S4VHB41746, 14,050

BRAKE ADJUSTMENTS

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

VIOLATIONS: No Violations Were Discovered.

HazMat: No HM Transported.

Placard: No Cargo Tank:

Special Checks: No Data for Special Checks.

Report Prepared By: GILBERT, WAYNE

Badge #: WAU584

Copy Received By:

Page 1 of 1

Handwritten signature of Wayne Gilbert

Handwritten signature of recipient



02971487 WA WAU007000262

**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](mailto:safetynet@wsp.wa.gov)

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**HM Inspection Type:** None

**CRUISING TRANSPORTATION COMPANY LLC**  
32169 33RD AVE SW  
FEDERAL WAY, WA 98023-2275  
**Phone#:** (206)271-2796      **Fax#:**  
**USDOT#:** 02971487      **MC/MX#:**  
**State#:**

**Driver:**  
**License#:**      **State:**  
**Date of Birth:**  
**CoDriver:**  
**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 12:07:30 PM

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

**Special Studies** No Special Study Data Recorded