ROUTING SLIP

TV-042107

| ASSIGNMENT NO.: 105142 MOTCAR NO.: | 4339 PERMIT: HG-6160 |
|--|-----------------------------------|
| CARRIER NAME: Budget Moving INC | • |
| INVESTIGATOR(S): A. DICKSON | DATE: 5-31-05 |
| RECOMMENDATION: <u>Carrier</u> is in compliand and exonomic regulations. Two minor | safety defects were |
| and exonomic regulations. Two minor inoperable clearance light and a creating president stated he would permit name/number by 6-30-05. A satisfactory safety rating u | identify vehicles with |
| I would recommend this company issuance of the permanent HG do | |
| Should carrier be rechecked? No | |
| REVIEWED BY: Mel Alley Concur with recommendation to authorty, Clase & File | DATE: 6-2-05 grant permanent HHG |
| | • |
| FINAL RECOMMENDATION BY: | DATE: |
| OTHER INFORMATION: 6/2/05 Clased cae C.C. alan Dichson Licensing | |

MEMORANDUM

May 31, 2005

Assignment No.: 105142

Permit Number: HG-61609

Industry Code: 207

To:

Mark Halliday, Compliance Manager

From:

Alan Dickson, Special Investigator

Subject:

Budget Moving, Inc. 7523 Lake City Way NE

Seattle, WA 98115

206 522-0600

Mr. Mike Tracey, president was contacted at the above terminal address on May 23, 2005 and he submitted records and equipment for inspection.

This review was conducted as part of the 2005 household goods workplan. The data for revenue and mileage are for a six month period. The company was found to be in general compliance with the economic and safety regulations. Safety defects were one vehicle defective clearance light, and one vehicle with a cracked, non-intersected windshield. Economic violation was failure to identify trucks with permit name/number. The carrier received a satisfactory safety rating.

Completed compliance review, technical assistance/records review, vehicle inspection reports, and MCSAP data sheet are attached to this report.

Alan Dickson

WASHINGTON UTILITIES & TRANSPORTATION COMMISSION US DOT# Legal: BUDGET MOVING INC 0000000 Operating (DBA): Federal Tax ID: 91-1886330 (EIN) State #: A-105142 Review Type: Compliance Review (CR) - Receipt Territory: Scope: Principal Office Location of Review/Audit: Company facility in the U.S. Operation Types Interstate Intrastate N/A Non-HM **Business:** Corporation Carrier: N/A for year ending: 5/22/2005 N/A Gross Revenue: \$100,000,00 Shipper: Cargo Tank: N/A **Company Physical Address:** 7523 Lake City Way NE Seattle, WA 98115 **Contact Name:** Mike Tracey Phone numbers: (1) 206 522-0600 (2) 206 340-0405 Fax E-Mail Address: Company Mailing Address: 6910 Roosevelt Way NE #106 Seattle, WA 98115 **Report Summary** # of Pages Report Part A - General Part B - Violations Part B - Recommendations 3 **Total Pages** Disclaimer: By signing below, I acknowledge that I have received a copy of this review/audit and agreee with the total number of pages indicated (above) for each document. My signature does not imply agreement with the findings of the review/audit. QUESTIONS regarding this report or the Federal Motor Carrier Safety Regulations may be addressed to the WUTC at: 1720 Ellis Street, Suite #200 Bellingham, WA 98225

| This report will be used to assess your safety compliance. | | | | | | | | | | |
|--|-------|-------------------------|--------------|-----------------|--|--|--|--|--|--|
| Person(s) Interviewed | | | | | | | | | | |
| Name: Mike Tracey | • | Title: President | | | | | | | | |
| Name: | | Title: | | | | | | | | |
| Reported By: Alan (| (Chan | Title: MtR Carrier Sffy | Code: WA0553 | Date: 5/23/2005 | | | | | | |

Received By: Win Trans Title: President

| | | | | WASHING | TON UTILITIES & TRAI | NSPO | RTATION COM | MISSION | | |
|-------------|-------------------------------|----------|---------|---------------------------------------|--------------------------|----------------|---------------------|--------------|---------------------------------------|------------------|
| | US DO | Т# | Lega | I: BUDGE | T MOVING INC | | | | | |
| | 000000 | 00 | Oper | ating (DB | A): | | | | | |
| MC/MX #: | | | S | tate #:A-1 | 05142 Federal Tax | I D: 91 | 1-1886330 (EIN) | | | |
| Review T | ype: Cor | mpliand | ce Rev | iew (CR) | | | | | | |
| Scope: | Prir | ncipal (| Office | | Location of Review/Au | ıdit: C | Company facility is | n the U. S. | Terri | tory: |
| Operation | Types | Inter | state | Intrastate | | | | <u>,</u> | | |
| | Carrier: | N/A | | Non-HM | Business: Corporation | | | | | |
| S | hipper: | N/A | | N/A | Gross Revenue: \$100, | ,000.0 | 0 for y | ear ending: | 5/22/20 | 005 |
| Cargo | o Tank: | | N/A | | | | | | | |
| Company | Physic | al Add | ress: | | | | | | | |
| 7523 Lak | e City W | ay NE | | | | | | • | | |
| Seattle, V | VA 9811 | 5 | | | | | | | | |
| Contact I | Name: | M | like Tr | acev | | | | | | |
| Phone no | | | | - | (2) 206 340-0405 | F | ax | | | • |
| E-Mail Ad | ddress: | | | | , , | | | | | |
| Company | Mailing | Addre | ess: | | | | | | | |
| 6910 Roc | sevelt V | Vay NE | #106 | | | | | · | | |
| Seattle, V | VA 9811 | 5 | | | | | | | | |
| Carrier Cl | assifica | tion | | | | | | | | ···· |
| | r: HG-61 | | | | | | • | · · · · · · | | |
| Cargo Cla | ssificat | ion | • • • | | | | | | | |
| House | ehold Go | ods | | | | | | | | |
| | | _ | - | rdable qu | antities of HM? No | | • | | | |
| is an HM | | ····· | ed? | | N/A | | | | | |
| Driver Inf | formatio | n | | · · · · · · · · · · · · · · · · · · · | | | | | | |
| | | in | iter | Intra | Average trip leased o | driver | s/month: 0 | | | |
| < 1 | 00 Miles | s: | | 3 | | Total | Drivers: 3 | | | |
| >= 1 | 00 Miles | s: | | | | CDL | Drivers: 0 | | | |
| Equipmer | nt | | | | | | | ············ | | |
| | | | Ow | | n Leased Trip Leased | | | Owned T | erm Le | ased Trip Leased |
| Truck | | | | 4 | 0 0 | | | | | |
| | | | | this report e WUTC a | or the Federal Motor Ca | rrier S | afety Regulations | 3 | | |
| 1110 | • | | | | | | | | | |
| | | | | eet, Suite # VA 98225 | | | | | | |
| | | | · | | , | | | | | |
| | ··· | | | This re | port will be used to ass | 229 V | our safety comp | liance | | |
| Dama=(=) | \ lm4=-* | | | | P-1. 11 20 4004 to 400 | | | | · · · · · · · · · · · · · · · · · · · | ···· |
| Person(s) | <u>) Intervio</u> Mike Tra | | | | | • | Title: Presiden | l | | |
| Name: | MING IIG | cey | | | | | Title: | Ļ | | • |
| <u></u> | tod Dur | A | 0 | 7.1 | Title: AM | 140 | | L. Codos\A | /Δ0553 | Date: 5/23/2005 |
| | ted By: | 17 | Can. | Vich | Fittle: M | 1 | Carrier St | -y code:vv | A0000 | Date. 5/23/2005 |
| Receiv | ved By: | 1/ | 1110 | 100 | \neg | Ti | itle: Preside | let | | |

MCS-151/CR CAPRI: 6.2.0 Page 1 of 1 5/23/2005 12:13:43 PM



BUDGET MOVING INC

U.S. DOT #: 0000000

State #: A-105142

Review Date: 05/23/2005

Part B Violations

| 1 | Primary: 393.60(b) | | | Drivers/V | ehicles |
|-------|---------------------------|------------|---------|--------------|---------|
| STATE | | Discovered | Checked | In Violation | Checked |
| | CFR Equivalent: 393.60(b) | 1 | 3 | 1 | 3 |

Description

Failing to equip a motor vehicle with a windshield free of prohibited damage.

Example

U #3, 1988 Ford

Cracked windshield, non-intersecting

5-18-2005

Safety Fitness Rating Information:

Total Miles Operated

10,000

Recordable Accidents

Ω

Recordable Accidens/Million Miles 0.000

OOS Vehicle (CR): 0

Number of Vehicle Inspected (CR): 1

OOS Vehicle (MCMIS): 0

Number of Vehicles Inspected (MCMIS): 0

Your proposed safety rating is:

SATISFACTORY

| Rating Factors | | Acute | Critical | į |
|----------------|---|-------|----------|---|
| Factor 1: | S | 0 | 0 | |
| Factor 2: | S | 0 | 0 | |
| Factor 3: | S | 0 | 0 | |
| Factor 4: | S | 0 | 0 | |
| Factor 5: | N | 0 | 0 | |
| Factor 6: | S | - | - | |
| | | | | |

Received by

- President

Title

5/23/05

5/23/2005 12:15:52 PM



BUDGET MOVING INC

U.S. DOT #: 0000000

State #: A-105142

Review Date: 05/23/2005

Part B Recommendations

1. Ensure that all vehicles are systematically repaired and maintained. Establish a complete file for each vehicle, recording all repair, maintenance and inspection operations performed.

Received by

Title

5/23/05

Date

Page 1 of 1

BUDGET MOVING INC

U.S. DOT #: 0000000

State #: A-105142

Review Date: 05/23/2005

Part C

Reason for Review: Other

Planned Action:

Compliance Monitoring

Safestat Category:

Parts Reviewed Certification:

325 382 383

390 387

391

393

395 396

397

398

399

171

172 173 177 178 180

Prior Reviews

Prior Prosecutions

Special Study Information:

Unsat/Unfit Information

Does passenger vehicle transport more than 15 passengers, including driver?

Does carrier transport placardable quantities of hazardous materials?

Unsat/Unfit rule: Not Applicable

Corporate Contact: Mike Tracey Corporate Contact Title: President

Remarks:

This review was conducted as part of the 2005 household goods workplan. The data for revenue and mileage are for a six month period. The company was found to be in general compliance with the economic and safety regulations. Safety defects were one vehicle defective clearance light, and one vehicle with a cracked, non-intersected windshield. Economic violation was failure to identify trucks with permit name/number.

The carrier received a satisfactory safety rating.

| Principal Reviewer Signature | | Upload Authorize | d: | Yes | No |
|----------------------------------|--------|------------------|-----|-----|---------------|
| Alan Vichson | WA0553 | Authorized by: | | | Date: |
| Assistant Reviewers Signature(s) | | Uploaded: | Yes | No | Failure Code: |
| | | Verified by: | | | Date: |

2005 MCSAP DATA SHEET

| Assignment #: | 105142 |
|---------------------------------|---------------------|
| Date of | 5-23-2005 |
| CR/Inspection: Carrier Name: | Budget Moving, Inc. |
| DBA: | |
| Permit #: | HG-61609 |
| DOT #: | |
| MC #: | |
| MotCar #: | |

COMPLIANCE REVIEW DATA:

| Safety Rating: | Satisfactory | |
|-------------------|--------------|-----|
| Number of | 4 | |
| Vehicles | | |
| Operated: | | |
| Number of | 3 | |
| Drivers Operated: | | |
| Total Miles for | 10,000 | *** |
| Prior Year: | | |
| Recordable | 0 | |
| Accidents for | · | |
| Prior Year: | | |
| Accident Ratio: | 0% | |

PART B VIOLATIONS:

| | THE D VIOLATIONS. | |
|------------------|-------------------|------|
| Part 382/Part 40 | | |
| Part 383 | | |
| Part 387 | | |
| Part 390 | | |
| Part 391 | | |
| Part 392 | | 14-2 |
| Part 395 | | |
| Part 396 | 2 | |
| Part 397 | | |
| | | • |

2005 MCSAP DATA SHEET (cont):

VEHICLE INSPECTION DATA:

| Vehicle | | MB | MB | SB | SB | SB | VAN | VAN | | | |
|--------------|------|-------|-----------|-------|---------|---------------|--------|-------|-----|---|-----|
| Type: | MC | 1-15 | 16+ | 1-8 | 9-15 | 16+ | 1-8 | 9-15 | TRK | TT | TRA |
| # of Vehicle | | | | | | | | | 4 | | |
| Inspections: | | | | | | | | | | | |
| # of | | | | | | | | | 2 | | |
| Defective | | | | | | | | | | | |
| Vehicles: | | | | | | | | | | | |
| Defective | | | | | | | | | | | |
| Vehicle | LEA | VE RI | ANK - | RATI | O COM | ириті | er Gei | JERAT | ED | | |
| Ratio: | | · | 22 XI VIX | TWX I | | 11 (1) | | | | | * |
| # of OOS | | | | | | | | | 0 | | |
| Vehicles: | | | | | | | | | | | |
| OOS Vehicle | | | | | | | | | | • | |
| Ratio: | LEA | VE BL | ANK - | RATI | O CON | IPUT I | ER GEI | NERAT | ED | | |
| Location of | 7523 | Lake | City W | ay NE | Seattle | , WA | 98115 | | | | |
| Inspection: | | | | | | , | | | | | |
| Level of | | | | | | | | | 5 | | |
| Inspection: | | | | | | | | | - | | |

VEHICLE INSPECTION VIOLATIONS

| Vehicle | | MB | MB | SB | SB | SB | VAN | VAN | | | |
|--------------|----|------|-----|-----|------|-----|-----|------|-----|----|-----|
| Type: | MC | 1-15 | 16+ | 1-8 | 9-15 | 16+ | 1-8 | 9-15 | TRK | TT | TRA |
| Brakes | | | | | | | | | | | |
| Steering | | | | | | | | | | | |
| Lights | | | | | | | | | 1 | | |
| Tires/Wheels | | | | 1 | | | | | | | |
| /Rims | | | | | | | | | | | |
| Horn | } | | | | | | | | | | |
| Windshield/ | | · | | | | | | | 1 | | |
| Wipers | | | | | | | | | | | |
| Mirrors | | | | | | | | | | | |
| Emergency | | | | | | | | | | | |
| Equipment/ | | | | | | | | ľ | | | |
| Exits | | | | | | | | | | | |
| Coupling | | | | | | } | | | | | |
| Devices | | | | | | | | | | | |
| Frame | | | | | | | | | | | |
| Suspension | | | | | | | | | | | |
| Exhaust | | | | | | | | | | | |
| Other | | | | | | | | | | | |

Alan Dickson

| Inspector(s): | | | |
|---------------|--|--|--|
| I . (.) | | | |

2005 MCSAP DATA SHEET (cont):

ABBREVIATIONS:

MC = Motorcoach

MB = Mini-Bus

SB = School Bus

Van = Van

TRK = Truck

TT = Truck Tractor

TRA = Trailer

Washington Utilities and Transportation Commission

Household Goods Technical Assistance and Records Review Checklist

Rev. 4/01

| Carrier: Budget Moving, INC | HG- 61609 |
|--|--------------------------------|
| Location: Seetfle 7523 Lake City Way NE 98115 | Assignment #: 105142 |
| ll / / | UBI#: 602 313 472 |
| Period of Records Checked: From: Dec 15, 04 To: 5- | 22:05 Total Number of Bills: 9 |

| WAC Rule 480-15- | WAC Rule Reference | Findings | Number Checked | Number in Violation |
|------------------------|--|--|-------------------|------------------------|
| | Does the company have current accounts with: Labor & Industries Employment Security Secretary of State Dept. of Revenue | ØYes □ No ØYes □ No ØYes □ No ØYes □ No | | |
| 110 | Address/Phone Number - Are the carrier's address and phone number those listed in Commission records? | ⊠Yes □ No | | |
| 360 | Permits - Is original kept in main office? | DYes □ No | | |
| 480 | Annual Report/Regulatory Fees - Has the carrier filed the most recent annual report? Was the annual report filed on or before May 1 st ? If not, were late fees and interest included? | ☑Yes ☐ No ☑Yes ☐ No | | |
| | Does the carrier correctly calculate and submit regulatory fees? | DYes □ No | | |
| 530 | Insurance - Does the carrier have current public liability and property damage insurance? Does it match the information on file with the Commission? Liability and property damage insurance information: Company: Farmers Tws Policy: 602193509 | ⊠Yes □ No ⊠Yes □ No | | |
| | Liability Limits: # 750,000 | | | |
| 550 | Cargo Insurance - Does the carrier have adequate cargo insurance? Cargo Insurance information: | Þr∕es □ No | | |
| | Company <u>Farmers</u> Ins. Policy: <u>602193509</u> Limits: <u>#20,000</u> | | | |

| ' ' | | | | | |
|----------|---|--------------|------|---|---|
| 590/600 | Leasing - Does the carrier lease equipment? | □Yes | Ø No | | |
| | If yes: Were the leases filed with and approved by the Commission? | □Yes | □ No | | |
| | Were the terms of the lease complied with? | □Yes | □ No | | |
| 610 | Advertising - Is the carrier's HG or TCC permit number included in all advertisements? If no, note on "other information". | ØYes | □ No | | |
| | Bill of Lading | | | | |
| 720 | Bills of Lading - Is the carrier using a Uniform Household Goods Bill of Lading that meets the requirement of Tariff 15-A? | Yes | ר No | | |
| | Has the carrier issued a Bill of Lading for each shipment? | ⊠Ýes | □No | - | |
| 740 | Does each Bill of Lading contain all required information? | ☑Yes | □ No | | |
| 620 | Notice to Shippers - Is the carrier providing shippers with the "Rights and Responsibilities" guide | | □ No | | , |
| | Has the notation on the Bills of Lading been signed by the shipper? | ₽Ýes | □ No | | |
| | Tariffs - Rates & Charges | 1 | | | |
| 490 | Does the carrier have a copy of Tariff 15-A? If yes: | | □ No | 1 | j |
| | Is it current? | | □ No | 1 | 1 |
| | Is it available to the public? | ØYes | □ No | | |
| | If shipper selected a valuation option, were charges computed correctly? | ₽Yes | □ No | | |
| | Does the carrier accurately record start and stop times on the bill of lading for each job? | ∕ZYes | □ No | | |
| | Are the charged hourly rates within the rate band? | ⊠Yes | □ No | | |
| | Are the extra labor charges within the rate band? | ⊠Yes | □ No | | |
| | Does the carrier charge travel time to and from job sites? | ØYes | □ No | | |
| | Charging overtime is optional. If the carrier charges overtime, are the charges within the rate band? | ØYes | □ No | | |
| | Has the carrier assessed hourly rates for any moves that have exceeded 35 miles from origin to destination? | ⊉Yes | □ No | | |
| | Has the carrier charged for any services not authorized under time rates? (Long carry, stairs, piano charge, etc.) | □Yes | Ø No | | |
| | Packing Material rates - are the charges within the rate band? Does the carrier charge for materials not in the tariff? (Such as: paper, | Yes | □ No | • | |
| <u> </u> | tape, padding, bubble wrap, shrink wrap, tape, etc.) | □Yes | ☑ No | | |
| | Has the carrier provided packing material to the shipper at no cost? | □Yes | Ø No | | |
| | Does the carrier use the Rand McNally mileage guide to determine mileage for tariff purposes? | ØYes | □No | | |
| | Is mileage computed correctly? | ØYes | □ No | | |
| 750 | Determination of weights - has the carrier weighed all shipments that have | Ø Yes | □ No | | |
| | exceeded 35 miles from origin to destination? Are empty and loaded weight tickets maintained with the bill of lading? | 1 | | | |
| | Does the carrier use correct tariff mileage/weight charges? | Yes | □ No | | |

. .

| | Packing Material rates - are the charges within the rate band? Does the carrier charge for materials not in the tariff? (Such as: paper, tape, padding, bubble wrap, shrink wrap, tape, etc.) | ØYes □ No □Yes Ø No | | |
|---------|--|------------------------|----------|--|
|). | Has the carrier provided packing material to the shipper at no cost? | □Yes Ø No | | |
| | Storage-in Transit - Has the carrier improperly classified or converted and storage-in-transit into long term storage? | □Yes Ø No | | |
| | Does the carrier use correct rates for movements into and/or out of storage-in-transit? | ØYes □ No | | |
| | Have shipments properly classified as storage-in-transit been charged long term storage rates? | □Yes Ø No | | |
| | Has the carrier provided temporary storage-in-vehicle? If yes: | □Yes 🗷 No | | |
| | Are the charges within the rate band? | □Yes □ No | - | |
| | Did the carrier obtain the shipper's authorizing signature? | □Yes □ No | | |
| | Are charges for stairs, elevators, and long carry calculated within the rate band? | ØYes □ No | | |
| | Are extra stop(s) charges calculated within the rate band? | ØYes □ No | | |
| | Are piano/organ charges calculated within the rate band? | ☑Yes □ No | | |
| | Has the carrier charged for "Expedited Service"? | □Yes Ø No | | |
| | If yes: Did the carrier obtain the shippers' authorizing signature? | □Yes □ No | | |
| | Estimates | } | <u> </u> | |
| 640 | Is the company aware that verbal estimates are not allowed? | ✓Yes □ No | | |
| 630-690 | Does the carrier issue written estimates? If yes: | ØYes □ No | | |
| | Are written estimates based on a written inventory (cube sheet)? | ☑Yes □ No | | |
| | Do written estimates include all required information? | ØYes □ No | | |
| | Does the carrier provide written estimates without visually inspecting the goods at the origin? | □Yes Ø No | | |
| | Binding Estimates - Does the carrier issue binding estimates? If yes: | □Yes 🗷 No | | |
| | Is required documentation attached to binding estimates? | □Yes □ No | | |
| | Has carrier failed to honor any binding estimates? Have any binding estimates exceeded the highest legal tariff rate? | □Yes □ No | | |
| | Has the carrier issued any supplemental estimates on binding estimates? | □Yes ☑ No | | |
| | If yes: Is a signed supplemental estimate attached to the original estimate? | □Yes □ No | | |
| | Have all written estimates been signed by the customer? | ØYes □ No | | |
| | Does the carrier retain all written estimates of moves they have conducted? | ØYes □ No | | |
| | Has the carrier issued any Supplemental Estimates? If yes: | ⊠Yes □ No | | |
| | Do supplemental estimates show what additional services were requested by the customer that would cause the increase? | ØYes □ No | | |
| | Is a signed supplemental estimate attached to the original estimate? | ØYes □ No | | |
| | Has the carrier refused to agree to release a shipment upon payment of 110% of a written and any supplemental estimates? | □Yes Ø No | | |
| | If the goods were released upon payment of 110% of a written estimate, has the customer been allowed 30 days to pay the balance? | ≱ Yes □ No | | |

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| | Has the carrier collected more than 25% over the written non-binding estimate (plus any supplemental estimate) for time charges on hourly moves, or collected more than 15% over the estimate for accessorial or other services? | □Yes ☑ No | | |
|---------|--|---|---|--|
| | Has the carrier collected more than 15% over a written non-binding estimate (plus any supplemental estimate) for mileage rated moves? | □Yes Ø No | | |
| | Has the carrier underestimated any shipments? If yes, How many were underestimated How many total moves did company conduct | □Yes Ø No | | |
| | Does carrier understand that it they choose not to issue written estimates, they can not provide service by offering to meet or beat another company's estimate? | ØYes □ No | - | |
| | Claims | ************************************** | • | |
| 800-870 | Does the carrier maintain a Complaints and Claims Register? | ØYes □ No | | |
| | If yes: Does the register include all required information? | ØYes □ No | | |
| | Have all complaints been recorded in the register? | ØYes □ No | | |
| | Are all complaints and claims consecutively numbered? | ØYes □ No | | |
| | Have all claims for loss and damage filed within 9 months of delivery date been recorded and processed? | ØYes □ No | | |
| | Are all claim record documents retained for 6 years? | ☑Yes □ No | | |
| | Are complaint records maintained in office for 3 years after resolution or shipment date? | ØYes □ No | | |
| | Does the carrier notify the customer in writing, within 10 days, that claim or complaint was received? | ⊠Yes □ No | | |
| | Does the carrier investigate the claim quickly? | ØYes □ No | | |
| | Does the carrier advise customer of resolution? | ØYes □ No | | |
| | Advisement is: Written ▼ Verbal □ | , | | |
| | Does the carrier pay, refuse, or offer a compromise on a claim within 120 days? | ☑Yes ☐ No | | |
| · | If claim is not settled within 120 days, does carrier the continue to inform claimant every 60 days? | ⊠Yes □ No | | |
| | If a customer is not satisfied with the carrier's resolution, is the customer referred to the Commission? | ⊠Yes □ No | | |
| | Does the carrier provide the customer with the Commission's toll-free line to Consumer Affairs? | ⊠Yes □ No | | |
| | Operations | | | |
| 190 | Permit - Is carrier operating within the scope of the permit? | ØYes □ No | | |
| 300 | Temporary Permit - Is carrier in compliance with conditions attached to its temporary authority? | ØYes □ No | | |
| 390 | Carrier Name - Is the carrier operating under its permitted name or an approved d/b/a? | ⊠Yes □ No | | |
| 430-450 | Suspension/Cancellation - Has the carrier's permit been suspended or canceled during the time frame of this records check? | □Yes Ø No | | |
| | If yes: Did the carrier operate during the suspension or cancellation period? | □Yes □ No | | |

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| · · · · | | | | |
|--------------------------------|---|----------------------------|-------------|---------------------------------------|
| 900 | Interstate Authority - Has the carrier operated in If yes: | interstate commerce? | □Yes ☑ No | , |
| 930 | Is the carrier properly registered? | □Yes □ No | , | |
| | Is a copy of the SSRS/Exempt receipt in ea | □Yes □ No | | |
| 360 | Permits - Does carrier keep copies in each vehi | ⊠Yes □ No | | |
| 560 | Vehicle Identification - Is the carrier's equipmen name and permit number? | □Yes ☑ No | | |
| 600 | Leased vehicles: are copies of leases in each vehicles | ehicle? N/A | □Yes □ No | |
| regulat This rec items t | ords review indicated that some records hat need correction have been discusse ords review found numerous record viol | s, as indicated in this fo | rm, need to | be corrected. The |
| | Representatives contacted during this records | Position Held | | Phone Number |
| review. | Ko Tracey | President | 266 | 622 2/22 |
| 7001 | nd (race y | Presicent | 106 | 522-0600 |
| | | | | |
| | | | | |
| Other info | Carrier will identify | vehrder with | nernit | Name |
| and | number by 6-30- | | | |
| | . , | | | |
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| <u>-</u> | | | | |
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| If you have any questions, or would like further technical | assistance, please contact: | |
| A) ickson Investigator | 360 647-7348 | 647-7316 |
| Investigator | Telephone | FAX |
| | | |
| Lag a representative of this company, column | uladge receipt of this recerd | a ravious form and |
| I, as a representative of this company, acknow understand the findings as stated herein. | vieuge receipt of this records | s review form and |
| Win Trun | President | 0/22/20 |
| Received By | Title | |

UNIFORM DRIVER/VEHICLE INSPECTION REPORT

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| the state of the s | CARRI | ER | <u> </u> | | |
| CARRIER NAME (Include DBA when applicable) Budget Mou | ing INC | | | | |
| 7523 Lake (| City Way NE | · | | HG- | 6160 |
| Seattle | STATE ZIPCODE WA 98115 | YES NO | DOT NO. | ict no. | , |
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UNIFORM DRIVER/VEHICLE INSPECTION REPORT

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| 1523 La | Ke City | Way NE | · INTERSTATE | DOT NO. | | ICC NO | 3-616 | 507 |
| Scattle | 7 | WA 78115 | YES NO |] . | | | | |
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| defects noted abo Driver may not dr | ve are repaired. ive until in complianc | e. OFFICER SIGNATURE | 11- | | | | | |
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UNIFORM DRIVER/VEHICLE INSPECTION REPORT

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Special Project 105/42

UNIFORM DRIVER/VEHICLE INSPECTION REPORT

| PERSONNEL NO. | DIST / DET | | LEVEL | : 1 | _ 2 | 3 | | _ 4 _ | | _ 5. | X | _ |
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| DATE OF BIRTH | MED. CERT. WAIVER | YN | HIPPER NA | | | | | ĺ | SHIPPII | | | |
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| REGISTERED OWNER N | | | | | | G.V.V | | 00 | | PBT F | RATE | |
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| 1. F. J. V. 1. 7.1 | <i>/</i> | 1 | DRIVER SI | GNATURE . | 1 | | | .1 | | | | |
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| Driver ma | ay not drive until in co | mpnance. | OFFICERS | | (Cen) | | | | | | | |
| 3000-150-160 R (2 | 2/99) | 1 | _/_{ | . 1) 10 | 2010 | | | | | | | |