

WASHINGTON



UTILITIES AND TRANSPORTATION COMMISSION

Celebrating 100 Years

Motor Carrier Safety Staff Recommendation

Upload? Yes No

Investigator(s): Grimm

Permit: HG62675

Assignment No.: 107214

MOTCAR No.: 1D 4358

Company name: Robert Norman Hoffman dba Bobs Moving ✓

Is this company a new entrant? Yes No

Type of assignment:

- Compliance review
- Technical assistance
- Vehicle inspection
- Complaint
- Other: Provisional HHG carrier; recommend that carrier be issued permanent authority based on meeting minimum requirements in WAC 480-15 for economic regulation and basic knowledge of federal motor carrier safety regulations.
- Education
- Training
- Destination check
- Unannounced CR

Date(s) of activity: September 14, 20 and 22, 2007

Relevant company history, if any:

Findings: Satisfactory safety rating; general compliance with economic regulations – CARRIER IS RECOMMENDED FOR PERMANENT HOUSEHOLD GOODS AUTHORITY.

Recommended Action:

- No further action.
- Notify the company in writing of the findings by providing a copy of the CR or vehicle inspection report.
- Require the company to submit a compliance plan in response to the 15-day letter requirement or in response to a compliance letter.
- Send the company a compliance letter. Require a response: Yes No
- Issue administrative penalties in the amount of \$
- Issue a complaint.
- Stop company operations.

Recheck: Yes (Date: _____) No

Is this a high risk carrier?

- Carrier has received a conditional or unsatisfactory safety rating from their last CR.
- Vehicle out-of-service ratio 25% or higher.
- Vehicle defect ratio of 75% or higher.

Additional Comments:

Investigator's signature: _____

Initial Review by: K Hunter Date: 9-24-07

Concur with staff recommendation to
issue permanent authority. Thanks!

Final recommendation by: D Pratt Date: 9/25/07

Agree with recommendations.
Thanks Bruce!

D Pratt

Date closed: 9/22/07 By: N Ad

cc: Bruce Grimm
Licensing

MEMORANDUM

TO: Kathy Hunter, Transportation Compliance Manager-UTC Olympia
FROM: Bruce Grimm, MCLE Special Investigator
DATE: September 22, 2007
RE: Robert N Hoffman dba Bob's Moving HG62675

This provisional household goods carrier was granted temporary operating authority on February 13, 2007 under docket TV-070256.

Operations have been limited to date as the carrier is concentrating on commercial moves and hauls within the Portland OR-Vancouver WA commercial zone. The carrier has made four residential household good moves.

Economic and safety technical assistance sessions were held with management on March 21, April 30, September 14 and September 20, 2007.

The carrier was offered and accepted the following assistance:

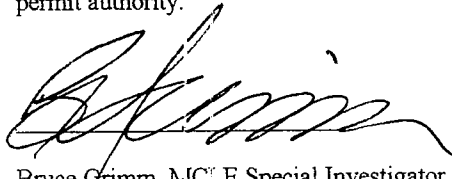
- Driver and equipment safety training
- Rates and billing practices training

The carrier was subject to the following inspection:

- Safety compliance review
- Economic compliance review
- CVSA type terminal vehicle inspection


Mr. Hoffman has a working knowledge of the WAC 480-15 rules including application of Tariff 15-B provisions. He has a basic knowledge of the federal motor carrier safety regulations as adopted by the commission which has afforded him a satisfactory safety rating using FMCSA rating criteria.

Based on a review of economic and safety records, the carrier is recommended for permanent household goods permit authority.



Bruce Grimm, MCLE Special Investigator

WASHINGTON UTILITIES & TRANSPORTATION COMMISSION - MOTOR CARRIER SAFETY

	US DOT # 1632829	Legal: ROBERT NORMAN HOFFMAN Operating (DBA): BOBS MOVING		
	MC/MX #:	State #: HG62675	Federal Tax ID: 533-80-5716 (SSN)	
Review Type: Compliance Review (CR)				
Scope:	Principal Office	Location of Review/Audit: Company facility in the U. S.		Territory:
Operation Types		Interstate	Intrastate	
Carrier:	Non-HM	Non-HM	Business: Individual	
Shipper:	N/A	N/A	Gross Revenue: _____ for year ending: _____	
Cargo Tank:	N/A			
Company Physical Address:				
110 E Heritage Ln Yacolt, WA 98675-5569				
Contact Name: Robert N Hoffman				
Phone numbers: (1) 360-904-7085 (2) _____ Fax _____				
E-Mail Address: _____				
Company Mailing Address:				
110 E Heritage Ln Yacolt, WA 98675-5569				
Carrier Classification				
Exempt for Hire				
Cargo Classification				
General Freight		Other: Commercial Zone		
Does carrier transport placardable quantities of HM? No				
Is an HM Permit required? N/A				
Driver Information				
	Inter	Intra	Average trip leased drivers/month: 0	
< 100 Miles:	1		Total Drivers: 1	
>= 100 Miles:			CDL Drivers: 0	
Equipment				
	Owned	Term Leased	Trip Leased	Owned Term Leased Trip Leased
Truck	1	0	0	
Power units used in the U.S.: 1				
Percentage of time used in the U.S.: 100				





BOBS MOVING (ROBERT NORMAN HOFFMAN dba)

U.S. DCT #: 1632829

State #: HG62675

Review Date:

09/20/2007

Part A

QUESTIONS regarding this report or the Federal Motor Carrier Safety Regulations should be addressed to: Washington Utilities & Transportation Commission

F.O. Box 47250
Olympia WA 98504-7250
Phone: 360-798-8724 E-mail: bgrimm@wutc.wa.gov

This report will be used to assess your safety compliance.

Person(s) Interviewed

Name: Robert N Hoffman

Title: Sole Proprietor

Name:

Title:





BOBS MOVING (ROBERT NORMAN HOFFMAN dba)
 U.S. DOT #: 1632829

State #: HG62675

Review Date:
 09/20/2007

Part B Violations

1 FEDERAL	Primary: 391.25(c)(1)	Discovered 1	Checked 1	Drivers/Vehicles In Violation 1	Checked 1
--------------	-----------------------	-----------------	--------------	---------------------------------------	--------------

Description

Failing to maintain a copy of the response from each State agency in the driver qualification file.

Example

Robert N Hoffman, trip date 04-30-07

2 FEDERAL	Primary: 395.8(j)(2)	Discovered 1	Checked 1	Drivers/Vehicles In Violation 1	Checked 1
--------------	----------------------	-----------------	--------------	---------------------------------------	--------------

Description

Failing to obtain from driver used for the first time or intermittently, a signed statement giving the total time on duty during the preceding 7 days and time at which last relieved from duty.

Example

Robert N Hoffman, trip date 09-14-07

Safety Fitness Rating Information: Total Miles Operated 2,500 Recordable Accidents 0 Recordable Accidents/Million Miles 0.00		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 : <p style="text-align: center;">SATISFACTORY</p>	Rating Factors			Acute	Critical
	Factor 1:	S	0	0	0
	Factor 2:	S	0	0	0
	Factor 3:	S	0	0	0
	Factor 4:	S	0	0	0
	Factor 5:	N	0	0	0
	Factor 6:	S	-	-	-

Corrective actions must be taken for any violations (deficiencies) identified on Part B of this report.





BOBS MOVING (ROBERT NORMAN HOFFMAN dba)
U.S. DOT #: 1632829

State #: HG62675

Review Date:
09/20/2007

Part B Requirements and/or Recommendations

1. Conduct periodic internal reviews of your driver qualification, hours of service control, maintenance, accident analysis/reporting, training, and other safety systems to ensure continued compliance with the FMCSR.
2. Obtain from any driver used for the first time (or intermittently) a signed statement showing the total time on-duty during the preceding seven (7) days and the time at which the driver was last relieved from duty.
3. This review will result in a Safety Rating.





BOBS MOVING (ROBERT NORMAN HOFFMAN dba)
 U.S. DOT #: 1632829

State #: HG62675

Review Date:
 09/20/2007

Part C

Reason for Review: Other New Entrant
Planned Action: Compliance Monitoring
Safestat Category:

Parts Reviewed Certification:

325	382	383	387	390	391	392	393	395	396	397	398	399	171	172	173	177	178	180
			✓	✓	✓	✓	✓	✓	✓									

Prior Reviews

Prior Prosecutions

Unsat/Unfit Information

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

Does carrier transport placardable quantities of hazardous materials?

Unsat/Unfit rule: 60-Day - no interstate Passengers or Placardable HM

Corporate Contact: Robert N Hoffman
Corporate Contact Title: Sole Proprietor

Special Study Information:

Remarks:

The carrier was requested to produce the following information at least 48 hours before this compliance review was scheduled:

- * Financial responsibility
- * Crash information
- * Driver qualification files
- * Hours of service records
- * Inspection, repair and maintenance records including annual (periodic) inspections

Operations have been within the Portland OR-Vancouver WA commercial zone as an exempt for hire carrier. The exemption is found in 13506 (b)(1) Miscellaneous motor carrier transportation exemptions.

The company maintains supporting documents consisting of bills of lading, daily trip records, roadside inspection reports, and other data.

Robert N. Hoffman, sole proprietor, is responsible for the supporting documents. They are located at the carrier's principal place of business or other authorized location. Files are maintained by driver, trip or date depending upon the type of record.

Records of duty status could be compared to various supporting documents by checking time, date and location of specific vehicles or drivers. The company may have days where passengers are not transported.

The international sampling method was used in conducting the compliance review.

A single straight truck commercial motor vehicle was inspected using CVSA Level 5 terminal criteria. No out of service condition was noted.

Inspections used to determine the out of service rate were found on the carrier profile or were taken from actual inspections conducted.

There were no acute violations.

The carrier has not operated for a whole fiscal year so any gross receipts information would be estimates only.





BOBS MOVING (ROBERT NORMAN HOFFMAN dba)

U.S. DOT #: 1632829

State #: HG62675

Review Date:

09/20/2007

Part C

The compliance review was initiated because this is a federal new entrant.

The carrier does not operate any other motor carriers nor is there a relationship with another carrier.

About 25% of the business is interstate in nature.

The carrier was not difficult to locate.


Mr. Hoffman was cooperative and is becoming conversant in the federal motor carrier safety regulations.

The carrier's business address has recently changed and the new address is reflected on the header of this report. Mr. Hoffman will be changing the address on the MCS-150 as soon as possible.

Upload Authorized:	<input checked="" type="radio"/> Yes	<input type="radio"/> No	
Authorized by:	<i>K Hunter</i>		Date: <i>9-24-07</i>
Uploaded:	<input type="radio"/> Yes	<input type="radio"/> No	Failure Code:
Verified by:			Date:



WASHINGTON UTILITIES & TRANSPORTATION COMMISSION - MOTOR CARRIER SAFETY

	US DOT # 1632829	Legal: ROBERT NORMAN HOFFMAN Operating (DBA): BOBS MOVING
--	----------------------------	--

MC/MX #: _____ **State #:** HG62675 **Federal Tax ID:** 533-80-5716 (SSN)
Review Type: Compliance Review (CR) - Receipt
Scope: Principal Office **Location of Review/Audit:** Company facility in the U. S. **Territory:** _____

Operation Types	Interstate	Intrastate	Business: Individual	
Carrier:	Non-HM	Ncn-HM	Gross Revenue:	for year ending:
Shipper:	N/A	N/A		
Cargo Tank:	N/A			

Company Physical Address:

110 E Heritage Ln
Yacolt, WA 98675-5569

Contact Name: Robert N Hoffman
Phone numbers: (1) 360-904-7085 (2) _____ **Fax** _____
E-Mail Address: _____

Company Mailing Address:

110 E Heritage Ln
Yacolt, WA 98675-5569

Report Summary

Report	# of Pages
Part A - General	2
Part B - Violations	1
Part B - Recommendations	1
Review/Audit Receipt Page	1
Total Pages	5

Disclaimer: By signing below, I acknowledge that I have received a copy of this review/audit and agree with the total number of pages indicated (above) for each document. My signature does not imply agreement with the findings of the review/audit, however they have been discussed in detail with me.

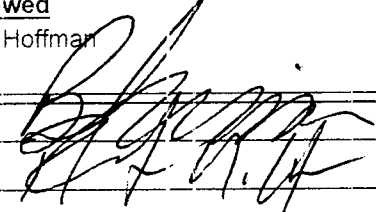
QUESTIONS regarding this report or the Federal Motor Carrier Safety Regulations should be addressed to: Washington Utilities & Transportation Commission

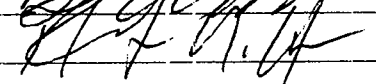
P.O. Box 47250
Olympia WA 98504-7250
Phone: 360-798-8724 E-mail: bgrimm@wutc.wa.gov

This report will be used to assess your safety compliance.

Person(s) Interviewed

Name: Robert N Hoffman	Title: Sole Proprietor
Name: _____	Title: _____

Reported By:  **Title:** MCG SPEC I/W **Code:** WA0540 **Date:** 9/20/2007

Received By:  **Title:** Owner

UNIFORM DRIVER/VEHICLE INSPECTION REPORT

1225394

PERSONNEL NO. 3540 DIST / DET

LEVEL: 1 ___ 2 ___ 3 ___ 4 ___ 5 X

GENERAL				HAZARDOUS MATERIALS			
DATE	TIME (MILITARY) BEGUN	TIME (MILITARY) FINISHED	HAZARD CLASS / DIVISION NO.				
<u>091407</u>	<u>1410</u>	<u>1430</u>					
LOCATION: SR/MP	SCALEHOUSE NO.	CNTY CODE	REPORTABLE QTY? Y N	HAZARDOUS WASTE? Y N			
<u>BATTLEGROUND</u>		<u>06</u>	PLACARD REQUIRED? Y N	CARGO TANKS? Y N			

CARRIER

CARRIER NAME (Include DBA when applicable)
BOBS MONING

ADDRESS
107 SW 14th CIRCLE

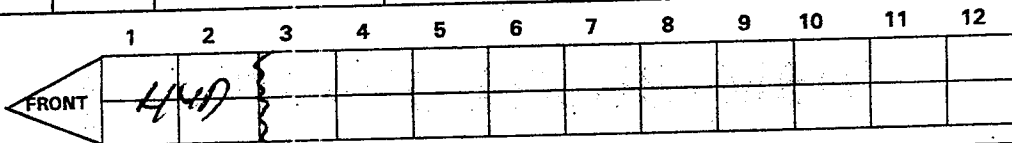
CITY	STATE	ZIP CODE	INTERSTATE	DOT NO.	ICC NO.
<u>BATTLE GROUND</u>	<u>WA</u>	<u>98604</u>	<u>YES</u> NO	<u>1632829</u>	

DRIVER

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

VEHICLE

REGISTERED OWNER NAME/ADDRESS	G.V.W.	PBT RATE			
<u>BOBS MONING, BATTLE GROUND</u>	<u>24000</u>				
UNIT	TYPE	YEAR/MAKE	CO. UNIT NO.	LICENSE NO. / VIN NO.	STATE
<u>1</u>	<u>TR</u>	<u>89 FORD</u>		<u>B66888B</u>	<u>WA</u>
<u>2</u>					
<u>3</u>					
<u>4</u>					



CFR	VIOLATIONS	D	1	2	3	4	Unit #s O/S	Complied

CV9A DECALS	UNIT 1	UNIT 2	UNIT 3	UNIT 4	NOIC NO.
<u>16569545</u>					
DRIVER SIGNATURE			OFFICER SIGNATURE		
<u>[Signature]</u>			<u>[Signature]</u>		

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

Washington Utilities and Transportation Commission
**Household Goods Technical Assistance and
 Records Review Checklist**

Rev. 4/01

Carrier: d/b/a: Robert N Hoffman dba Bobs Moving	HG- 62675
Location: 110 E Heritage Ln, Yacolt WA 98675-5569 Investigator: Grimm	Assignment #: 107214 UBI #: 602613810
Period of Records Checked: From: 021307 To: 091407 Total Number of Bills: 4	

WAC Rule	WAC Rule Reference	Findings	Number Checked	Number in Violation
480-15-				
	Does the company have current accounts with: Labor & Industries Employment Security Secretary of State Dept. of Revenue	Yes <input checked="" type="checkbox"/> No Yes No Yes No Yes No		
110	Address/Phone Number - Are the carrier=s address and phone number those listed in Commission records? Address change submitted.	Yes No <input checked="" type="checkbox"/>		
360	Permits - Is original kept in main office?	Yes <input checked="" type="checkbox"/> 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? Does the carrier correctly calculate and submit regulatory fees?	Yes <input checked="" type="checkbox"/> No Yes No Yes 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: Alpha Property & Casulty Co Policy : M000033925 Liability Limits: \$750000 CSL	Yes <input checked="" type="checkbox"/> No Yes <input checked="" type="checkbox"/> No		
550	Cargo Insurance - Does the carrier have adequate cargo insurance? Cargo Insurance information: Company <u>ALPHA</u> Policy : <u>M000033925</u> Limits: <u>50000</u>	Yes <input checked="" type="checkbox"/> No		

	Does the carrier lease equipment? If yes: Were the leases filed with and approved by the Commission? Were the terms of the lease complied with?	Yes <input checked="" type="radio"/> No Yes No		
610	Advertising - Is the carrier's HG or TCC permit number included in all advertisements? If no, note on Aother information@.	Yes <input checked="" type="checkbox"/> 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? Has the carrier issued a Bill of Lading for each shipment?	Yes <input checked="" type="checkbox"/> No Yes <input checked="" type="checkbox"/> No	4	
740	Does each Bill of Lading contain all required information?	Yes <input checked="" type="checkbox"/> No	4	
620	Notice to Shippers - Is the carrier providing shippers with the ARights and Responsibilities@ guide Has the notation on the Bills of Lading been signed by the shipper?	Yes <input checked="" type="checkbox"/> No Yes <input checked="" type="checkbox"/> No	4	

Tariffs - Rates & Charges

490	Does the carrier have a copy of Tariff 15-A? If yes: Is it current? Is it available to the public? Or referred online	Yes <input checked="" type="checkbox"/> No Yes <input checked="" type="checkbox"/> No Yes <input checked="" type="checkbox"/> No	1	
	If shipper selected a valuation option, were charges computed correctly?	Yes No	NA	
	Does the carrier accurately record start and stop times on the bill of lading for each job?	Yes <input checked="" type="checkbox"/> No		
	Are the charged hourly rates within the rate band?	Yes <input checked="" type="checkbox"/> No		
	Are the extra labor charges within the rate band?	Yes <input checked="" type="checkbox"/> No		
	Does the carrier charge travel time to and from job sites?	Yes <input checked="" type="checkbox"/> No		
	Charging overtime is optional. If the carrier charges overtime, are the charges within the rate band?	Yes No	NA	
	Has the carrier assessed hourly rates for any moves that have exceeded 35 miles from origin to destination?	Yes No	NA	
	Has the carrier charged for any services not authorized under time rates? (Long carry, stairs, piano charge, etc.)	Yes No <input checked="" type="checkbox"/>		
	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.) Has the carrier provided packing material to the shipper at no cost?	Yes No Yes No Yes No	NA	
	Does the carrier use the Rand McNally mileage guide to determine mileage for tariff purposes?	Yes <input checked="" type="checkbox"/> No		
	Is mileage computed correctly?	Yes No	NA	
750	Determination of weights - has the carrier weighed all shipments that have exceeded 35 miles from origin to destination? Are empty and loaded weight tickets maintained with the bill of lading?	Yes No Yes No	NA	
	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.) Has the carrier provided packing material to the shipper at no cost?	Yes No Yes No Yes No		
	Storage-in Transit - Has the carrier improperly classified or converted and storage-in-transit into long term storage?	Yes No		

	storage-in-transit?			
	Have shipments properly classified as storage-in-transit been charged long term storage rates?	Yes No		
	Has the carrier provided temporary storage-in-vehicle? If yes: Are the charges within the rate band? Did the carrier obtain the shipper's authorizing signature?	Yes No Yes No Yes No		
	Are charges for stairs, elevators, and long carry calculated within the rate band?	Yes No		
	Are extra stop(s) charges calculated within the rate band?	Yes No		
	Are piano/organ charges calculated within the rate band?	Yes No		
	Has the carrier charged for "Expedited Service"? If yes: Did the carrier obtain the shipper's authorizing signature?	Yes No Yes No		

Estimates

640	Is the company aware that verbal estimates are not allowed?	Yes <input checked="" type="checkbox"/> No		
630-690	Does the carrier issue written estimates? If yes: Are written estimates based on a written inventory (cube sheet)?	Yes <input checked="" type="checkbox"/> No Yes <input checked="" type="checkbox"/> No		
	Do written estimates include all required information?	Yes <input checked="" type="checkbox"/> No		
	Does the carrier provide written estimates without visually inspecting the goods at the origin?	Yes No <input checked="" type="checkbox"/>		
	Binding Estimates - Does the carrier issue binding estimates? If yes: Is required documentation attached to binding estimates? Has carrier failed to honor any binding estimates? Have any binding estimates exceeded the highest legal tariff rate? Has the carrier issued any supplemental estimates on binding estimates? If yes: Is a signed supplemental estimate attached to the original estimate?	Yes <input checked="" type="checkbox"/> No Yes <input checked="" type="checkbox"/> No Yes <input checked="" type="checkbox"/> No Yes <input checked="" type="checkbox"/> No Yes <input checked="" type="checkbox"/> No	3	
	Have all written estimates been signed by the customer?	Yes <input checked="" type="checkbox"/> No		
	Does the carrier retain all written estimates of moves they have conducted?	Yes <input checked="" type="checkbox"/> No		
	Has the carrier issued any Supplemental Estimates? If yes: Do supplemental estimates show what additional services were requested by the customer that would cause the increase? Is a signed supplemental estimate attached to the original estimate?	Yes <input checked="" type="checkbox"/> No Yes <input checked="" type="checkbox"/> No Yes <input checked="" type="checkbox"/> No	1	
	Has the carrier refused to agree to release a shipment upon payment of 110% of a written and any supplemental estimates?	Yes No <input checked="" type="checkbox"/>		
	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	NA	
	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 <input checked="" type="checkbox"/>		
	Has the carrier collected more than 15% over a written non-binding estimate (plus any supplemental estimate) for mileage rated moves?	Yes No	NA	

Has the carrier underestimated any shipments? If yes, How many were underestimated _____ How many total moves did company conduct _____	Yes No <input checked="" type="checkbox"/>		
Does carrier understand that if they choose not to issue written estimates, they can not provide service by offering to meet or beat another company=s estimate?	Yes <input checked="" type="checkbox"/> No		

Claims

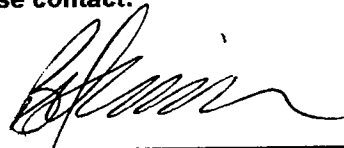
800-870	Does the carrier maintain a Complaints and Claims Register? If yes: Does the register include all required information?	Yes <input checked="" type="checkbox"/> No Yes No	1	
	Have all complaints been recorded in the register? No claims.	Yes No	NA	
	Are all complaints and claims consecutively numbered?	Yes No	NA	
	Have all claims for loss and damage filed within 9 months of delivery date been recorded and processed?	Yes No	NA	
	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?	Yes 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?	Yes No		
	Does the carrier advise customer of resolution? Advisement is: Written Verbal	Yes No		
	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? To toll free line Does the carrier provide the customer with the Commission=s toll-free line to Consumer Affairs?	Yes <input checked="" type="checkbox"/> No Yes <input checked="" type="checkbox"/> No		

Operations

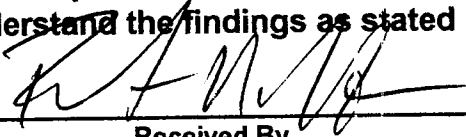
190	Permit - Is carrier operating within the scope of the permit?	Yes <input checked="" type="checkbox"/> No		
300	Temporary Permit - Is carrier in compliance with conditions attached to its temporary authority?	Yes <input checked="" type="checkbox"/> No		
390	Carrier Name - Is the carrier operating under its permitted name or an approved d/b/a?	Yes <input checked="" type="checkbox"/> No		
430-450	Suspension/Cancellation - Has the carrier=s permit been suspended or canceled during the time frame of this records check? If yes: Did the carrier operate during the suspension or cancellation period?	Yes No <input checked="" type="checkbox"/> Yes No		
900	Interstate Authority - Has the carrier operated in interstate commerce?	Yes <input checked="" type="checkbox"/> No		
930	If yes: Has knowledge of UCR operated in commercial zone Is the carrier properly registered? Is a copy of the SSRS/Exempt receipt in each vehicle	Yes No Yes No		
360	Permits - Does carrier keep copies in each vehicle?	Yes <input checked="" type="checkbox"/> No		
560	Vehicle Identification - Is the carrier=s equipment properly identified by name and permit number?USDOT number	Yes <input checked="" type="checkbox"/> No		

If you have any questions, or would like further technical assistance, please contact:

Bruce Grimm 360-798-8724 bgrimm@utc.wa.gov
Investigator Telephone E-mail



I, as a representative of this company, acknowledge receipt of this records review form and understand the findings as stated herein.



Received By

Owner

Title

9/20/07

Date

2007 MCSAP DATA SHEET

Assignment #:	107214
Date of CR/Inspection:	September 14, 2007
Carrier Name:	Robert Norman Hoffman
DBA:	Bobs Moving
Permit #:	HG62675
DOT #:	1632829
MC #:	
MotCar #:	

COMPLIANCE REVIEW DATA:

Safety Rating:	Satisfactory
Number of Vehicles Operated:	1
Number of Drivers Operated:	1
Total Miles for Prior Year:	2500
Recordable Accidents for Prior Year:	0
Accident Ratio:	0

PART B VIOLATIONS:

Part 382/Part 40	
Part 383	
Part 387	
Part 390	
Part 391	1
Part 392	
Part 395	1
Part 396	
Part 397	

2007 MCSAP DATA SHEET (cont):

VEHICLE INSPECTION DATA:

Vehicle Type:	MC	MB 1-15	MB 16+	SB 1-8	SB 9-15	SB 16+	VAN 1-8	VAN 9-15	TRK	TT	TRA
# of Vehicle Inspections:									1		
# of Defective Vehicles:											
Defective Vehicle Ratio:	LEAVE BLANK - RATIO COMPUTER GENERATED										
# of OOS Vehicles:											
OOS Vehicle Ratio:	LEAVE BLANK - RATIO COMPUTER GENERATED										
Location of Inspection:	Clark County										
Level of Inspection:									5		

VEHICLE INSPECTION VIOLATIONS

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

Grimm

Inspector(s): _____