

Motor Carrier Safety Staff Recommendation

Investigator(s): Alan Dickson

Permit: HG-62591

Assignment No.: 107019

MOTCAR No.: *44695*

✓ Company name: Gregory Cook *d/b/a EyeScribe Training Systems*

Type of assignment:

- Compliance review
- Technical assistance
- Vehicle inspection
- Other: _____

- Education
- Training
- Destination check

Date(s) of activity: 5-15-07

Relevant company history, if any:

Findings: SATISFACTORY RATING

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

Additional Comments: I recommend this company be considered for issuance of the permanent HG authority.

Investigator's signature: Alan Dickson

Initial Review by: _____ Date: _____

Final recommendation by: K Hunter Date: 5-29-07
concur with staff recommendation
to issue permanent authority
Done and file
Thanks!

Date closed: 5/29/07 By: CAC

cc: Alan Dickson
Licensing

WASHINGTON UTILITIES & TRANSPORTATION COMMISSION



US DOT #

Legal: GREGORY COOK

Operating (DBA): EXCALIBUR MOVING SYSTEMS

MC/MX #: **State #:** A-1C7019 **Federal Tax ID:** 20-5097468 (EIN)

Review Type: Compliance Review (CR) - Receipt

Scope: Principal Office **Location of Review/Audit:** Company facility in the U. S. **Territory:**

Operation Types **Interstate** **Intrastate**

Carrier: N/A Non-HM
Shipper: N/A N/A
Cargo Tank: N/A

Business: Corporation
Gross Revenue: \$6,000.00 **for year ending:** 5/15/2007

Company Physical Address:

17425 SR 9
 Snohomish, WA 98296

Contact Name: Gregory Cook

Phone numbers: (1) 360 668-2150 (2) **Fax** 360 688-2158

E-Mail Address:

Company Mailing Address:

17428 SR 9 PMB #139
 Snohomish, WA 98296

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 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: Gregory Allen Cook

Title: Owner/Operator

Name:

Title:

Reported By: *Alan Dickson* **Title:** *Motor Carrier Sfty* **Code:** WA0553 **Date:** 5/15/2007

Received By: *Gregory Cook* **Title:** *PRESIDENT*



WASHINGTON UTILITIES & TRANSPORTATION COMMISSION



US DOT #

Legal: GREGORY COOK
Operating (DBA): EXCALIBUR MOVING SYSTEMS

MC/MX #: **State #:** A-107019 **Federal Tax ID:** 20-5097468 (EIN)

Review Type: Compliance Review (CR)

Scope: Principal Office **Location of Review/Audit:** Company facility in the U. S. **Territory:**

Operation Types **Interstate** **Intrastate**

Carrier: N/A Non-HM
Shipper: N/A N/A
Cargo Tank: N/A

Business: Corporation
Gross Revenue: \$6,000.00 **for year ending:** 5/15/2007

Company Physical Address:

17425 SR 9
 Snohomish, WA 98296

Contact Name: Gregory Cook
Phone numbers: (1) 360 688-2150 (2) **Fax** 360 688-2158
E-Mail Address:

Company Mailing Address:

17428 SR 9 PMB #139
 Snohomish, WA 98296

Carrier Classification

Other: HG-62591

Cargo Classification

General Freight Other: HG-62591

Does carrier transport placardable quantities of HM? No
Is an HM Permit required? N/A

Driver Information

	Inter	Intra	Average trip leased drivers/month:
< 100 Miles:			0
>= 100 Miles:			Total Drivers: 1
			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





EXCALIBUR MOVING SYSTEMS (GREGORY COOK dba)

U.S. DOT #:

State #: A-107019

Review Date:

05/15/2007

Part A

QUESTIONS regarding this report or the Federal Motor Carrier Safety Regulations may be addressed to the WLTC at:

1720 Ellis Street, Suite #200
Bellingham, WA 98225

This report will be used to assess your safety compliance.

Person(s) Interviewed

Name: Gregory Allen Cook

Title: Owner/Operator

Name:

Title:





EXCALIBUR MOVING SYSTEMS (GREGORY COOK dba)
U.S. DOT #:

State #: A-107019

Review Date:
05/15/2007

Part B Violations

1 STATE	Primary: 393.9 CFR Equivalent: 393.9	Discovered 1	Checked 1	Drivers/Vehicles In Violation 1	Checked 1
------------	---	-----------------	--------------	---------------------------------------	--------------

Description

Operating a motor vehicle not having the required operable lamps:

Example

U#1, 1991 GMC A 54981Z - Wa
Truck box lights, ID, clearance and marker lights inoperable (fuse blown)

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 :

SATISFACTORY

Rating Factors		Acute	Critical
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	-	-





EXCALIBUR MOVING SYSTEMS (GREGORY COOK dba)

U.S. DOT #:

State #: A-107019

Review Date:

05/15/2007

Part B Requirements and/or Recommendations

1. Ensure that the persons or entities that perform preventative maintenance inspections on your equipment are abiding by agreed time or mileage intervals. Ensure that records are kept of such periodic preventative maintenance inspections. Take corrective action, if schedules are not being adhered to.
2. This review will result in a Safety Rating.





EXCALIBUR MOVING SYSTEMS (GREGORY COOK dba)

U.S. DOT #:

State #: A-107019

Review Date:

05/15/2007

Part C

Reason for Review: Other HG provisional
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: Not Applicable

Corporate Contact: Gregory Alien Cook
Corporate Contact Title: Owner/Operator

Special Study Information:

Remarks:

This review was conducted as part of the provisional household goods carrier 6 month temporary process. Mr. Cook is familiar with the safety regulations having work for area movers the past several years. He maintains proper accounts, records, and files for compliance with the safety regulations. Inspection of the non-CDL vehicle found a blown fuse and inoperable truck marker, clearance and ID lights. Mr. Cook will correct this defects and send compliance form to the WSP. A CVSA sticker was issued.

The company received a satisfactory safety rating.

Upload Authorized:	Yes	No	
Authorized by:			Date:
Uploaded:	Yes	No	Failure Code:
Verified by:			Date:



UNIFORM DRIVER/VEHICLE INSPECTION REPORT

1225057

PERSONNEL NO. **J553** DIST / DET _____ LEVEL: 1 _____ 2 _____ 3 _____ 4 _____ 5 **X**

GENERAL				HAZARDOUS MATERIALS			
DATE	TIME (MILITARY) BEGUN	TIME (MILITARY) FINISHED	HAZARD CLASS / DIVISION NO.				
5.15.07	10:50	1115	REPORTABLE QTY? Y N	HAZARDOUS WASTE? Y N			
LOCATION: SR/MF			SCALEHOUSE NO.	CNTY CODE	PLACARD REQUIRED? Y N	CARGO TANKS? Y N	
TERMINAL			31	31			

CARRIER

CARRIER NAME (Include DBA when applicable) **Gregory Allen Cook DBA: Excalibur Moving Systems**

ADDRESS **17428 SR 9 PMB #139 HG-62591**

CITY **Snohomish** STATE **WA** ZIP CODE **98296** INTERSTATE YES DOT NO. _____ ICC NO. _____

DRIVER

DRIVER NAME _____ LICENSE NO. _____ STATE _____ EXP. YEAR _____

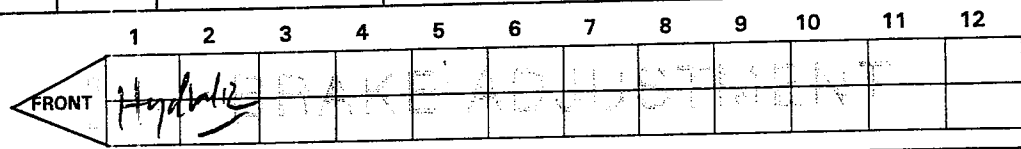
DATE OF BIRTH _____ MED. CERT. Y N _____ SHIPPER NAME _____ SHIPPING NO. _____

WAIVER Y N _____

VEHICLE

REGISTERED OWNER NAME/ADDRESS **Carrier** G.V.W. **26000** PBT RATE _____

UNIT	TYPE	YEAR/MAKE	CO. UNIT NO.	LICENSE NO. / VIN NO.	STATE
1	TR	91 GMC	1	A54981Z	WA
2					
3					
4					



CFR	VIOLATIONS	D	1	2	3	4	Unit # O/S	Complied
393.9	Truck ID & Clearance & Marker Lights (Fuses)		X					

CVSA DECALS UNIT 1 **5922108** UNIT 2 _____ UNIT 3 _____ UNIT 4 _____ NOIC NO. _____

DRIVER SIGNATURE **Gregory Cook**

OFFICER SIGNATURE **A. Dickson**

____ Vehicle may not be operated until O/S defects noted above are repaired.

____ Drive may not drive until in compliance.

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

Carrier: <u>Gregory Cook</u> d/b/a: <u>Excalibur Moving Systems</u>	HG- <u>62591</u>
Location: <u>17825 SR 9 Snohomish</u>	Assignment #: <u>107019</u>
Investigator: <u>A Dickson</u> 98296	UBI #: <u>602 625 996</u>
Period of Records Checked: From: <u>Jan 07</u> To: <u>5/9/07</u> Total Number of Bills: <u>15</u>	

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	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
110	Address/Phone Number - Are the carrier's address and phone number those listed in Commission records?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
360	Permits - Is original kept in main office?	<input checked="" type="checkbox"/> Yes <input 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?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> 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: <u>Western National Ins.</u> Policy: <u>GL 300009055</u> Liability Limits: <u>\$ 750,000</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
550	Cargo Insurance - Does the carrier have adequate cargo insurance? Cargo Insurance information: Company <u>Western National Ins.</u> Policy: <u>GL 300009055</u> Limits: <u>\$ 20 000</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

480-15-	WAC Rule Reference	Findings	Number Checked	Number in Violation
590/600	Leasing - Does the carrier lease equipment? (Not to include leasing companies) If yes: Were the leases filed with and approved by the Commission? Were the terms of the lease complied with?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No		
610	Advertising - Is the carrier's HG or TCC permit number included in all advertisements?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Tariffs - Rates & Charges				
490	Does the carrier have a copy of Tariff 15-A? If yes: Is it current? Is it in the office and available to the public?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
490 Hourly	Does the carrier accurately record start and stop times for each job?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
	Are the charged hourly rates within the rate band?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
	Are the extra labor charges within the rate band?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
	Does the carrier charge travel time to and from job sites?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
	Charging overtime is optional. If the carrier charges overtime, are the charges within the rate band?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
	Has the carrier assessed hourly rates for any moves that have exceeded 35 miles from origin to destination?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	Has the carrier charged for any services not authorized under time rates? (Long carry, stairs, piano charge, etc.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
490 Mileage	Does the carrier use the Rand McNally mileage guide to determine mileage for tariff purposes?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	No Mileage Move	
	Is mileage computed correctly?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Conducted - -	
	Does the carrier use correct tariff mileage/weight charges?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	Carrier is knowledgeable	
	Storage-in Transit - Has the carrier improperly classified or converted and storage-in-transit into long term storage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	of	
	Does the carrier use correct rates for movements into and/or out of storage-in-transit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Hourly Rating	
	Have shipments properly classified as storage-in-transit been charged long term storage rates?	<input type="checkbox"/> Yes <input type="checkbox"/> No	for Shipments	
	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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No		

480-15-	WAC Rule Reference	Findings	Number Checked	Number in Violation
	Are charges for stairs, elevators, and long carry calculated within the rate band?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Are extra stop(s) charges calculated within the rate band?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Are piano/organ charges calculated within the rate band?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Are valuation charges computed correctly?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Has the carrier charged for "Expedited Service"? If yes: Did the carrier obtain the shippers' authorizing signature?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No		
620	Notice to Shippers - Is the carrier providing shippers with the "Rights and Responsibilities" guide Has the notation on the Bills of Lading been signed by the shipper?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No		

Estimates				
640	Is the company aware that verbal estimates are not allowed?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
630-690	Does the carrier issue written estimates? If yes: Are written estimates based on a written inventory (cube sheet)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
	Do written estimates include all required information?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
	Does the carrier provide written estimates without visually inspecting the goods at the origin?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Have all written estimates been signed by the customer?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
	Does the carrier retain all written estimates of moves they have conducted?	<input checked="" type="checkbox"/> Yes <input 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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Has the carrier refused to agree to release a shipment upon payment of 110% of a written and any supplemental estimates?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	Has the carrier collected more than 15% over a written non-binding estimate (plus any supplemental estimate) for mileage rated moves?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

480-15-	WAC Rule Reference	Findings	Number Checked	Number in Violation
	Has the carrier underestimated any shipments? If yes, How many were underestimated _____ How many total moves did company conduct _____	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	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?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
720	Bills of Lading - Is the carrier using a Uniform Household Goods Bill of Lading that meets the requirement of Tariff 15-A?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
	Has the carrier issued a Bill of Lading for each shipment?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
740	Does each Bill of Lading contain all required information?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
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?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	<i>No Mileage Moves</i>	
Claims				
800-870	Does the carrier maintain a Complaints and Claims Register? If yes: Does the register include all required information?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
	Have all complaints been recorded in the register?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>No Claims</i>	
	Are all complaints and claims consecutively numbered?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>as yet</i>	
	Have all claims for loss and damage filed within 9 months of delivery date been recorded and processed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Carrier</i>	
	Are all claim record documents retained for 6 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>is</i>	
	Are complaint records maintained in office for 3 years after resolution or shipment date?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Knowledgeable</i>	
	Does the carrier notify the customer in writing, within 10 days, that claim or complaint was received?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>of</i>	
	Does the carrier investigate the claim quickly?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Rules / Regs</i>	
	Does the carrier advise customer of resolution? Advisement is: Written <input type="checkbox"/> Verbal <input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Does the carrier pay, refuse, or offer a compromise on a claim within 120 days?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	If claim is not settled within 120 days, does the carrier continue to inform claimant every 60 days?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	If a customer is not satisfied with the carrier's resolution, is the customer referred to the Commission?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Does the carrier provide the customer with the Commission's toll-free line to Consumer Affairs?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Operations				
190	Permit - Is carrier operating within the scope of the permit?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

480-15-	WAC Rule Reference	Findings	Number Checked	Number in Violation
300	Temporary Permit - Is carrier in compliance with conditions attached to its temporary authority?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
390	Carrier Name - Is the carrier operating under its permitted name or an approved d/b/a?	<input checked="" type="checkbox"/> Yes <input 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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No		
900	Interstate Authority - Has the carrier operated in interstate commerce? If yes:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
930	Is the carrier properly registered? Is a copy of the SSRS/Exempt receipt in each vehicle	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No		
360	Permits - Does carrier keep copies in each vehicle?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
560	Vehicle Identification - Is the carrier's equipment properly identified by name and permit number?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
600	Leased vehicles: are copies of leases in each vehicle? N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No		

This records review indicated that the carrier's records are in compliance with WUTC rules and regulations.

This records review indicated that some records, as indicated in this form, need to be corrected. The items that need correction have been discussed.

This records review found numerous record violations. All of the items that need correction were discussed.

Company Representatives contacted during this records review.	Position Held	Phone Number
Gregory Cook	Owner / Operator	425 280-7615

Other information:

Limited hauling operations conducted thus far - 15 hourly
Rated Shipments - No Violations.

Carner is knowledgeable of the rules and regulations, have resource manuals - "your guide", economic guide to Rules/Regs and Rule Book and Tariff 15.

Mr. Cook is in compliance with the Commission rules and regulations.

I would recommend Mr. Cook be considered for issuance of the permanent Hq. authority.

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

Alan Dickson
Investigator

360 647-7348
Telephone

647-7340
FAX

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

Gregory Cook
Received By

PRESIDENT
Title

5/15/07
Date

2007 MCSAP DATA SHEET

Assignment #:	107019
Date of CR/Inspection:	5-15-07
Carrier Name:	Gregory Allen Cook
DBA:	Excalibur Moving Systems
Permit #:	HG-62591
DOT #:	
MC #:	
MotCar #:	

COMPLIANCE REVIEW DATA:

Safety Rating:	SAT
Number of Vehicles Operated:	1
Number of Drivers Operated:	1
Total Miles for Prior Year:	2,500
Recordable Accidents for Prior Year:	0
Accident Ratio:	0%

PART B VIOLATIONS:

Part 382/Part 40	
Part 383	
Part 387	
Part 390	
Part 391	
Part 392	
Part 395	
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:									1		
Defective Vehicle Ratio:	LEAVE BLANK - RATIO COMPUTER GENERATED										
# of OOS Vehicles:									0		
OOS Vehicle Ratio:	LEAVE BLANK - RATIO COMPUTER GENERATED										
Location of Inspection:	Snohomish										
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									<u>1</u>		
Lights											
Tires/Wheels /Rims											
Horn											
Windshield/ Wipers											
Mirrors											
Emergency Equipment/ Exits											
Coupling Devices											
Frame											
Suspension											
Exhaust											
Other											

Alan Dickson

Inspector(s): _____