

Licensing

Completed Activity Report

Motor Carrier Safety

Upload? Yes No

1. Investigator(s): Alan Dickson 2. Assignment No.: 109167

3. Current Date: 11-24-09 4. Date of Activity: 11-17-09

5. Carrier Name: Office Assembly and Systems Installation Specialists, Inc.

6. Permit: THG-63486 7. If new entrant, date of temporary authority 1/27/09

8. MOTCAR No.: _____ 9. Carrier is: Intrastate Only
 Interstate Only
 Both Intra and Interstate

10. Industry Code: 207

11. DOT No.: 1853396 - Wa 12. MC No.: 57863

13. **Destination Check**
 Attached is a copy of the Destination Check Safety Plan.

- Number of buses inspected: # of 9-15 passenger _____ # of 16+ passenger _____
- Number of vehicle inspections: Level 1 _____ Level 2 _____ Level 3 _____ Level 5 _____
- Describe any special emphasis placed on the destination check and the results:

- What might we do differently to increase our success at the next destination check:

14. **Safety Complaint**
 Attach a copy of the Individual Safety Complaint Plan.

- What activity did staff complete for this safety complaint:
 - Compliance review
 - Technical assistance
 - Number of vehicle inspections: Level 1 _____ Level 2 _____ Level 5 _____
 - Unannounced terminal visit
 - Other (please explain): _____

19. Part B Violations:

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

20. Vehicle Inspection Data:

	MC	MB 1-15	MB 16+	SB 1-8	SB 9-15	SB 16+	VAN 1-8	VAN 9-15	TRK	TT	TRA
Inspections									4		
Defective Vehicles									3		
OOS Vehicles									0		
Location									Woo dinvi lle		
Level									5		

21. Vehicle Inspection Violations:

	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									3		
Tires, wheels, rims											
Horn											
Windshield and Wipers											
Mirrors											
Emergency Equip, Exits											
Coupling Devices											
Frame											
Suspension											
Exhaust											
Other											

22. Driver Inspection Violations:

Medical Card	Medical Waiver	Hours of Service	Drivers License

23. Relevant carrier history, if any: _____

24. Findings: I conducted a follow up CR for compliance monitoring after the new entrant received a conditional rating August 2009. The company has corrected the violations noted earlier. This inspection noted defective truck identification lights and failure to mark vehicles with carrier's WA USDOT number. A satisfactory safety rating was received.

25. Recommended Action:

- No further action.
- Notify the company in writing of the findings by providing a copy of the CR, vehicle inspection report, safety audit or other similar document.
- Require the company to submit a compliance plan in response to the 15-day letter requirement.
- Recheck - Compliance review (Date: _____)
- Revisit to recheck a specific issue (Date: _____)

Describe: _____

- Send the company a compliance letter. Require a response: Yes No
- Issue administrative penalties in the amount of \$
- Issue a complaint.
- Stop company operations.

26. Is this carrier considered a high risk carrier as a result of this activity?

- Carrier accident ratio is higher than aggregate ratio.
- Carrier had an out-of-service ratio 25% or higher at the last vehicle inspection.
- Carrier had a defect ratio 75% or higher at the last vehicle inspection.
- Carrier received more than one conditional or unsatisfactory compliance review rating in more than one of the last four compliance reviews (or less than four if four are not completed).
- Other (please explain): _____

27. Additional Comments: The company's officers have attended the commission HG new entrant training classes. I would recommend this carrier be considered for issuance of the permanent household goods permit. Forward to licensing services for processing.

23. Relevant carrier history, if any: _____

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 Other (please explain): _____

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Investigator's signature: Alan Dickson

Initial review by: _____ Date: _____

Reviewer's recommendation: _____

Final review by: DPratt Date: 11/30/09

Reviewer's recommendation: Agree with recommendations.

~~*~~ OK to issue perm authority close & file.
Thanks Alan
DPratt

Date closed: 11/30/09 By: CAC

cc: Alan Dickson
Licensing

Company name Office Assembly and Systems Installation Specialists, Inc. 109167

Staff Assigned Alan Dickson

WASHINGTON UTILITIES & TRANSPORTATION COMMISSION



US DOT #
1853396

Legal: OFFICE ASSEMBLY AND SYSTEMS INSTALLATION SPECIALISTS INC
Operating (DBA): OASIS

MC/MX #: 57863 **State #:** THG-63486 **Federal Tax ID:** 91-1304224 (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: \$20,000.00 **for year ending:** 12/31/2008

Company Physical Address:

15000 Woodinville Redmond Rd Bldg B Suite 100
Woodinville, WA 98072

Contact Name: Michael Taylor

Phone numbers: (1) 206 545-7167 (2) **Fax** 206 632-7803

E-Mail Address:

Company Mailing Address:

P O Box 1726
Woodinville, WA 98072

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:

WUTC
1720 Ellis St. #200
Bellingham, WA 98225

This report will be used to assess your safety compliance.

Person(s) Interviewed

Name: Michael Taylor

Title: CEO

Name: Kevin Collins

Title: Project Coordinator

Reported By: *Alan Nelson*

Title: Motor Carrier Sfty **Code:** WA0553 **Date:** 11/17/2009

Received By: *[Signature]*

Title: Fleet Manager



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Woodinville, WA 98072

Contact Name: Michael Taylor
Phone numbers: (1) 206 545-7167 (2) **Fax** 206 632-7803
E-Mail Address:

Company Mailing Address:

P O Box 1726
Woodinville, WA 98072

Carrier Classification

Authorized for Hire Private Property Other: HHG, intra

Cargo Classification

General Freight Household Goods

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:		10	Total Drivers: 10
>= 100 Miles:			CDL Drivers: 0

Equipment

	Owned	Term Leased	Trip Leased	Owned	Term Leased	Trip Leased
--	--------------	--------------------	--------------------	--------------	--------------------	--------------------

Truck	5	0	0			
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Power units used in the U.S.: 5

Percentage of time used in the U.S.: 100





OASIS (OFFICE ASSEMBLY AND SYSTEMS INSTALLATION SP dba)

U.S. DOT #: 1853396

State #: THG-63486

Review Date:

11/17/2009

Part B Violations

1 STATE	Primary: 390.21(b)(2) CFR Equivalent: 390.21(b)(2)	Discovered 4	Checked 4	Drivers/Vehicles In Violation 4	Checked 4
------------	---	-----------------	--------------	---------------------------------------	--------------

Description

Failing to mark a commercial motor vehicle with the USDOT identification number.

Example

U# T-8, 2005 GMC A63334V - Wa
No USDOT number displayed on vehicle
11-16-09

2 STATE	Primary: 393.9 CFR Equivalent: 393.9	Discovered 3	Checked 4	Drivers/Vehicles In Violation 3	Checked 4
------------	---	-----------------	--------------	---------------------------------------	--------------

Description

Operating a motor vehicle not having the required operable lamps.

Example

T-2 2005 GMC lic no. A63337V - Wa
Inoperable front identification light
11-16-09

Safety Fitness Rating Information:	
Total Miles Operated	1,775
Recordable Accidents	0
Recordable Accidents/Million Miles	0.00

OOS Vehicle (CR): 0
Number of Vehicle Inspected (CR): 4
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	-	-

Null
Null





OASIS (OFFICE ASSEMBLY AND SYSTEMS INSTALLATION SP dba)

U.S. DOT #: 1853396

State #: THG-63486

Review Date:

11/17/2009

Part B Requirements and/or Recommendations

1. Establish a systematic maintenance records program for all vehicles. Maintain a complete file for each subject vehicle, recording all repair, maintenance and inspection operations performed.
2. This review will result in a Safety Rating.
3. Ensure that all vehicles are properly marked with your name or trade name and U.S. DOT number. If your vehicles are also periodically operating for other carriers, they must be marked with that carrier's name and U.S. DOT#.





Part C

Reason for Review: Other HG workplan
Planned Action: Compliance Monitoring
Safestat Category:

Parts Reviewed Certification:

Table with 15 columns (325-396) and 15 rows (171-180). Checkmarks are present under columns 387, 390, 391, 392, 393, 395, and 396.

Prior Reviews

Prior Prosecutions

8/19/2009

Unsat/Unfit Information

Is the motor carrier of passengers subject to the safety fitness procedures contained in 49 CFR part 385 subpart A, AND does it transport passengers in a commercial motor vehicle?

Does carrier transport placardable quantities of hazardous materials?

Unsat/Unfit rule:

Not Applicable

Corporate Contact: Michael Taylor

Corporate Contact Title: CEO

Special Study Information:

Remarks:

This review was conducted as a compliance monitoring follow up to a compliance review for this intrastate new entrant household goods carrier. The initial review resulted in a conditional safety rating with the company in violation of numerous safety regulations regarding driver qualifications and vehicle inspection, repair and maintenance.

The company complied an earlier warning to obtain a USDOT number. They filed as an intrastate, non haz-mat carrier and received US DOT # 1853396 - Wa. This filing was made as Office Assembly Systems Installation Service, DBA: Oasis, Inc. The state intrastate application was filed as Office Assembly and Systems Installation Specialists, Inc., WUTC provisional carrier THG-63486.

The company operates five non-CDL straight trucks available for intrastate household goods transportation. CEO, Mr. Michael Taylor stated less than 2% of the company's total hauling would be as moving company. The company's primary business is that of a general freight carrier of retail store deliveries and proprietary carrier and provider/installer of residential and office systems and equipment.

The company has set up and now maintains driver qualification files for each of the ten drivers employed. I checked with the State of Washington Dept. of Licensing and found no discrepancy with the licenses. The drivers and not required to hold a commercial driver's license due to the size of the vehicles operated.

The company has also set up maintains the vehicles in a systematic program. The program coordinator, Kevin Collins has taken on additional duties as fleet manager and he has documented truck maintenance files for each vehicle repair including drivers's daily vehicle inspection reports. One area that he is working to correct are the identification lamps on the 2005 GMC trucks. Three of the four trucks inspected had one defective light each. Mr. Collins stated he is coordinating retrofit repairs with the manufacturer and the carrier's repair vendor, Long's Automotive. All four trucks were issued a CVSA safety sticker. Mr. Collins will have their sign painting company install the USDOT number as soon as scheduling allows.

The company's officers have attended the commission's household goods training classes. At the end of this review the carrier received a satisfactory safety rating.

I would recommend this company be considered for issuance of the permanent household goods permit.





OASIS (OFFICE ASSEMBLY AND SYSTEMS INSTALLATION SP dba)

U.S. DOT #: 1853396

State #: THG-63486

Review Date:

11/17/2009

Part C

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



Worksheet Drivers					
First Name	Last Name	CDL State	CDL Number	Hire Date	CDL
Christopher	Amundson	WA	amundcg317kg	4/10/2006	F
Francisco	Escobar	WA	escobr*340nd	4/19/2007	F
Paul	Roth	WA	roth*pe411km	6/21/2000	F
Ryan	Bates	WA	batesrc189k2	4/5/2002	F
Timothy	Ogard	WA	ogardtk430k9	11/25/1985	F

Driver license status results

The following information is accurate as of 2:20 PM, November 23, 2009.

License number : ESCOBF*340ND

Expires on: August 04, 2010

<input checked="" type="checkbox"/> Driver license	Yes
Instruction permit	No
Motorcycle endorsement	No
Trike/sidecar endorsement	No
Motorcycle and trike/sidecar endorsement	No
Motorcycle instruction permit	No
Agriculture permit	No
Ignition interlock license(IIL)	No
Commercial driver license(CDL)	No
Commercial driver license permit(CDIP)	No
Identification (ID) card	No

Yes = The license, permit, endorsement, or ID card is valid.

No = Either the person never had this type of document or the document is expired, suspended, revoked, cancelled, or denied.

Questions?

If you have questions about these results or need information about a license reinstatement, please call customer service at (360) 902-3900.

Driver license status results

The following information is accurate as of 2:15 PM, November 23, 2009.

License number : ROTH*PE411KM

Expires on: May 14, 2010

<input checked="" type="checkbox"/> Driver license	Yes
Instruction permit	No
Motorcycle endorsement	No
Trike/sidecar endorsement	No
Motorcycle and trike/sidecar endorsement	No
Motorcycle instruction permit	No
Agriculture permit	No
Ignition interlock license(IIL)	No
Commercial driver license(CDL)	No
Commercial driver license permit(CDIP)	No
Identification (ID) card	No

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Questions?

If you have questions about these results or need information about a license reinstatement, please call customer service at (360) 902-3900.

Driver license status results

The following information is accurate as of 2:17 PM, November 23, 2009.

License number : OGARDTK430K9

Expires on: May 29, 2011

<input checked="" type="checkbox"/> Driver license	Yes
Instruction permit	No
Motorcycle endorsement	No
Trike/sidecar endorsement	No
Motorcycle and trike/sidecar endorsement	No
Motorcycle instruction permit	No
Agriculture permit	No
Ignition interlock license(IIL)	No
Commercial driver license(CDL)	No
Commercial driver license permit(CDIP)	No
Identification (ID) card	No

Yes = The license, permit, endorsement, or ID card is valid.

No = Either the person never had this type of document or the document is expired, suspended, revoked, cancelled, or denied.

Questions?

If you have questions about these results or need information about a license reinstatement, please call customer service at (360) 902-3900.

Driver license status results

The following information is accurate as of 2:13 PM, November 23, 2009.

License number : AMUNDCG317KG

Expires on: May 07, 2011

<input checked="" type="checkbox"/> Driver license	Yes
Instruction permit	No
Motorcycle endorsement	No
Trike/sidecar endorsement	No
Motorcycle and trike/sidecar endorsement	No
Motorcycle instruction permit	No
Agriculture permit	No
Ignition interlock license(IIL)	No
Commercial driver license(CDL)	No
Commercial driver license permit(CDIP)	No
Identification (ID) card	No

Yes = The license, permit, endorsement, or ID card is valid.

No = Either the person never had this type of document or the document is expired, suspended, revoked, cancelled, or denied.

Questions?

If you have questions about these results or need information about a license reinstatement, please call customer service at (360) 902-3900.

UNIFORM DRIVER/VEHICLE INSPECTION REPORT

1278294

PERSONNEL NO. **J553** DIST / DET

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

GENERAL				HAZARDOUS MATERIALS			
DATE	TIME (MILITARY)	TIME (MILITARY)	HAZARD CLASS / DIVISION NO.				
11.17.09	BEGUN 0830	FINISHED 0850					
LOCATION: SR/MP		SCALEHOUSE NO.	CNTY CODE	REPORTABLE QTY? Y N	HAZARDOUS WASTE? Y N		
TERMINAL			17	PLACARD REQUIRED? Y N	CARGO TANKS? Y N		

CARRIER

CARRIER NAME (Include DBA when applicable)
Office Assembly and Systems Installation Spec. INC

ADDRESS
P O Box 1726

CITY **Woodenville** STATE **WA** ZIP CODE **98072** INTERSTATE YES NO DOT NO. **1853396** ICC NO.

DRIVER

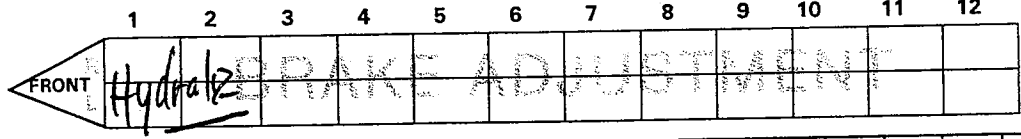
DRIVER NAME _____ LICENSE NO. _____ STATE _____ EXP. YEAR _____

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	05 GMC	T-1	A63336V	WA
2					
3					
4					



CFR	VIOLATIONS	D	1	2	3	4	Unit #s O/S	Complied
393.9	ID Light Inop.		X					

CVSA DECALS UNIT 1 **11292794** UNIT 2 _____ UNIT 3 _____ UNIT 4 _____ NOIC NO. _____

DRIVER SIGNATURE *[Signature]*
OFFICER SIGNATURE *[Signature]*

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

UNIFORM DRIVER/VEHICLE INSPECTION REPORT

1278293

PERSONNEL NO. 5553 DIST / DET

LEVEL: 1 2 3 4 5 X

GENERAL			HAZARDOUS MATERIALS		
DATE 11.16.09	TIME (MILITARY) BEGUN 16:10	TIME (MILITARY) FINISHED 1625	HAZARD CLASS / DIVISION NO.		
LOCATION: SR/MP TERMINAL	SCALEHOUSE NO.	CNTY CODE 17	REPORTABLE QTY? Y N	HAZARDOUS WASTE? Y N	
			PLACARD REQUIRED? Y N	CARGO TANKS? Y N	

CARRIER

CARRIER NAME (include DBA when applicable)
Office Assemble and Systems Installation Spec. INC

ADDRESS
15000 Woodinville - Redmond Rd Ste 100 - PO Box 1726

CITY: Woodinville STATE: WA ZIP CODE: 98072 INTERSTATE: YES NO DOT NO: 1853396 ICC NO.

DRIVER

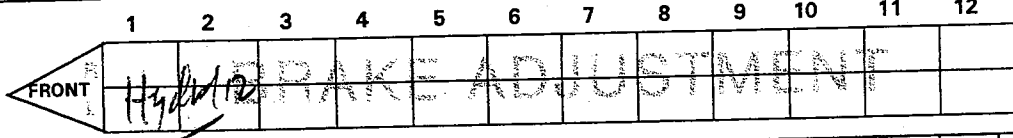
DRIVER NAME: _____ LICENSE NO.: _____ STATE: _____ EXP. YEAR: _____

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	09 GMC	T-2	A 63337V	WA
2					
3					
4					



CFR	VIOLETIONS	D	1	2	3	4	Unit #s O/S	Complied
393.9	RT FRT ID LAMP INOP		X					

CVSA DECALS UNIT 1: 11292793 UNIT 2: UNIT 3: UNIT 4: NOIC NO.:

DRIVER SIGNATURE: [Signature]

OFFICER SIGNATURE: A. Dickson

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

UNIFORM DRIVER/VEHICLE INSPECTION REPORT

1278292

PERSONNEL NO. J553 DIST / DET

LEVEL: 1 2 3 4 5 X

GENERAL HAZARDOUS MATERIALS
DATE 11.16.09 TIME (MILITARY) BEGUN 15:50 FINISHED 1610
LOCATION: US/MP TERMINAL SCALEHOUSE NO. / CNTY CODE 17
HAZARD CLASS / DIVISION NO. REPORTABLE QTY? Y N HAZARDOUS WASTE? Y N
PLACARD REQUIRED? Y N CARGO TANKS? Y N

CARRIER
CARRIER NAME (Include DBA when applicable) Office Assemble and Systems Installation Spec. INC
ADDRESS 15000 Woodinville-Redmond Rd Ste 100-PO Box 1726
CITY Woodinville STATE WA ZIP CODE 98072 INTERSTATE YES NO DOT NO. 1853396 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 05 GMC T-8 A63334 V WA

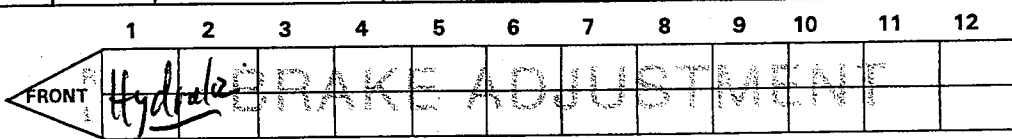


Table with columns: CFR, VIOLATIONS, D, 1, 2, 3, 4, Unit #s O/S, Complied. Row 1: 393.9, RT FRT ID LAMP TAPER, X

CVSA DECALS UNIT 1 1292792 UNIT 2 UNIT 3 UNIT 4 NOIC NO.
DRIVER SIGNATURE [Signature] OFFICER SIGNATURE A. Dickson

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

UNIFORM DRIVER/VEHICLE INSPECTION REPORT

1278291

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

GENERAL HAZARDOUS MATERIALS DATE 11.16.09 TIME (MILITARY) BEGUN 15:35 FINISHED 1550 HAZARD CLASS / DIVISION NO. REPORTABLE QTY? Y N HAZARDOUS WASTE? Y N LOCATION: SR/MP TERMINAL SCALEHOUSE NO. CNTY CODE 17 PLACARD REQUIRED? Y N CARGO TANKS? Y N

CARRIER CARRIER NAME (Include DBA when applicable) Office Assemble and Systems Installation Spec Inc ADDRESS 15000 Woodinville - Redmond Rd Ste 100 - PO Box 1726 CITY Woodinville STATE WA ZIP CODE 98072 INTERSTATE YES DOT NO. 1853396 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 05 GMC T-4 A 10739 W WA

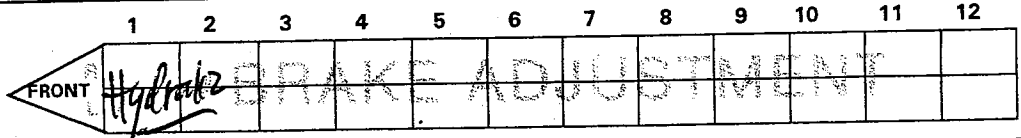


Table with columns: CFR, VIOLATIONS, D, 1, 2, 3, 4, Unit #s O/S, Complied. The table is mostly empty.

CVSA DECALS UNIT 1 11292791 UNIT 2 UNIT 3 UNIT 4 NOIC NO.

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

DRIVER SIGNATURE [Signature] OFFICER SIGNATURE A. Dickson