



UTILITIES AND TRANSPORTATION COMMISSION

Completed Activity Report Motor Carrier Safety

Upload? Yes No

1. Investigator(s): Alan Dickson 2. Assignment No.: 111037

3. Current Date: 2-11-11 4. Date of Activity: 2-9-11

5. Carrier Name: ~~R. J. Burton Relocation Services LLC~~ ✓

6. Permit: THG-63987 If new entrant, date of temporary authority _____

8. MOTCAR No.: 6045 9. Carrier is: Intrastate Only
 Interstate Only
 Both Intra and Interstate

10. Industry Code: 207

11. DOT No.: 2041524 12. MC No.: _____

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 inspections: Level 1 _____ Level 2 _____ Level 3 _____ Level 5 _____ Level 7 _____
- 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 _____ Level 7 _____
 - Unannounced terminal visit
 - Other (please explain): _____

15. **New Entrant – Charter, Auto Transportation**

- Is this carrier referred by FMCSA, operating intra and interstate: Yes No
- Is this carrier based in another state, requesting intrastate authority: Yes No
- Is this carrier based in Washington, requesting intrastate authority: Yes No
- Did staff complete the following:
 - ◆ Inspect all vehicles between three and nine months? Yes No
 - Number of vehicle inspections: Level 1 _____ Level 2 _____ Level 5 _____ Level 7 _____
 - ◆ Conduct a CR/SA between three and nine months? Yes No CR SA

16. **New Entrant– HHG**

- Is this carrier referred by FMCSA, operating intra and interstate: Yes No
- Is this carrier based in another state, requesting intrastate authority: Yes No
- Is this carrier based in Washington, requesting intrastate authority: Yes No
- Did staff complete the following:
 - ◆ Inspect all vehicles between three and eighteen months? Yes No
 - Number of vehicle inspections: Level 1 _____ Level 2 _____ Level 5 2 Level 7 _____
 - ◆ Conduct a CR/SA between three and eighteen months? Yes No CR SA
 - ◆ Conduct technical assistance within three months? Yes No

17. **Individual Safety Plan Only:**

- Attach a copy of the Individual Carrier Safety Plan.
- What activity did staff complete for this safety complaint:
 - Compliance review
 - Technical assistance
 - Number of vehicle inspections: Level 1 _____ Level 2 _____ Level 5 _____ Level 7 _____
 - Unannounced terminal visit
 - Other (please explain): _____

18. **Compliance Review Data:**

- Safety Rating: Satisfactory Unsatisfactory Conditional
- Number of vehicles operated: 2
- Number of drivers operated: 1
- Total miles for prior year: 10,800
- Recordable accidents for prior year: 0
- Accident Ratio: 0%

19. X Part B Violations:

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

20. X 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									2		
Defective Vehicles									0		
OOS Vehicles									0		
Location									Mon roe		
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											
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 compliance review for this provisional household goods carrier. One paperwork violation was noted of the driver qualification files. Owner Mr. Richard Burton will obtain the necessary forms from the national van lines company he operates with and update and complete his driver file for compliance within seven days. Inspection of the non-CDL trucks checked free of defects and CVSA safety stickers were issued.
At the conclusion of this review the company received a satisfactory safety rating.

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: Mr. Burton received household goods training in September 2010. I would recommend this company be considered for issuance of the permanent household goods operating authority. Forward to licensing services.

Investigator's signature: Alan Dickson

Initial review by: [Signature] Date: 2-17-2011

Reviewer's recommendation: I Concur with recommendations for Permanent Authority - Upload - Close - file

Final review by: DPRATT Date: 2/17/11

Reviewer's recommendation: Agree with recommendations. Closed file.

* Licensing: OK to issue perm authority.
Thanks Alan
D Pratt


Date closed: 2/28/11 By: CAC

cc: Alan Dickson
Licensing

Company name R J Burton Relocation Services LLC Assignment # 111037

Staff Assigned Alan Dickson

WASHINGTON UTILITIES & TRANSPORTATION COMMISSION

	US DOT # 2041524	Legal: R J BURTON RELOCATION SERVICES LLC Operating (DBA):
--	----------------------------	---

MC/MX #:	State #: THG-63987	Federal Tax ID: 27-2745477 (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	Business: Corporation Gross Revenue: _____ for year ending: _____
Carrier:	N/A	Non-HM	
Shipper:	N/A	N/A	
Cargo Tank:	N/A		

Company Physical Address:
 17120 Tye St Suite A
 Monroe, WA 98272

Contact Name: Richard Burton
Phone numbers: (1) 206 898-0308 (2) _____ **Fax** _____
E-Mail Address: _____

Company Mailing Address:
 17120 Tye St Suite A
 Monroe, WA 98272

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: Richard Burton	Title: Owner
Name:	Title:

Reported By: <i>Alan Dickson</i>	Title: Motor Carrier Sfty	Code: WA0553	Date: 2/9/2011
Received By: <i>[Signature]</i>	Title:		

WASHINGTON UTILITIES & TRANSPORTATION COMMISSION

	US DOT # 2041524	Legal: R J BURTON RELOCATION SERVICES LLC Operating (DBA):		
MC/MX #:	State #: THG-63987	Federal Tax ID: 27-2745477 (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	Business: Corporation	
Shipper:	N/A	N/A	Gross Revenue: _____ for year ending:	
Cargo Tank:	N/A			
Company Physical Address:				
17120 Tye St Suite A Monroe, WA 98272				
Contact Name:	Richard Burton			
Phone numbers:	(1) 206 898-0308	(2)	Fax	
E-Mail Address:				
Company Mailing Address:				
17120 Tye St Suite A Monroe, WA 98272				
Carrier Classification				
Other: Intra HHG				
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:			Total Drivers: 1	
>= 100 Miles:		1	CDL Drivers: 0	
Equipment				
	Owned	Term Leased	Trip Leased	Owned
Truck	2	0	0	Term Leased
Power units used in the U.S.: 2				
Percentage of time used in the U.S.: 100				





R J BURTON RELOCATION SERVICES LLC
U.S. DOT #: 2041524

State #: THG-63987

Review Date:
02/09/2011

Part A

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: Richard Burton

Title: Owner

Name:

Title:





R J BURTON RELOCATION SERVICES LLC
 U.S. DOT #: 2041524

State #: THG-63987

Review Date:
 02/09/2011

Part B Violations

1 STATE	Primary: 391.51(b) Secondary: 391.51(a) CFR Equivalent: 391.51(b)	Discovered 1	Checked 1	Drivers/Vehicles In Violation 1	Checked 1
------------	---	-----------------	--------------	---------------------------------------	--------------

Description

Failing to maintain driver qualification file in accordance with 391.51(b).

Example

Driver/owner Richard Burton

Safety Fitness Rating Information:

Total Miles Operated 10,800
 Recordable Accidents 0
 Recordable Accidents/Million Miles 0.00

OOS Vehicle (CR): 0
 Number of Vehicle Inspected (CR): 2
 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





R J BURTON RELOCATION SERVICES LLC
U.S. DOT #: 2041524

State #: THG-63987

Review Date:
02/09/2011

Part B Requirements and/or Recommendations

1. Ensure that all drivers are fully and properly qualified before operating in interstate commerce. Maintain a complete file as required for each driver, documenting the qualification process.
2. Implementing SSB 5042 – First time paperwork violations by small businesses

“Under the Administrative Procedure Act (RCW 34.05) (Laws of 2009, ch. 358), the commission will waive any fines, civil penalties, or administrative sanctions for first-time paperwork violations by a small business, with certain exceptions. One of those exceptions provides that any violation of a substantially similar paperwork requirement (as described in Part B on this form) may result in the imposition of a fine, civil penalty or other administrative sanction. The company will not be entitled to a second waiver of penalties for “first-time” paperwork violations.”





R J BURTON RELOCATION SERVICES LLC
U.S. DOT #: 2041524

State #: THG-63987

Review Date:
02/09/2011

Part C

Reason for Review: Compliance Review
Planned Action: Compliance Monitoring

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

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: Richard Burton
Corporate Contact Title: Owner

Special Study Information:

Remarks:

This review was conducted as part of the new entrant provisional intrastate household goods carrier workplan. The carrier is required to have a compliance review in order to obtain a permanent operating authority. Mr. Burton currently operates as an owner/operator in intrastate commerce. He operates two non-CDL trucks primarily intrastate with interstate operations as an agent for a national van lines.

Mr. Burton submitted files and records for inspection. He is knowledgeable of the safety regulations and was cooperative with this inspection. He has completed the household goods training class in September 2010 and I provided the safety manual and the regulations were reviewed.

The company has valid insurance through the United Financial Casualty Insurance Co. on policy CA07545221.

The company has set up and maintains proper records and files for general compliance with the safety regulations.

One area of not full compliance was the driver's qualification files. Mr. Burton had his medical examination form, driver's license with the annual review in his file. Additional qualification documents were not proper formats or readily available during this check. Mr. Burton stated he would collect the needed forms from the national van lines files and update and assemble the qualification file within seven days. I checked with the State of Washington Dept. of Licensing and found no discrepancy with the non-CDL driver license.

I inspected the trucks during this review. No defects were noted and the vehicles were issued a CVSA safety stickers.

At the conclusion of this review the carrier received a satisfactory safety rating.

Upload Authorized:	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Authorized by:	<i>Alan Dickson</i>	Date: 2-11-11
Uploaded:	<input type="radio"/> Yes	<input type="radio"/> No
Verified by:		Failure Code:
		Date:



DRIVER/VEHICLE EXAMINATION REPORT

Aspen 2.13.1.2

Washington State Patrol
Commercial Vehicle Enforcement Section
P O Box 42614
Olympia, WA 98504-2614
Phone 360-596-3819 Fax 360-596-3828

Report Number: WAU006000119
Inspection Date: 02/09/2011
Start: 11:00:00 AM PT End: 11:30:00 AM PT
Inspection Level: V - Terminal
HM Inspection Type: None

R J BURTON RELOCATION SERVICES LLC
17120 TYE ST SUITE A
MONROE, WA 98272

USDOT#: 02041524
MC/MX#:
State#: THG63987

Phone#:
Fax#:

Location: TERMINAL
Highway:
County: SNOHOMISH, WA

MilePost:
Origin:
Destination:

Driver:
License#:
Date of Birth:
CoDriver:
License#:
Date of Birth:

State:
State:

Shipper:

Bill of Lading:
Cargo:

VEHICLE IDENTIFICATION

Unit	Type	Make	Year	State	Plate #	Equipment ID	VIN	GVWR	CVSA #	CVSA Issued #	OOS Sticker
1	TR	INTL	2008	WA	B78309P	69385-200	IHTJTSKL88H571959	26,000		14573610	

BRAKE ADJUSTMENTS

Axle #	1	2
Right	N/A	N/A
Left	N/A	N/A
Chamber	HYDR	HYDR

VIOLATIONS: No Violations Were Discovered.

HazMat: No HM Transported.

Placard: No **Cargo Tank:**

Special Checks: No Data for Special Checks.

The undersigned certifies that all violations noted on this report have been corrected and action has been taken to assure compliance with the Federal and State Motor Carrier Safety Regulations insofar as they are applicable to motor carriers and drivers. I understand the failure to comply will subject me to additional violations under the regulations noted for each day of noncompliance.

Signature Of Motor Carrier X: _____

Title: _____

Date: _____

Report Prepared By:
ALAN DICKSON

Badge #:
J553

Copy Received By:

Page 1 of 1



02041524 WA WAU006000119

X Alan Dickson

X R Burton

DRIVER/VEHICLE EXAMINATION REPORT

Aspen 2.13.1.2

Washington State Patrol
Commercial Vehicle Enforcement Section
P O Box 42614
Olympia, WA 98504-2614
Phone 360-596-3819 Fax 360-596-3828

Report Number: WAU006000120
Inspection Date: 02/09/2011
Start: 11:35:00 AM PT End: 11:55:00 AM PT
Inspection Level: V - Terminal
HM Inspection Type: None

R J BURTON RELOCATION SERVICES LLC
17120 TYE ST SUITE A
MONROE, WA 98272

USDOT#: 02041524 Phone#: _____
MC/MX#: _____ Fax#: _____
State#: THG63987

Driver: _____ State: _____
License#: _____
Date of Birth: _____
CoDriver: _____
License#: _____ State: _____
Date of Birth: _____

Location: TERMINAL
Highway: _____
County: SNOHOMISH, WA

MilePost: _____
Origin: _____
Destination: _____
Shipper: _____
Bill of Lading: _____
Cargo: _____

VEHICLE IDENTIFICATION

Unit	Type	Make	Year	State	Plate #	Equipment ID	VIN	GVWR	CVSA #	CVSA Issued #	OOS Sticker
1	TR	UD	2003	WA	B78311P	69385-100	JNAUZU1J43A554021	14,000		14573609	

BRAKE ADJUSTMENTS

Axle #	1	2
Right	N/A	N/A
Left	N/A	N/A
Chamber	HYDR	HYDR

VIOLATIONS: No Violations Were Discovered.

Placard: No Cargo Tank:

HazMat: No HM Transported.

Special Checks: No Data for Special Checks.

The undersigned certifies that all violations noted on this report have been corrected and action has been taken to assure compliance with the Federal and State Motor Carrier Safety Regulations insofar as they are applicable to motor carriers and drivers. I understand the failure to comply will subject me to additional violations under the regulations noted for each day of noncompliance.

Signature Of Motor Carrier X: _____

Title: _____

Date: _____

Report Prepared By:
ALAN DICKSON

Badge #:
J553

Copy Received By:

Page 1 of 1



02041524 WA WAU006000120

X Alan Dickson

X [Signature]