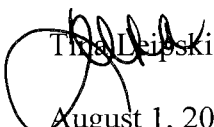


WASHINGTON  
**UTC**  
UTILITIES AND TRANSPORTATION  
COMMISSION

**TO:** Dave Pratt, Assistant Director, Transportation Safety  
**FROM:**  Tom Leipski, Transportation Specialist 3  
**DATE:** August 1, 2012  
**SUBJECT:** Docket TV-112120; Application for Permanent Authority

---

On December 12, 2011, City/Suddath Relocation Systems, LLC, d/b/a Suddath Relocation Systems, filed Docket TV-112120 requesting permanent household goods authority.

The commission granted the company temporary authority subject to conditions pending a decision on its application for permanent authority. The company has operated under Household Goods Carrier Permit THG-64493, since December 20, 2011.


Under WAC 480-15-330, the commission will grant or deny an application for permanent authority after conducting a complete review of the application filings, supporting statements, reports, or other information necessary to determine fitness, public interest, and current or future public convenience and necessity.

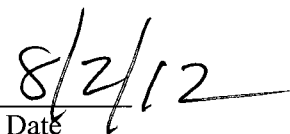
Compliance staff worked with the company providing technical assistance during its temporary operations. Investigator Alan Dickson completed a Safety Compliance Review, a Household Goods Technical Assistance and Records Review Checklist. Investigator Dickson found the company in general compliance and on July 17, 2012, he recommended the applicant be considered for permanent authority.

The current provisional permit THG-64493 is in order as follows:

- Records Center has the 2011 annual report on file;
- Financial Services reports the company has paid appropriate regulatory fees;
- The commission does not have any outstanding penalty or other fines;
- Consumer Protection does not have a pending consumer complaint;
- Transportation Safety does not have a pending compliance action; and
- Company representative attended HHG training on February 13, 2012.

I recommend the commission grant TV-112120 without hearing and reissue permit THG-64493 to HG-64493, City/Suddath Relocation Systems, LLC, d/b/a Suddath Relocation Systems, as unrestricted permanent authority to operate as a household goods carrier in the state of Washington.

  
Approved by

  
Date



UTILITIES AND TRANSPORTATION COMMISSION

Assignment Report Motor Carrier Safety

Upload? x Yes [ ] No - Reason For Not Uploading: \_\_\_\_\_

1. Investigator(s): Alan Dickson 2. Assignment No.: 112102

3. Current Date: 7-19-12 4. Date of Activity: 7-17-12

5. Carrier Name: City Suddath Relocation Systems LLC

6. Permit: THG-64493 7. New Entrant date of authority: 12-19-2011

8. MOTCAR No.: 6749 9. Carrier is: [ ] Intrastate Only

[ ] Interstate Only
[X] Intra and Interstate

10. Industry Code: 207

11. USDOT No.: 2250051 12. MC No.: 768408

13. [ ] Destination Check

[ ] Copy of the Destination Check Safety Plan is attached.

- Number of Buses/Motor Coaches inspected: 7-15 passenger 16+ passenger
Number of vehicle inspections: Level 1 Level 2 Level 3 Level 5
Any special emphasis placed on the destination check [ ] Yes [ ] No
Describe Special Emphasis
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):

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
Conduct a SI/SA between three and nine months? [ ] Yes [ ] No [ ] SI [ ] SA

Handwritten signature

16. X **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: X Yes  No
- Did staff complete the following:
  - ◆ Inspect all vehicles between three and eighteen months? X Yes  No
  - Number of vehicle inspections: Level 1 \_\_\_\_\_ Level 2 \_\_\_\_\_ Level 5 5
  - ◆ Conduct a SI/SA between three and eighteen months? X Yes  No X SI  SA
  - ◆ Conduct technical assistance within three months? X Yes  No

17.  **CSA Investigation**

- Full Investigation
- Focused Investigation
- Basic is for:**  Passenger Carrier  HHG Carrier  Solid Waste Carrier
- Basic Threshold Percentile is;**
  - Unsafe Driving \_\_\_\_\_ %
  - Fatigued Driving (HOS) \_\_\_\_\_ %
  - Crash \_\_\_\_\_ %
  - Driver Fitness \_\_\_\_\_ %
  - Drug/Alcohol \_\_\_\_\_ %
  - Vehicle Maintenance \_\_\_\_\_ %

18.  **Individual Safety Plan Only:**

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

19. X **Safety Investigation:**

**Safety Audit:**

- SI Rating: X Satisfactory  Unsatisfactory  Conditional
- SA Rating:  Pass  Fail
- Number of vehicles operated: 11
- Number of drivers operated: 16
- Total miles for prior year: 50,000
- Recordable accidents for prior year: 0
- Accident Ratio: .0%

20.  **Part B Violations:**

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

21.  **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	1	
Defective Vehicles									2	0	
OOS Vehicles									0	0	
Level									5	5	

22.  **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									2		
Tires, wheels, rims											
Horn											
Windshield and Wipers											
Mirrors											
Emergency Equip, Exits											
Coupling Devices											
Frame											
Suspension											
Exhaust											
Other											
Comment:											

23.  **Driver Inspection Violations:**

Medical Card	Medical Waiver	Hours of Service	Drivers License
Comment:			

**24. Relevant Carrier History:**

This company operated for many years as City Delivery and City Moving Systems, Inc. in the Seattle Metro area and in Kent, WA. They are affiliated with United Van Lines, Inc. a nationwide Moving and storage company. During the year 2011 a change of ownership and agent contractual Arrangement necessitated a new carrier filing and new entrant applications. The company received The new entrant household goods training on 2-13-12. The carrier operates intrastate under their Provisional permit, THG-64493, and conducts interstate moving as an agent for the national van lines Providing origin agent and destination agent functions. City Moving Systems operates under their Own MC interstate authority transporting general freight.

**25. Findings:**

I conducted a compliance review for this provisional household goods carrier and found the company To be well managed and in compliance with the safety regulations. Two minor lighting defects were Noted during level 5 inspections of the moving trucks. The company has adequate management Controls in place for compliance with the regulations.  
At the end of this review the carrier received a satisfactory safety rating

**26. Recommended Action:**

- No further action.
- Notify the company in writing of the findings by providing a copy of the safety investigation, 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 – Safety Investigation (Date: \_\_\_\_\_ )
- Revisit to recheck a specific issue (Date: \_\_\_\_\_ )
- Send the company a compliance letter. Require a response:  Yes  No
- Issue administrative penalties in the amount of \$ \_\_\_\_\_
- Issue a complaint.
- Stop company operations.

**27. 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 safety investigation rating in more than one of the last four safety investigations (or less than four if four are not completed).
- Other (please explain): \_\_\_\_\_

**28. Additional Comments:** I would recommend this carrier be considered for issuance of a permanent

Household goods permit authority...  
Forward to licensing services for permit processing.

Investigator's Signature: Alan DeKson

Initial Review By: [Signature] Date: 7-26-12

Reviewer's Recommendation: I concur with recommendation for Perm. Authority

Final Review By: Dratt Date: 7/26/12

Reviewer's Recommendation:

Agree with recommendations  
close & file.

~~\*~~ OK to issue perm authority.

**OFFICE USE ONLY**

Date Closed: 7/26/12 By: CBC

Company Name: City Suddath Relocation Systems

Assignment #: 112102

Staff Assigned: Alan Hickson  
CC: licensing

**WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION**

<b>UTC</b>	<b>US DOT #</b> 2250051	<b>Legal:</b> CITY SUDDATH RELOCATION SYSTEMS LLC <b>Operating (DBA):</b> CITY RELOCATION SYSTEMS
------------	----------------------------	--

**MC/MX #:** 768408     **State #:** THG-64493     **Federal Tax ID:** 80-0767073 (EIN)

**Review Type:** Compliance Review (CR) - Receipt  
**Scope:** Principal Office     **Location of Review/Audit:** Company facility in the U. S.     **Territory:**

<b>Operation Types</b>	<b>Interstate</b>	<b>Intrastate</b>	<b>Business:</b> Corporation
<b>Carrier:</b>	Non-HM	Non-HM	<b>Gross Revenue:</b> (\$44,414.00) <b>for year ending:</b> 12/31/2011
<b>Shipper:</b>	N/A	N/A	
<b>Cargo Tank:</b>	N/A		

**Company Physical Address:**

7819 S 206th St  
Kent, WA 98032

**Contact Name:** Donna Hyatt  
**Phone numbers:** (1) 253 518-8800     (2)     **Fax** 253 518-1975  
**E-Mail Address:**

**Company Mailing Address:**

7819 S 206th St  
Kent, WA 98032

**Report Summary**

Report	# of Pages
Part A - General	2
Part B - Violations	1
Part B - Recommendations	1
Review/Audit Receipt Page	1
<b>Total Pages</b>	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 or Hazardous Materials rules may be addressed to the Office of Motor Carriers at:

WUTC  
1720 Ellis St. #200  
Bellingham, WA 98225

**This report will be used to assess your safety compliance.**


**Person(s) Interviewed**

<b>Name:</b> Donna Hyatt	<b>Title:</b> President/General Manager
<b>Name:</b> Ron Bickerstaff	<b>Title:</b> VP Operations

**Reported By:** *Alan Dickson*     **Title:** *Transp. Spec.*     **Code:** WA0553     **Date:** 7/16/2012

**Received By:** *Ron Bickerstaff*     **Title:** *VP Operation*

**WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION**

	<b>US DOT #</b> 2250051	<b>Legal:</b> CITY SUDDATH RELOCATION SYSTEMS LLC <b>Operating (DBA):</b> CITY RELOCATION SYSTEMS							
<b>MC/MX #:</b> 768408		<b>State #:</b> THG-64493			<b>Federal Tax ID:</b> 80-0767073 (EIN)				
<b>Review Type:</b> Compliance Review (CR)									
<b>Scope:</b> Principal Office			<b>Location of Review/Audit:</b> Company facility in the U. S.					<b>Territory:</b>	
<b>Operation Types</b>									
		<b>Interstate</b>		<b>Intrastate</b>		<b>Business:</b> Corporation			
<b>Carrier:</b>		Non-HM		Non-HM		<b>Gross Revenue:</b> (\$44,414.00)			
<b>Shipper:</b>		N/A		N/A		<b>for year ending:</b> 12/31/2011			
<b>Cargo Tank:</b>		N/A							
<b>Company Physical Address:</b>									
7819 S 206th St Kent, WA 98032									
<b>Contact Name:</b> Donna Hyatt									
<b>Phone numbers:</b> (1) 253 518-8800			(2)		<b>Fax</b> 253 518-1975				
<b>E-Mail Address:</b>									
<b>Company Mailing Address:</b>									
7819 S 206th St Kent, WA 98032									
<b>Carrier Classification</b>									
Authorized for Hire					Other: Intra HHG				
<b>Cargo Classification</b>									
General Freight			Household Goods			Motor Vehicles			
Other: THG-64493									
<b>Does carrier transport placardable quantities of HM?</b>					No				
<b>Is an HM Permit required?</b>					N/A				
<b>Driver Information</b>									
		<b>Inter</b>		<b>Intra</b>		<b>Average trip leased drivers/month:</b> 0			
<b>&lt; 100 Miles:</b>						<b>Total Drivers:</b> 16			
<b>&gt;= 100 Miles:</b>		8		8		<b>CDL Drivers:</b> 16			
<b>Equipment</b>									
		<b>Owned</b>		<b>Term Leased</b>		<b>Trip Leased</b>			
		<b>Owned</b>		<b>Term Leased</b>		<b>Trip Leased</b>			
Truck		6		0		0		Truck Tractor	
Trailer		24		0		0		5	
								0	
								0	
Power units used in the U.S.: 11									
Percentage of time used in the U.S.: 100									







CITY RELOCATION SYSTEMS (CITY SUDDATH RELOCATION S dba)

U.S. DOT #: 2250051

State #: THG-64493

Review Date:

07/16/2012

**Part A**

QUESTIONS regarding this report or the Federal Motor Carrier Safety or Hazardous Materials rules may be addressed to the Office of Motor Carriers at:

WUTC  
1720 Ellis St. #200  
Bellingham, WA 98225

**This report will be used to assess your safety compliance.**

**Person(s) Interviewed**

**Name:** Donna Hyatt

**Title:** President/General Manager

**Name:** Ron Bickerstaff

**Title:** VP Operations





CITY RELOCATION SYSTEMS (CITY SUDDATH RELOCATION S dba)

U.S. DOT #: 2250051

State #: THG-64493

Review Date:

07/16/2012

**Part B Violations**

**Safety Fitness Rating Information:**

<b>Total Miles Operated</b>	50,000
<b>Recordable Accidents</b>	0
<b>Recordable Accidents/Million Miles</b>	0.00

**OOS Vehicle (CR): 0**

**Number of Vehicle Inspected (CR): 5**

**OOS Vehicle (MCMIS): 0**

**Number of Vehicles Inspected (MCMIS): 0**

Your proposed safety rating is :

**SATISFACTORY**

**Rating Factors**

<b>Acute</b>	<b>Critical</b>
--------------	-----------------

<b>Factor 1:</b>	S	0	0
<b>Factor 2:</b>	S	0	0
<b>Factor 3:</b>	S	0	0
<b>Factor 4:</b>	S	0	0
<b>Factor 5:</b>	N	0	0
<b>Factor 6:</b>	S	-	-

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



UTC

CITY RELOCATION SYSTEMS (CITY SUDDATH RELOCATION S dba)

U.S. DOT #: 2250051

State #: THG-64493

Review Date:

07/16/2012

**Part B Requirements and/or Recommendations**

1. This review will result in a Safety Rating.





CITY RELOCATION SYSTEMS (CITY SUDDATH RELOCATION S dba)

U.S. DOT #: 2250051

State #: THG-64493

Review Date:

07/16/2012

**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:

60-Day - no Interstate Passengers or Placardable

**Corporate Contact:** Donna Hyatt

**Corporate Contact Title:** President/General Manager

**Special Study Information:**

**Remarks:**

PART C Template:

**REMARKS:**

**INVESTIGATIVE REPORT RECEIVED BY:**

Name: Ron Bickerstaff

Title :VP Operations

Carrier Name: City Suddath Relocations Systems LLC

Date: 7-16-12

**REASON FOR INVESTIGATION:**

This compliance review was conducted as part of the new entrant household goods carrier process.

**SCOPE OF INVESTIGATION:**

The carrier was requested to produce the following information with at least 48 hours notice provided before this focused compliance investigation was scheduled:

- \* Financial responsibility
- \* Crash information
- \* Driver qualification files
- \* Hours of service records
- \* Inspection, repair and maintenance records including annual (periodic) inspections
- \* Controlled substance and alcohol testing records, if applicable
- \* Commercial driver's license information
- \* Hire dates for all drivers

The standardized sampling criteria was utilized in the inspection of driver's files, maintenance files, and the hours of service records.

President Donna Hyatt, operations manager Bob Lucas and VP, Operations Ron Bickerstaff were interviewed and they submitted files and records for inspections. All are knowledgeable of the safety regulations and were cooperative with this inspection. The carrier has operated intrastate as a moving and storage company since 1906. The company was reorganized in 2011 following a change in ownership and contractual arrangements with the national van lines carrier.



**Part C**

**CARRIER OPERATION DESCRIPTION:** The company's primarily base of operations is that of local intrastate commerce. The carrier owns and operates six moving trucks and five tractor trailer combinations. The interstate operation consists of general freight and with less than 10% of the total business interstate transportation. The interstate household goods operations are conducted through the national van lines carrier per the non-compete requirements in place as a local or destination moving agent.

**PRE-INVESTIGATION:**

The company was provided 48 hours to present records and did make available all current and existing records for inspection. The company is knowledgeable of the safety regulations and was cooperative with this investigation. The carrier's profile was checked from MCMIS prior to this review.

**CDLIS (DRIVER LICENSE) CHECK:**

I checked the CDL driver's license through the State of Washington Licensing program and the CDLIS checks and no discrepancies were noted.

**DRIVERS WITH RED FLAG VIOLATIONS:**

There were no Drivers with Red Flag Violations identified as needing an investigation. No further action required.

**FOLLOW-ON ACTION:**

I inspected five vehicles at the terminal during this inspection. Two of the moving trucks had minor lighting violations consisting of an inoperable back up lamp and rear clearance lamp. Operation manger Bob Lucus stated he would have the carrier's mechanic repair these defects and would sent in the completed vehicle examination reports to the WSP for compliance.

This company is in compliance with the safety regulations maintaining proper records, files and equipment. No further action is deemed necessary.

**DOCUMENTS PROVIDED TO CARRIER:**

The company had on hand the state motor carrier safety manual and I provided an updated version to printing date 2010.

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

<b>Upload Authorized:</b>	<input checked="" type="radio"/> Yes	<input type="radio"/> No
<b>Authorized by:</b>	<i>Alan Dickson</i>	<b>Date:</b> 7-20-12
<b>Uploaded:</b>	<input checked="" type="radio"/> Yes	<input type="radio"/> No
<b>Verified by:</b>		<b>Failure Code:</b>
		<b>Date:</b>



DRIVER/VEHICLE EXAMINATION REPORT

Aspen 2.13.3.9

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: WAU006000228
Inspection Date: 07/16/2012
Start: 12:30:00 PM PT End: 12:50:00 PM PT
Inspection Level: V - Terminal
HM Inspection Type: None

CITY-SUDDATH RELOCATION SYSTEMS LLC
815 SOUTH MAIN STREET
JACKSONVILLE, FL 32207
USDOT#: 02250051 Phone#: (253)518-8800
MC/MX#: 768408 Fax#:
State#:
Location: TERMINAL
Highway:
County: KING, WA

Driver:
License#: State:
Date of Birth:
CoDriver:
License#: State:
Date of Birth:
Shipper:
Bill of Lading:
Cargo:

MilePost:
Origin:
Destination:

VEHICLE IDENTIFICATION

Table with columns: Unit, Type, Make, Year, State, Plate #, Equipment ID, VIN, GVWR, CVSA #, CVSA Issued #, OOS Sticker. Row 1: 1, TT, INTL, 1990, WA, B77591U, 427, 1HSHBGCN7MH312067, 56,000, 04460774, 17288301

BRAKE ADJUSTMENTS

Table with columns: Axle #, Right, Left, Chamber. Row 1: 1, 1, 1, C-24. Row 2: 2, 1/2, 1/2, C-30

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



02250051 WA WAU006000228

x Alan Dickson

x Ron Bickerstaff

DRIVER/VEHICLE EXAMINATION REPORT

Aspen 2.13.3.9

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: WAU006000229
Inspection Date: 07/16/2012
Start: 12:50:00 PM PT End: 1:10:00 PM PT
Inspection Level: V - Terminal
HM Inspection Type: None

CITY-SUDDATH RELOCATION SYSTEMS LLC
815 SOUTH MAIN STREET
JACKSONVILLE, FL 32207
USDOT#: 02250051 Phone#: (253)518-8800
MC/MX#: 768408 Fax#:
State#:
Location: TERMINAL
Highway:
County: KING, WA

Driver:
License#:
State:
Date of Birth:
CoDriver:
License#:
State:
Date of Birth:
Shipper:
Bill of Lading:
Cargo:

MilePost:
Origin:
Destination:

VEHICLE IDENTIFICATION

Table with columns: Unit, Type, Make, Year, State, Plate #, Equipment ID, VIN, GVWR, CVSA #, CVSA Issued #, OOS Sticker. Row 1: 1, TR, INTL, 1989, WA, 35208RP, 814, 1HTSDTVN0LH699741, 32,000, 17288302

BRAKE ADJUSTMENTS

Table with columns: Axle #, Right, Left, Chamber, C-24, C-30. Row 1: 1, 1, 1, C-24, C-30

VIOLATIONS

Table with columns: Vio Code, Section, Unit, OOS, Citation #, Verify, Crash, Violations Discovered. Row 1: 393.9, 393.9(a), 1, N, N, N, Inoperable Required Lamp, LT back up light

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



02250051 WA WAU006000229

X Alan Dickson

X Ron Burkstaff

# DRIVER/VEHICLE EXAMINATION REPORT

Aspen 2.13.3.9

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: WAU006000230  
Inspection Date: 07/16/2012  
Start: 1:10:00 PM PT End: 1:30:00 PM PT  
Inspection Level: V - Terminal  
HM Inspection Type: None

CITY-SUDDATH RELOCATION SYSTEMS LLC  
815 SOUTH MAIN STREET  
JACKSONVILLE, FL 32207

USDOT#: 02250051 Phone#: (253)518-8800  
MC/MX#: 768408 Fax#: \_\_\_\_\_  
State#: \_\_\_\_\_

Driver: \_\_\_\_\_ State: \_\_\_\_\_  
License#: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
CoDriver: \_\_\_\_\_  
License#: \_\_\_\_\_ State: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_

Location: TERMINAL  
Highway: \_\_\_\_\_  
County: KING, 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	INTL	1990	WA	35206PR	803	1HTSDZ7N0MH312901	32,000		17288303	

## BRAKE ADJUSTMENTS

Axle #	1	2
Right	1	1 1/4
Left	1	1 1/4
Chamber	C-24	C-30

## VIOLATIONS

Vio Code	Section	Unit	OOS	Citation #	Verify	Crash	Violations Discovered
393.9	393.9(a)	1	N		N	N	Inoperable Required Lamp, RR center ID light

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

x Alan Dickson

x Ron Bucherstaff



02250051 WA WAU006000230



DRIVER/VEHICLE EXAMINATION REPORT

Aspen 2.13.3.9

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: WAU006000231
Inspection Date: 07/16/2012
Start: 1:35:00 PM PT End: 2:00:00 PM PT
Inspection Level: V - Terminal
HM Inspection Type: None

CITY-SUDDATH RELOCATION SYSTEMS LLC
815 SOUTH MAIN STREET
JACKSONVILLE, FL 32207
USDOT#: 02250051 Phone#: (253)518-8800
MC/MX#: 768408 Fax#:
State#:
Location: TERMINAL
Highway:
County: KING, WA

Driver:
License#:
Date of Birth:
CoDriver:
License#:
Date of Birth:
Shipper:
Bill of Lading:
Cargo:

VEHICLE IDENTIFICATION

Table with columns: Unit, Type, Make, Year, State, Plate #, Equipment ID, VIN, GVWR, CVSA #, CVSA Issued #, OOS Sticker. Row 1: 1, TR, INTL, 2006, WA, B28936D, 8S2, 1HTMMAAM48H561072, 26,000, 17288304

BRAKE ADJUSTMENTS

Table with columns: Axle #, Right, Left, Chamber. Rows for Axle 1 and 2, with values N/A and 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

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X Alan Dickson

X Ron Bucherhoff

02250051 WA WAU006000231

# DRIVER/VEHICLE EXAMINATION REPORT

Aspen 2.13.3.9

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: WAU006000232  
Inspection Date: 07/16/2012  
Start: 2:10:00 PM PT End: 2:25:00 PM PT  
Inspection Level: V - Terminal  
HM Inspection Type: None

CITY-SUDDATH RELOCATION SYSTEMS LLC  
815 SOUTH MAIN STREET  
JACKSONVILLE, FL 32207  
USDOT#: 02250051 Phone#: (253)518-8800  
MC/MX#: 768408 Fax#: \_\_\_\_\_  
State#: \_\_\_\_\_  
Location: TERMINAL  
Highway: \_\_\_\_\_  
County: KING, WA

Driver: \_\_\_\_\_ State: \_\_\_\_\_  
License#: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
CoDriver: \_\_\_\_\_ State: \_\_\_\_\_  
License#: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Shipper: \_\_\_\_\_  
Bill of Lading: \_\_\_\_\_  
Cargo: \_\_\_\_\_

MilePost: \_\_\_\_\_  
Origin: \_\_\_\_\_  
Destination: \_\_\_\_\_

## VEHICLE IDENTIFICATION

Unit	Type	Make	Year	State	Plate #	Equipment ID	VIN	GVWR	CVSA #	CVSA Issued #	OOS Sticker
1	TR	FORD	1993	WA	A57004Z	817	1FDKE37G3PHA56696	12,000		17288305	

## 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

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x Ron Buckstaff



02250051 WA WAU006000232