

WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION RECEIVED

1300 South Evergreen Park Drive SW, PO Box 47250
 Olympia Washington 98504-7250
 Phone: (360) 664-1222
 Fax (360) 586-1181

JAN 05 2005

WASH. UT. & TP. COMM

APPLICATION FOR CHARTER BUS/EXCURSION SERVICE CERTIFICATE

Fee: \$150.00

111 0268 232 01	CID	CHA	
150- 300.00	43450	79343	
111 0268 232 02	DATE	SAFETY INSP	
	1/5/05	ll per Tom	
111 0268 232 03		INS/BOND	
	0009278	ll	McVaugh
111 0268	Docket # TE-050034 Reg fees - ll		

THIS APPLICATION IS FOR:
 (Check One Only) CHARTER BUS CERTIFICATE EXCURSION SERVICE CERTIFICATE

CH-466

NAME OF APPLICANT Seatac Motor Coaches, LLC

D/B/A SeaTac Motor Coaches, LLC

MAILING ADDRESS P.O. BOX 38
PUYALLUP, WA 98371

PHYSICAL ADDRESS 2724 MERIDIAN E.
EDGEMOOD, WASH 98371

BUSINESS TELEPHONE NUMBER (253) 435-0025 FAX NUMBER (253) 848-7210

UBI # 602-459-032 E-MAIL: _____

IF APPLICANT IS A CORPORATION, LIST NAME, TITLES, AND PERCENTAGE OF STOCK OF PRINCIPAL SHAREHOLDERS. IF APPLICANT IS A PARTNERSHIP, LIST NAMES, ADDRESSES, AND PERCENTAGE OF INTEREST OF ALL PERSONS HAVING AN EQUITY IN THE BUSINESSES:

CORRY MELIN 34% JERRY McCURE 33%
RONALD LEARNED 33%

IF APPLICANT HOLDS ANY OTHER CERTIFICATE OR PERMIT WITH THE COMMISSION, LIST PERMIT NUMBERS:

EQUIPMENT LIST:

LICENSE NUMBER	YEAR AND MAKE OF VEHICLE	SERIAL NUMBER (VEHICLE IDENTIFICATION NUMBER)	SEATING CAPACITY
57416 PR	1997 INTL	1HVBEABM2YH462157	29

SAFETY COMPLIANCE REVIEW AND QUESTIONNAIRE:

GENERAL

- | | YES | NO | N/A |
|--|-------------------------------------|-------------------------------------|--------------------------|
| Do you have a copy of the laws and rules relating to passenger charter and excursion service carriers? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you been cited within the last three years by the Commission for violations of its rules or laws? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| If Yes, explain: _____ | | | |
| Are you familiar with the state motor carrier safety rules? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Will management review the carrier's compliance status on a periodic basis? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

NOTIFICATION AND REPORTING OF ACCIDENTS

- | | YES | NO | N/A |
|---|-------------------------------------|--------------------------|--------------------------|
| Are you familiar with the Commission accident reporting rule? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Will you take any action against drivers involved in preventable accidents? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

PART 391 - QUALIFICATION OF DRIVERS

- | | YES | NO | N/A |
|---|-------------------------------------|--------------------------|--------------------------|
| Do you have written hiring policies/procedures that are being followed when hiring new drivers? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are oral interviews conducted with new drivers to verify information submitted on their applications? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Will you have a system established to ensure drivers' medical certificates remain current? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Will you verify that physicians completing medical certifications are knowledgeable about the instructions for performing and recording driver physical examinations? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Will you review the results of the health history and physical examination? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Will you have a system established that will ensure drivers' operating licenses remain current? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Will you have a system established that will ensure drivers' annual reviews and annual record of violations remain current? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Will you comply with the road test provisions of Section 391.31? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Can you maintain and produce complete driver qualification files on drivers? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

PART 392 - DRIVING OF MOTOR VEHICLES

- | | YES | NO | N/A |
|---|-------------------------------------|--------------------------|--------------------------|
| Do you have established procedures concerning the use of alcohol and drugs? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you have a policy for monitoring speed? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

PART 395 - HOURS OF SERVICE OF DRIVERS

	YES	NO	N/A
Can you explain the hours of service limitations, i.e., 10, 15, 60 in 7, 70 in 8?.....	<u>X</u>	___	___
Will you file records of duty status in systematic manner?.....	<u>X</u>	___	___
Will drivers be required to complete recaps of their records of duty status?.....	<u>X</u>	___	___
Will dispatchers be aware of drivers= hours of service prior to trip?.....	<u>X</u>	___	___
Will other independent records be compared to drivers records of duty status for accuracy?.....	<u>X</u>	___	___
Will you have a system for recording hours of duty status on 100 mile radius drivers?.....	<u>X</u>	___	___
Will you have a disciplinary policy for noncompliance with Part 395?.....	<u>X</u>	___	___

PART 396 - INSPECTION, REPAIR AND MAINTENANCE

	YES	NO	N/A
Will you have written procedures explaining a systematic, periodic maintenance program?.....	<u>X</u>	___	___
Will you periodically review maintenance records for all equipment?.....	<u>X</u>	___	___
Will you comply with the vehicle inspection procedure?.....	<u>X</u>	___	___
Will you train drivers to perform pre-trip inspections?.....	<u>X</u>	___	___
Will you maintain the prior three months vehicle inspection reports on a vehicle?.....	<u>X</u>	___	___
Will you maintain a complete maintenance file on all vehicles?.....	<u>X</u>	___	___

THE UNDERSIGNED APPLICANT REQUESTS THAT THE WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION MAKE ITS ORDER GRANTING A CERTIFICATE TO OPERATE AS A CHARTER PARTY OR EXCURSION SERVICE CARRIER AS PROVIDED FOR IN RCW 81.70 AND WAC 480-40

Dated at: EDGEWOOD, Washington, 12-2-04
(City or Town) (Month/Day/Year)

Corey Melin
(Name of applicant)

By: Corey Melin
(Signature)

I certify (or declare) under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

12/2/04
(Date and Place)

Corey Melin
(Signature)
COREY MELIN



U.S. Department of Transportation
Federal Motor Carrier Safety Administration

Safety Certification for Application

(Safety Certification for Application for U.S. DOT Number)

1. NAME OF MOTOR CARRIER Seatac Motor Coaches, LLC				2. TRADE OR D.B.A. (DOING BUSINESS AS) NAME			
3. PRINCIPAL STREET ADDRESS/ROUTE NUMBER 2724 MERIDIAN EAST				4. MAILING ADDRESS (P O BOX) P.O. BOX 38			
5. CITY POYALLUP	6. STATE/PROVINCE WA	7. ZIP CODE+4 98371	8. MAILING CITY POYALLUP	9. STATE/PROVINCE WA	10. ZIP CODE+4 98371		
11. PRINCIPAL PHONE NUMBER (253) 435-0025				12. PRINCIPAL FAX NUMBER (253) 848-7210			
13. USDOT NO.	14. MC OR MX NO.	15. DUN & BRADSTREET NO.	16. IRS/TAX ID NO. 51-0531189 EIN# 51-0531189 SSN#	17. INTERNET E-MAIL ADDRESS			

18. SAFETY CERTIFICATIONS (Applicants subject to FMCSRs must complete certification item(s) 18A through 18C).

A. Applicant maintains current copies of all U.S. DOT Federal Motor Carrier Safety Regulations, Federal Motor Vehicle Safety Standards, and the Hazardous Materials Regulations (if a property carrier transporting hazardous materials), understands and will comply with such regulations, and has ensured that all company personnel are aware of the current requirements.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
B. Applicant certifies that the following tasks and measures will be fully accomplished and procedures fully implemented before it commences operations in the United States.	
1. Driver qualifications:	
a) The carrier has in place a system and procedures for ensuring the continued qualification of drivers to operate safely, including a safety record for each driver, procedures for verification of proper licensing of each driver and procedures for identifying drivers who are not complying with the safety regulations.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
b) The carrier has procedures in place to review drivers' employment and driving histories for at least the last 3 years to determine whether or not the individual is qualified and competent to drive safely.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c) The carrier has established a program to review the records of each driver at least once every 12 months and will maintain a record of the review.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d) The carrier will ensure that all of its drivers are at least 21 years of age and if applicable possess a valid Commercial Drivers License (CDL).	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
2. Hours of Service:	
a) The carrier has in place a recordkeeping system and procedures to monitor the hours-of-service performed by drivers, including procedures for continuing review of drivers' log books, and for ensuring compliance with all operations requirements.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
b) The carrier has ensured that all drivers are knowledgeable of the hours-of-service requirements, and has clearly and specifically instructed the drivers concerning their responsibility to comply with applicable 10/11, 14/15, and 60/70-hour rules as well as the requirement for preparing daily log entries in their own handwriting for each 24-hour period	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. Drug and alcohol testing:	
a) The carrier is familiar with the alcohol and controlled substance testing requirements of 49 CFR part 382 and 49 CFR part 40 and has in place a program for systematic testing of drivers.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
4. Vehicle condition:	
a) The carrier has established a system and procedures for inspection, repair and maintenance of its vehicles in a safe condition, and for preparation and maintenance of records of inspection, repair and maintenance in accordance with the Federal Motor Carrier Safety Regulations and the Hazardous Materials Regulations.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
b) The carrier will ensure that all violations and defects noted on inspection reports are corrected before vehicles and drivers are permitted to continue operation.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
5. Accident monitoring program:	

a) The carrier has in place a program for monitoring vehicle accidents and maintains an accident register in accordance with 49 CFR 390.15.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
b) The carrier has established an accident countermeasures program and driver training program to reduce accidents.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
6. Production of records:		
a) The carrier can and will produce records demonstrating compliance with the safety requirements within 48 hours of receipt of a request from a representative of the USDOT/FMCSA or other authorized Federal or State official.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
7. Hazardous Materials (to be completed by carriers of hazardous materials only).		
a) The HM carrier has full knowledge of the U.S. DOT Hazardous Materials Regulations and has established programs for the thorough training of its personnel as required under 49 CFR part 172, Subpart H, and 49 CFR 177.816.	Yes <input type="checkbox"/>	No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
b) The carrier has established a system and procedures for inspection, repair and maintenance of its reusable hazardous materials packages (cargo tanks, portable tanks, cylinders, intermediate bulk containers, etc.) in a safe condition, and for preparation and maintenance of records of inspection, repair and maintenance in accordance with the U.S. DOT Hazardous Materials Regulations.	Yes <input type="checkbox"/>	No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
c) The HM carrier has established a system and procedures for filing and maintaining HM shipping documents.	Yes <input type="checkbox"/>	No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
d) The HM carrier has a system in place to ensure that all HM trucks are marked and placarded as required by 49 CFR part 172, Subparts D and F.	Yes <input type="checkbox"/>	No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
e) The carrier will register under 49 CFR part 107, Subpart G, if transporting any quantity of hazardous materials requiring the vehicle to be placarded.	Yes <input type="checkbox"/>	No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
8. For Cargo Tank (CT) Carriers of HM		
a) The carrier has a system in place to ensure that its cargo tanks are inspected and tested as required by 49 CFR 180 by a facility registered with the U.S. DOT under part 107, Subpart F.	Yes <input type="checkbox"/>	No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>

By signing these certifications, the carrier official is on notice that the representations made herein are subject to verification through inspections in the United States and through the request for and examination of records and documents. Failure to support the representations contained in this application could form the basis of a proceeding to assess civil penalties and/or lead to the revocation of the authority granted.

C. All applicants must certify as follows:

1. Applicant is willing and able to provide the proposed operations or service and to comply with all pertinent statutory and regulatory requirements and regulations issued or administered by the U.S. Department of Transportation, including operational regulations, safety fitness requirements, motor vehicle safety standards, and minimum financial responsibility requirements.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
2. Applicant is willing and able to produce for review or inspection documents which are requested for the purpose of determining compliance with applicable statutes and regulations administered by the U.S. Department of Transportation, including the Federal Motor Carrier Safety Regulations, Federal Motor Vehicle Safety Standards and Hazardous Materials Regulations, within 48 hours of any written request.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
3. Applicant is not presently disqualified from operating commercial vehicles in the United States pursuant to the Motor Carrier Improvement Act of 1999 or any other law.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

NOTE:

All motor carriers must comply with all pertinent Federal, State, local and tribal statutory and regulatory requirements when operating within the United States. Such requirements include, but are not limited to, all applicable statutory and regulatory requirements administered by the U.S. Department of Labor, or by a State agency operating a plan pursuant to Section 18 of the Occupational Safety and Health Act of 1970 ("OSHA State plan agency"). Such requirements also include all applicable statutory and regulatory environmental standards and requirements administered by the U.S. Environmental Protection Agency or a State, local or tribal environmental protection agency. Compliance with these statutory and regulatory requirements may require motor carriers and/or individual operators to produce documents for review and inspection for the purpose of determining compliance with such statutes and regulations.

19. Certification Statement (to be completed by an authorized official)

I, CORRY MELIN, certify that I am familiar with the Federal Motor Carrier Safety Regulations and/or the Federal Hazardous Materials Regulations. Under penalties of perjury, I declare that the information entered on this report is, to the best of my knowledge and belief, true, correct, and complete.

(Please print Name)

Signature Corry Melin Date 12/2/04 Title PRESIDENT

UNITED STATES OF AMERICA

The State of



Washington

Secretary of State

I, **SAM REED**, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF FORMATION

to

SEA TAC MOTOR COACHES LLC

a/an WA Limited Liability Company. Charter documents are effective on the date indicated below.

Date: 12/30/2004

UBI Number: 602-459-032

APPID: 206780



Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

A handwritten signature in cursive script that reads "Sam Reed".

Sam Reed, Secretary of State

ROUTING SLIP

ASSIGNMENT NO.: 105002 MOTCAR NO.: 43450 PERMIT: New App.

CARRIER NAME: SEA-TAC Motor Coach, LLC

INVESTIGATOR(S): McVaugh - Paulsen DATE: 01-11-05

RECOMMENDATION: Close & File. Four Buses were inspected. Three of the four were issued CVSA decals. ETA WAS ALSO PROVIDED FOR Entrant.

Should carrier be rechecked? Yes - New Entrant & School District Requirements

REVIEWED BY: Michael J. O'Day DATE: 01-11-05

Close = file with application file.
Copy filed with application. OAC

FINAL RECOMMENDATION BY: _____ DATE: _____

OTHER INFORMATION: 1/12/05 closed OAC
CC: Tom McVaugh
Sharon Paulsen

UNIFORM DRIVER/VEHICLE INSPECTION REPORT

1148214

PERSONNEL NO. J531 DIST / DET LEVEL: 1 2 3 4 5 X

GENERAL HAZARDOUS MATERIALS DATE 01.11.05 TIME (MILITARY) BEGUN 10:35 FINISHED 10:44 LOCATION: SR/MP Edgewood Term SCALEHOUSE NO. 27

CARRIER 258-435-0025 CARRIER NAME (include DBA when applicable) Sea-Tac Motorcoaches, LLC

ADDRESS PO Box 38 CITY Puyallup STATE ZIP CODE 98371 INTERSTATE YES NO 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 34 Pass REGISTERED OWNER NAME/ADDRESS Totem Coaches Inc G.V.W. 21,440 PBT RATE

Table with columns: UNIT, TYPE, YEAR/MAKE, CO. UNIT NO., LICENSE NO. / VIN NO., STATE. Row 1: 1, BUS, 97 Int'l, 10, 57416PR, WA

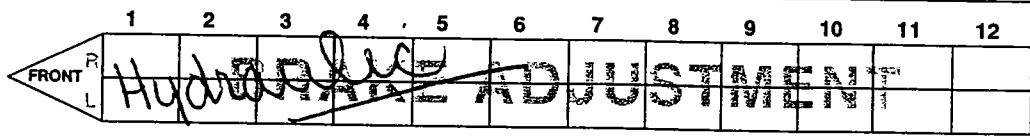


Table with columns: CFR, VIOLATIONS, D, 1, 2, 3, 4, Unit #s O/S, Complied

CVSA DECALS UNIT 1: 736126 UNIT 2 UNIT 3 UNIT 4 NOIC NO. DRIVER SIGNATURE OFFICER 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

1148215

PERSONNEL NO. 1534 DIST / DET _____ LEVEL: 1 _____ 2 _____ 3 _____ 4 _____ 5 X

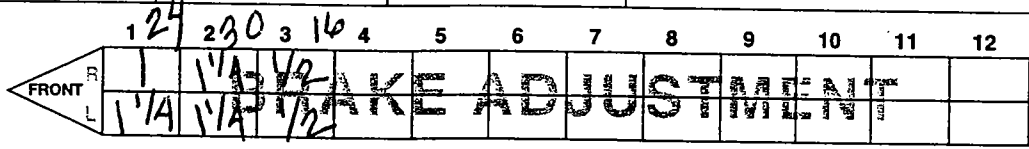
GENERAL				HAZARDOUS MATERIALS			
DATE <u>01.11.05</u>	TIME (MILITARY) BEGUN <u>10:47</u>	TIME (MILITARY) FINISHED <u>11:20</u>	HAZARD CLASS / DIVISION NO. _____				
LOCATION: SR/MP <u>Edgewood Term.</u>		SCALEHOUSE NO. _____	CNTY CODE <u>37</u>	REPORTABLE QTY? Y N	HAZARDOUS WASTE? Y N		
				PLACARD REQUIRED? Y N	CARGO TANKS? Y N		

CARRIER 253-435-0025
CARRIER NAME (Include DBA when applicable)
Sea-lac Motorcoaches, LLC
ADDRESS
P O Box 38
CITY Puyallup STATE WA ZIP CODE 98371 INTERSTATE YES NO 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 50 Pass
REGISTERED OWNER NAME/ADDRESS
Totem Coaches Inc G.V.W. 40,000 PBT RATE _____

UNIT	TYPE	YEAR/MAKE	CO. UNIT NO.	LICENSE NO. / VIN NO.	STATE
1	BUS	82 MCI	106	40588PR	WA
2					
3					
4					



CFR	VIOLATIONS	D	1	2	3	4	Unit #/O/S	Complied
393.9	Left back-up light inop		<input checked="" type="checkbox"/>					1534

CVSA DECALS UNIT 1 736127 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

1148216

PERSONNEL NO. 1531 DIST / DET _____ LEVEL: 1 _____ 2 _____ 3 _____ 4 _____ 5 X

GENERAL				HAZARDOUS MATERIALS			
DATE <u>01/11/05</u>	TIME (MILITARY) BEGUN <u>11:30</u>	TIME (MILITARY) FINISHED <u>11:45</u>	HAZARD CLASS / DIVISION NO. _____				
LOCATION: SR/MP <u>Edgewood Terminal</u>		SCALEHOUSE NO. _____	CNTY CODE <u>27</u>	REPORTABLE QTY? Y N	HAZARDOUS WASTE? Y N	PLACARD REQUIRED? Y N CARGO TANKS? Y N	

CARRIER 253 435 0025

CARRIER NAME (Include DBA when applicable)
Sea-Tac Motorcoaches LLC

ADDRESS
P O Box 38

CITY Puyallup STATE WA ZIP CODE 98371 INTERSTATE YES NO DOT NO. _____ ICC NO. _____

DRIVER

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

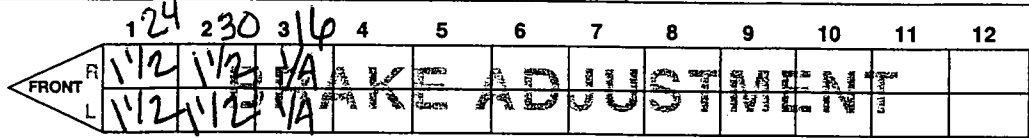
DATE OF BIRTH _____ MED. CERT. Y N _____ SHIPPER NAME _____ SHIPPING NO. _____
WAIVER Y N _____

VEHICLE

REGISTERED OWNER NAME/ADDRESS
Totem Coaches, Inc

G.V.W. 36,000 PBT RATE _____

UNIT	TYPE	YEAR/MAKE	CO. UNIT NO.	LICENSE NO. / VIN NO.	STATE
1	Bus	82MC9	104	63546PR	WA
2					
3					
4					



CFR	VIOLATIONS	D	1	2	3	4	Unit #s O/S	Complied
393.9	Rt Back up light incor		✓					1534
393.95A	No Fire extinguisher		✓					1534

CVSA DECALS UNIT 1 7316128 UNIT 2 _____ UNIT 3 _____ UNIT 4 _____ NOIC NO. _____

DRIVER SIGNATURE _____ OFFICER 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

1148217

PERSONNEL NO. 1534 DIST / DET _____ LEVEL: 1 _____ 2 _____ 3 _____ 4 _____ 5 X

GENERAL			HAZARDOUS MATERIALS		
DATE <u>01.11.05</u>	TIME (MILITARY) BEGUN <u>12:05</u>	TIME (MILITARY) FINISHED <u>12:27</u>	HAZARD CLASS / DIVISION NO. _____		
LOCATION: SR/MP <u>Edgewood Term</u>		SCALEHOUSE NO. / CNTY CODE <u>27</u>	REPORTABLE QTY? Y N	HAZARDOUS WASTE? Y N	PLACARD REQUIRED? Y N

CARRIER 253-435-0025

CARRIER NAME (Include DBA when applicable)
Sea-Tac Motorcoaches LLC

ADDRESS
P O Box 38

CITY Puyallup STATE WA ZIP CODE 98371 INTERSTATE YES NO DOT NO. _____ ICC NO. _____

DRIVER

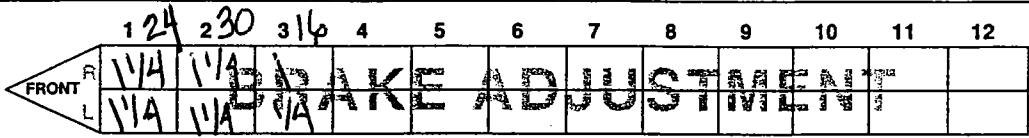
DRIVER NAME _____ LICENSE NO. _____ STATE _____ EXP. YEAR _____

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

VEHICLE 48 Pass

REGISTERED OWNER NAME/ADDRESS
Totem Coaches, Inc G.V.W. 36,000 PBT RATE _____

UNIT	TYPE	YEAR/MAKE	CO. UNIT NO.	LICENSE NO. / VIN NO.	STATE
1	<u>Bus</u>	<u>82 TMC</u>	<u>114</u>	<u>69495 PR</u>	<u>WA</u>
2					
3					
4					



CFR	VIOLATIONS	D	1	2	3	4	Unit # O/S	Complied
<u>393.20</u>	<u>Left front clearance imp</u>		<input checked="" type="checkbox"/>					
<u>396.3A1B4</u>	<u>Eng. Air leaks upon app L/S Tag regulator valve</u>		<input checked="" type="checkbox"/>					
	<u>Air drop OK</u>							

CVSA DECALS UNIT 1 _____ 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
Staudsen

2004 MCSAP DATA SHEET

Assignment #:	105002
Date of CR/Inspection:	1-11-05
Carrier Name:	Sea-Tac Charters, LLC
DBA:	
Permit #:	New Applicant
DOT #:	N/A
MC #:	N/A
MotCar #:	

VEHICLE INSPECTION DATA:

Vehicle Type	Motorcoaches/Mini-Buses
# of Vehicle Inspections:	4
# of Defective Vehicles:	3
Defective Vehicle Ratio:	75%
# of OOS Vehicles:	0
OOS Vehicle Ratio:	
Location of Inspection:	Edgewood, WA
Level of Inspection:	Level #5

PART 393 -VEHICLE INSPECTION VIOLATIONS

1. Brakes	1
2. Steering	
3. Lights	3
4. Tires/Wheels/Rims	
5. Horn	
6. Windshield/Wipers	
7. Mirrors	
8. Emergency Equipment/Exits	1
9. Coupling Devices	
10. Frame	
11. Suspension	

2004 MCSAP DATA SHEET (cont):

12. Exhaust

13. Other

COMPLIANCE REVIEW DATA:

1. Safety Rating:

2. Number of Vehicles Operated:

3. Number of Drivers Positions:

4. Total Miles for Prior Year:

5. Recordable Accidents for Prior Year:

6. Accident Ratio:

PART B VIOLATIONS:

1. Part 382/Part 40

2. Part 383

3. Part 387

4. Part 390

5. Part 391

6. Part 392

7. Part 395

8. Part 396

9. Part 397

Inspector(s):

MCVAUGH/PAULSEN

FROM: Washington Utilities and Transportation Commission
Transportation Operations
PO Box 47250 Phone: (360) 664-1222
Olympia, WA 98504-7250 Fax: (360) 586-1181

Date: 01-06-2005 Staff: Linda Elhardt

CHA079343
SEATAC MOTOR COACHES, LLC
P.O. BOX 38
PUYALLUP, WA 98371

Return this document with the completed/corrected items listed below for prompt processing of your application for operating authority.

- You must remit regulatory fees for your vehicles. Please complete the form enclosed and return to our office with the correct payment.
- Obtain a CVSA safety inspection of your vehicle (s) and remit a copy of the completed inspection form. You may contact Carolyn Caruso at (360) 664-1244 for an appointment.
- Obtain a Uniform Motor Carrier Certificate of Insurance (Form E) from your insurance company. The insurance must show your name EXACTLY as it is shown above.