

WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION

1300 South Evergreen Park Drive SW, PO Box 47250
 Olympia WA 98504-7250 • (206) 759-3111 360 664-1222

APPLICATION FOR CHARTER BUS/EXCURSION SERVICE CERTIFICATE

Fee: \$150.00

RECEIVED

JAN 07 2005

RECEPTION NUMBER 0009291
 111 0268 232 01 _____
 111 0268 232 02 150.00
 111 0298 232 03 11-
 111 0268 _____

C/D 40723
 DATE 1/7/05
 STAMPS LL

WASH. UT. & TP. COMM
 CHA 79345
 SAFETY INSP LL
 INS/BOND LL

Docket # TE-050044

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

NAME OF APPLICANT Roszell R. Smith CH-468

TRADE NAME (CBA) R/S Shuttle Service

MAILING ADDRESS 8314 Skinner Rd

PHYSICAL ADDRESS _____

Granite Falls, WA 98252

UBI# 602-249-842
 BUSINESS TELEPHONE NUMBER (INCLUDE AREA CODE) (425) 231-7264

IF APPLICANT IS A CORPORATION, LIST NAMES, 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 BUSINESS:

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

COMPLETE THE FOLLOWING LIST OF EQUIPMENT:

STATE LICENSE NUMBER	YEAR AND MAKE OF VEHICLE	SERIAL NUMBER (VEHICLE IDENTIFICATION NUMBER)	SEATING CAPACITY
<u>A853262</u>	<u>1998 Ford 350</u>	<u>2F8S31L0W4B47642</u>	<u>15</u>

DESCRIBE OPERATIONS (Territory): _____

COMPLETE THE FOLLOWING FINANCIAL STATEMENT*

ASSETS	
Cash on hand and in the bank	\$ <u>22,000</u>
Notes Receivable	_____
Accounts Receivable	_____
Prepaid Expenses	_____
Other Current Assets	_____
Investments	_____
Land and Buildings	_____
Buses and Other Vehicles	<u>16,000</u>
Office Furniture and Expense	_____
Other Equipment	_____
Other Assets	_____
Total Assets	<u>38,000</u>

LIABILITIES	
Salaries and Wages Payable	\$ _____
Accounts Payable	_____
Notes Payable	<u>225</u>
Contracts and Bonds Payable	_____
Mortgages Payable	_____
Other	_____
Total Liabilities	<u>225</u>

NET WORTH	
Preferred Stock	_____
Common Stock	_____
Retained Earnings	_____
Capital	_____
Total Liabilities and Net Worth	<u>38,225</u>

*OR, Enclose Balance Sheet and Profit and Loss Statement, if Available

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"/>	_____	_____
Have you been cited within the last three years by the Commission for violations of its rules or laws?	_____	<input checked="" type="checkbox"/>	_____
If yes, explain: _____			
Are you familiar with the state motor carrier safety rules?	<input checked="" type="checkbox"/>	_____	_____
Will management review the carrier's safety compliance status on a periodic basis?	<input checked="" type="checkbox"/>	_____	_____

NOTIFICATION AND REPORTING OF ACCIDENTS

	Yes	No	N/A
Are you familiar with the Commission accident reporting rule?	<input checked="" type="checkbox"/>	_____	_____
Will you take any action against drivers involved in preventable accidents?	<input checked="" 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"/>
Are oral interviews conducted with new drivers to verify information submitted on their applications?	_____	_____	<input checked="" type="checkbox"/>
Will you have a system established to ensure drivers' medical certificates remain current?	_____	_____	<input checked="" type="checkbox"/>

Yes No N/A

- Will you verify that physicians completing medical certifications are knowledgeable about the instructions for performing and recording driver physical examinations? Yes No N/A
- Will you review the results of the health history and physical examination? Yes No N/A
- Will you have a system established that will ensure drivers' operating licenses remain current? Yes No N/A
- Will you have a system established that will ensure drivers' annual reviews and annual record of violations remain current? Yes No N/A
- Will you comply with the road test provisions of Section 391.317? Yes No N/A
- Can you maintain and produce completed driver qualification files on drivers? Yes No N/A

PART 392 - DRIVING OF MOTOR VEHICLES

Yes No N/A

- Do you have established procedures concerning the use of alcohol and drugs? Yes No N/A
- Do you have a policy for monitoring speed? Yes No N/A

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? Yes No N/A
- Will you file records of duty status in a systematic manner? Yes No N/A
- Will drivers be required to complete recaps of their records of duty status? Yes No N/A
- Will dispatchers be aware of drivers' hours of service prior to trip? Yes No N/A
- Will other independent records be compared to driver's records of duty status for accuracy? Yes No N/A
- Will you have a system for recording hours of duty status on 100 mile radius drivers? Yes No N/A
- Will you have a disciplinary policy for noncompliance with Part 395? Yes No N/A

PART 396 - INSPECTION, REPAIR AND MAINTENANCE

Yes No N/A

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

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 430-40.

Dated at Granite Falls, Washington, 12/25/04
(City or Town) *(Month/Day/Year)*

Roszell R. Smith
(Name of Applicant)

Roszell R. Smith
By Roszell R. Smith
(Signature)

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

12/25/04
(Date and Place)

Roszell R. Smith
Roszell R. Smith
(Signature)

ROUTING SLIP

ASSIGNMENT NO.: 105019 MOTCAR NO.: _____ PERMIT: CH/ES
Applica

CARRIER NAME: Roszell R Smith DBA R/s Shuttle Serv.

INVESTIGATOR(S): ADICKSON DATE: 1-28-05

RECOMMENDATION: Safety inspection of carrier's van checked
free of defects.

Forward to licensing services for certificate processing.

Should carrier be rechecked? Add to CH bus Workplan

REVIEWED BY: Vicki Elliott DATE: 2/1/05

Vehicle inspection for charter/excursion application.

Vehicle is free of defects - issued CUSA sticker.

Forward to Licensing Services.

Closed file.

FINAL RECOMMENDATION BY: _____ DATE: _____

OTHER INFORMATION: 2/1/05 Closed case

CC: Alan Mackay

Licensing Services

