

WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION

1300 South Evergreen Park Drive SW, PO Box 47250
 Olympia WA 98504-7250 • (206) 753-3111 360 664-1222

APPLICATION FOR CHARTER BUS/EXCURSION SERVICE CERTIFICATE

Fee: \$150.00

JAN 07 2005

WASH. UT. & TP. COMM

RECEPTION NUMBER 0003292
 111 0268 232 01 _____
 111 0268 232 02 150.00
 111 0268 232 03 _____
 111 0268 _____

CID 40723 CHA 79346
 DATE 1/7/05 SAFETY INSP LL
 STAMPS LL INS/BOND LL
Docket # TE-050045

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

NAME OF APPLICANT Roszell R. Smith ES-171

TRADE NAME (DBA) 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>2FBSS31LOWAB47642</u>	<u>15</u>

DESCRIBE OPERATIONS (Territory): _____

COMPLETE THE FOLLOWING FINANCIAL STATEMENT*

ASSETS	LIABILITIES
Cash on hand and in the bank \$ <u>22,000</u>	Salaries and Wages Payable \$ _____
Notes Receivable _____	Accounts Payable _____
Accounts Receivable _____	Notes Payable <u>225</u>
Prepaid Expenses _____	Contracts and Bonds Payable _____
Other Current Assets _____	Mortgages Payable _____
Investments _____	Other _____
Land and Buildings _____	Total Liabilities <u>225</u>
Buses and Other Vehicles <u>16,000</u>	NET WORTH
Office Furniture and Expense _____	Preferred Stock _____
Other Equipment _____	Common Stock _____
Other Assets _____	Retained Earnings _____
Total Assets <u>38,000</u>	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"/>	<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 safety 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Are oral interviews conducted with new drivers to verify information submitted on their applications?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Will you have a system established to ensure drivers' medical certificates remain current?	<input type="checkbox"/>	<input type="checkbox"/>	<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 391.31? 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 480-40.

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

Roszell R. Smith
(Name of Applicant)

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
(Signature)

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

Date: 01-10-2005 Staff: Linda Elhardt

CHA079345
SMITH, ROSZELL R.
R/S SHUTTLE SERVICE
8314 SKINNER RD.
GRANITE FALLS, WA 98252

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

- ✓ X 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.
- ✓ X 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.