



UTILITIES AND TRANSPORTATION COMMISSION

Completed Activity Report Motor Carrier Safety

Upload? Yes No

1. Investigator(s): Richard Smith 2. Assignment No.: 111164

3. Current Date: 6/15/11 4. Date of Activity: 6/13-14/2011

5. Carrier Name: First Due LLC ✓

6. Permit: HG-63862 7. If new entrant, date of temporary authority 3/19/2010

8. MOTCAR No.: 1D 5891 9. Carrier is: Intrastate Only
 Interstate Only
 Both Intra and Interstate

10. Industry Code: 207

11. DOT No.: 1990914 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 vehicle inspections: Level 1 _____ Level 2 _____ Level 3 _____ Level 5 _____
- 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 _____
 - 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 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 1
 - ◆ 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 _____
 - Unannounced terminal visit
 - Other (please explain): _____

18. **Compliance Review Data:**

- Safety Rating: Satisfactory Fail
- Number of vehicles operated: 1
- Number of drivers operated: 3
- Total miles for prior year: 6000
- Recordable accidents for prior year: 0
- Accident Ratio: N/A

19. **Part B Violations:**

Part	Violations	Part	Violations	Part	Violations
382/40		383		387	
390		391	3	392	
395		396	2	397	

20. **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									1		
Defective Vehicles									0		
OOS Vehicles									0		
Location									T		
Level									5		

21. <input type="checkbox"/> 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. <input type="checkbox"/> Driver Inspection Violations:			
Medical Card	Medical Waiver	Hours of Service	Drivers License

23. Relevant carrier history, if any: This carrier is currently in provisional status

24. Findings: This carrier is well managed and received a Satisfactory rating in this CR audit inspection. The three person company management team are all fulltime Issaquah City Fire fighters during the night time hours and run this business during the day time. The company files and vehicle are immaculately managed and maintained as is expected of a professional team of this caliber. Although still learning, the violations discovered in this audit were quickly remedied by the owners and was determined to be committed due to lack of technical knowledge and not as result of willful negligence.

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: Upload to MCMIS. I recommend this carrier be upgraded from provisional status and considered for permanent authority.

Investigator's signature: Richard Smith 

Initial review by: _____ Date: _____

Reviewer's recommendation: _____

Final review by: J Pratt Date: 6/17/11


Reviewer's recommendation: Agree with recommendations
close & file.

Date closed: 6/20/11 By: CAC
cc: Rick Smith
Licensing

Company name First Due LLC Assignment # 111164

Staff Assigned Rick Smith

Washington Utilities & Transportation Commission

	US DOT # 1990914	Legal: FIRST DUE LLC Operating (DBA): FIRST DUE MOVERS AND DELIVERY		
MC/MX #: 000000		State #: 63862	Federal Tax ID:	
Review Type: Compliance Review (CR)				
Scope: Principal Office		Location of Review/Audit: Company facility in the U. S.		Territory:
Operation Types				
Interstate		Intrastate		
Carrier:	Non-HM	Non-HM	Business: Corporation	
Shipper:	N/A	N/A	Gross Revenue: \$60,000.00	
Cargo Tank:	N/A		for year ending: 12/31/2011	
Company Physical Address:				
1592 NW Maple St Issaquah, WA 98027				
Contact Name: Joe Lindsey				
Phone numbers: (1) 206-755-6053		(2)	Fax: 206-722-1690	
E-Mail Address: info@firstduemovers.com				
Company Mailing Address:				
1592 NW Maple St Issaquah, WA 98027				
Carrier Classification				
Authorized for Hire		Private Property		
Cargo Classification				
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:	0	3	Total Drivers: 3	
>= 100 Miles:	0		CDL Drivers: 0	
Equipment				
	Owned	Term Leased	Trip Leased	Owned
Truck	1	0	0	Term Leased
				Trip Leased
Power units used in the U.S.: 1				
Percentage of time used in the U.S.: 100				



FIRST DUE MOVERS AND DELIVERY (FIRST DUE LLC dba)

U.S. DOT #: 1990914

State #: 63862

Review Date:

06/14/2011

Part A

QUESTIONS regarding this report or the Federal Motor Carrier Safety Regulations should be address to:
Washington Utilities & Transportation Commission

P.O. Box 47250, Olympia, WA. 98504-7250
Attention: Richard L. Smith (360) 664-1236 Office, (360) 701-1601 Cell.
RSmith@utc.wa.gov

This report will be used to assess your safety compliance.

Person(s) Interviewed

Name: Joe Lindsey

Title: Owner

Name:

Title:



Part B Violations

1 FEDERAL	Primary: 391.25(a)	Discovered 3	Checked 3	Drivers/Vehicles In Violation 3	Checked 3
--------------	--------------------	-----------------	--------------	---------------------------------------	--------------

Description

Failing to make an inquiry into the driving record of each driver to the appropriate State agencies in which the driver held a commercial motor vehicle operator's license at least once every 12 months.

Example

Company has failed to obtain annual drivers abstract records for all of the three drivers. Joe Lindsey drove 6/7/11. Jim Smith last drove 5/30/11. Jeff Drozdowski last drove 5/28/11.

2 FEDERAL	Primary: 396.3(b)(1)	Discovered 1	Checked 1	Drivers/Vehicles In Violation 1	Checked 1
--------------	----------------------	-----------------	--------------	---------------------------------------	--------------

Description

Failing to keep a maintenance record which identifies the vehicle, including make, serial number, year, and tire size.

Example

Vehicle Unit 1. License B75995K

3 FEDERAL	Primary: 396.3(b)(2)	Discovered 1	Checked 1	Drivers/Vehicles In Violation 1	Checked 1
--------------	----------------------	-----------------	--------------	---------------------------------------	--------------

Description

Failing to have a means of indicating the nature and due date of the various inspection and maintenance operations to be performed.

Example

No written maintenance plan in maintenance file for Unit 1, license B75995K.

Safety Fitness Rating Information:		OOS Vehicle (CR): 0	
Total Miles Operated	3,000	Number of Vehicle Inspected (CR):	1
Recordable Accidents	0	OOS Vehicle (MCMIS):	0
Recordable Accidents/Million Miles	0.00	Number of Vehicles Inspected (MCMIS):	0

SATISFACTORY	Rating Factors	Acute	Critical
	Factor 1:	S	0
	Factor 2:	S	0
	Factor 3:	S	0
	Factor 4:	S	0
	Factor 5:	N	0
	Factor 6:	S	-

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



Part B Requirements and/or Recommendations

1. Establish a systematic maintenance records program for all vehicles. Maintain a complete file for each subject vehicle, recording all repair, maintenance and inspection operations performed.
2. This review will result in a Safety Rating.
3. IF YOU WANT A COPY OF YOUR INTRASTATE CARRIER PROFILE, CONTACT MS. CAROLYN CARUSO @ 360-664-1244.
4. If you have any questions concerning this report,, please contact the Washington Utilities & Transportation Commission @
UTC
PO BOX 47250
OLYMPIA, WA 98504
ATTN: RICK SMITH
360-664-1236
5. "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."
6. ENSURE THAT AT LEAST ONCE A YEAR, A DRIVING RECORD CHECK (DMV CHECK) IS CONDUCTED ON DRIVERS OPERATING A COMMERCIAL MOTOR VEHICLE WITH A GVWR OF 10,001 POUNDS OR GREATER.



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 I

Corporate Contact: Joe Lindsey

Corporate Contact Title: Owner

Special Study Information:**Remarks:**

Mr. Joe Lindsey, owner was contacted at the carrier's terminal for the purpose of conducting this Compliance Review.

REASON FOR INVESTIGATION:

New entrant interstate-intrastate for-hire household goods carrier.

SCOPE OF INVESTIGATION:

Safety Audit review and vehicle inspection level 5.

CARRIER OPERATION DESCRIPTION:

This carrier operates one 24,000 GVWR straight truck and employs three non- CDL drivers as an interstate-intrastate household goods for-hire transporting carrier.

Mr. Lindsey stated his gross operating revenue of \$60,000 is for the current fiscal year ending on 12/31/2011. Mr. Lindsey is responsible for all safety management

PRE-INVESTIGATION:

The carrier was requested to produce the following information at least 48 hours before this compliance review was scheduled:

- * Financial responsibility
- * Crash information
- * Driver qualification files
- * Hours of service records
- * Inspection, repair and maintenance records including annual (periodic) inspections

DRIVER LICENSE CHECK:

Washington State Dept. of Licensing was used to verify all company driver's non-CDL licenses.



Part C

James Cory Smith, date of birth 12/14/1962. SMITHJC384RM.
Joseph W. Lindsey, 12/5/1979, LINDSJW213RE.
Jeffery F. Drozdowski, 8/6/1984, DROZDJF167NF.

INVESTIGATION:

The company maintains supporting documents consisting of bills of lading, daily trip records, DOT inspection reports, and other data. Mr. Lindsey is responsible for all documents and records. All documents are located at the carrier's principal place of business. Files are maintained by trip or date depending upon the type of record.


In conducting this compliance review I examined records pertaining to CFR 49, Parts 387, 390, 391, 392, 393, 395, and 396.

It was indicative through review of company files that Mr. Lindsey is providing sufficient management safety procedures for this company. Files are found to be well maintained.

The company 24 ft straight truck is marked and maintained in accordance with CMV regulations. Maintenance files were appropriately generated and maintained.


The company is insured by Scottsdale Insurance Company, policy# 3CY7474 in the CSL amount of \$2,000,000.00.

The carrier received a Satisfactory for this Compliance Review Audit..

Upload Authorized:	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Authorized by:		Date: 6-14-11
Uploaded:	<input type="radio"/> Yes	<input type="radio"/> No
Verified by:		Failure Code:
		Date:



Washington Utilities & Transportation Commission

	US DOT # 1990914	Legal: FIRST DUE LLC Operating (DBA): FIRST DUE MOVERS AND DELIVERY
---	----------------------------	--

MC/MX #: 000000 **State #:** 63862 **Federal Tax ID:**
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
Carrier: Non-HM	Non-HM		Gross Revenue: \$60,000.00 for year ending: 12/31/2011
Shipper: N/A	N/A		
Cargo Tank: N/A			

Company Physical Address:

1592 NW Maple St
Issaquah, WA 98027

Contact Name: Joe Lindsey
Phone numbers: (1) 206-755-6053 (2) **Fax** 206-722-1690
E-Mail Address: info@firstduemovers.com

Company Mailing Address:

1592 NW Maple St
Issaquah, WA 98027

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 should be address to:
 Washington Utilities & Transportation Commission

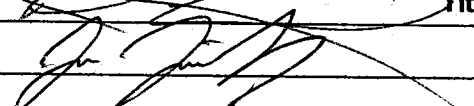
P.O. Box 47250, Olympia, WA. 98504-7250
 Attention: Richard L. Smith (360) 664-1236 Office, (360) 701-1601 Cell.
 RSmith@utc.wa.gov

This report will be used to assess your safety compliance.

Person(s) Interviewed

Name: Joe Lindsey	Title: Owner
Name:	Title:

Reported By:  **Title:** Auditor **Code:** WA0580 **Date:** 6/13/2011

Received By:  **Title:** OWNER



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: WAU001000383
Inspection Date: 06/13/2011
Start: 10:47:00 AM PT End: 11:50:12 AM PT
Inspection Level: V - Terminal
HM Inspection Type: None

FIRST DUE LLC
3020 ISSQ PINE LK RD #63
SAMMAMISH, WA 98075

USDOT#: 01990914 Phone#: (206)755-6053
MC/MX#: 000000 Fax#:
State#: 63862

Location: TERMINAL
Highway:
County: KING, WA

MilePost:
Origin: ISSAQUAH, WA
Destination: ISSAQUAH, WA

Shipper:
Bill of Lading:
Cargo:

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

VEHICLE IDENTIFICATION

Unit	Type	Make	Year	State	Plate #	Equipment ID	VIN	GVWR	CVSA #	CVSA Issued #	OOS Sticker
1	TR	INTL	2000	WA	B75995K	1	1HTSCABM8YH229127	26,000		14573887	

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.

Report Prepared By:
SMITH, RICHARD

Badge #:
J580

Copy Received By:

Page 1 of 1



01990914 WA WAU001000383

X

X

548 11646 3

11-22-10 (NE)

425-241-5812

1592 N.W Maple St Issaquah WA,

BUSINESS INFORMATION

Name of Applicant First Due LLC (must be individual, partners of a partnership or corporation)

Trade Name, if applicable First Due Moving & Delivery

Physical Address 710 240th Way SE Unit F-204 Sammamish WA 98074

Mailing Address 3020 ISSQ - Pine Lk Rd SE Sammamish WA 98075 PMB#63

Telephone Number (206) 755-6063 Fax Number () N/A

UBI #: 602-985-701 Email: FirstDueMovers.com

USDOT #: 1990914 (If you currently don't have one, you can go online at www.finesca.dot.gov/online-registration to apply for one or call 360-596-3816 or 360-596-3803 for assistance.)

Have you established a Worker's Compensation Account with the Department of Labor & Industries? No Yes L & I Account No. (required if you have employees.)

Have you registered with the Employment Security Department? No Yes ESD No. (required if you have employees)

Have you registered your business with the Department of Revenue? No Yes

TYPE OF BUSINESS STRUCTURE

Individual Partnership Corporation Other (LP, LLP, LLC)

List the name, title and percentage of partner's share or stock distribution for major stockholders:

Table with 3 columns: Name, Title, Stock Distribution or Percentage of Shares. Rows include Joseph William Lindsay, Paul Antonio McCall, and James Cory Smith.

Choose one of the following for the territory in which you wish to operate:

All counties in the State of Washington

The following named counties only: _____

Describe the services you wish to provide. Explain how your services will enhance customer choice, promote competition, or fill an unmet need for service:

Moving and delivery services within the state of Washington.
A better ~~to~~ customer service with a background of over 55 years
of fire service employment. We can provide high quality trust and
customer service for our clients

Briefly describe your experience in the transportation/household goods moving industry:

Side jobs with movers. Assisted professional movers with jobs
Extensive history with driving 10,000 lbs or more. Extensive history
of driving trucks ranging from 40,000 lbs → 70,000 LBS.
* All owners and employees are professional Firefighters.

Do you currently hold, or have you ever held, a permit to operate as a motor carrier of property?
 No Yes If yes, please indicate your permit number _____

Have you ever applied for and been denied a permit to operate as a motor carrier of property in Washington? No Yes If yes, please explain _____

Do you currently operate interstate? No Yes If yes, please indicate your MC# _____ and USDOT# _____

Do you operate interstate as an agent of another company? No Yes If yes, what is the name of the company? _____

Do you have, or have you ever had a business related legal proceeding against you in Washington, or in any other state? No Yes If yes, please explain: _____

Have you ever been convicted of a crime? No Yes If yes, please explain: _____

Have you been cited for violation of state laws or Commission rules? No Yes If yes, please explain: _____

FINANCIAL STATEMENT

You must complete the following financial statement or attach a balance sheet, profit and loss statement, or business plan.

Assets		Liabilities	
Cash in Bank	\$ 12,000 ⁰⁰	Salaries/Wages Payable	\$ 0
Notes Receivable	\$ 0	Accounts Payable	\$ 0
Investments	\$	Notes Payable	\$ 0
Other Current Assets	\$ 300 ⁰⁰	Mortgages Payable	\$ 0
Prepaid Expenses	\$ 2,800 ⁰⁰	TOTAL LIABILITIES	\$ 5,800⁰⁰
Land and Buildings	\$	NET WORTH	31,500⁰⁰
Trucks and Trailers	\$ 30,000 ⁰⁰	Preferred Stock	\$ 0
Office Furniture	\$ 1,000 ⁰⁰	Common Stock	\$ 0
Other Equipment	\$ 2,000 ⁰⁰	Retained Earnings	\$ 0
Other Assets	\$	Capital	\$ 0
TOTAL ASSETS	\$ 37,300⁰⁰	TOTAL LIABILITIES & NET WORTH	\$ 31,500⁰⁰

EQUIPMENT LIST

Describe the equipment you will use (attach additional sheets if necessary).

Year	Make	License Number	Vehicle ID Number	Gross Vehicle Weight
2009	Interstate	6786-VM	4RACS2029AN68853	7,000
1992	Ford F150	A39617T	1FTEX14N8PKA31914	6000
2003	Ford F350	B26825N	1FTWW33P23ED36792	12,600