

Leavenworth

SHUTTLE & TAXI LLC

Washington Utilities and Transportation Commission
1300 S. Evergreen Park Drive S.W.
Olympia, WA. 98504

David Witt
P.O. box 1041
Leavenworth, WA 98826

Concerning Docket # TE-161021, TE-1616020:

I would like to request to be heard on the above matter. I purchased Leavenworth Shuttle three and a half years ago prior to that my background had been in tourism and recreation for 20 years. The previous ownership had virtually no records or documentation that transferred. I had very little information and was ignorant in where to find what I need to conduct this business per UTC rules. What had in place I had learned from my drivers and periodicals from Foley. I mention this because my deficiencies are not done out of disrespect for the rules of the road, but because I was uneducated in what I need to have in place to run this company. I understand it is my responsibility to comply and run this company under the UTC rules, I fully acknowledge that and will never have this happen again. I have spent the last three and a half months working on the deficiencies in my company. My focus was there and not in creating this report, which is my mistake. I have put policies in place, some as simple as adding reminders on our outlook calendar schedule and others as to completely create new files for personnel and vehicles. I have eliminated Foley as my alcohol monitoring company and have since gone with Confluence Health out of Wenatchee, WA. I have completed my 60 minutes of reasonable suspicion training for Alcohol/Controlled Substances. I will go through each of the items.

1. 382.301(a)

This violation occurred because I was unaware that I needed to do a pre-employment test. Foley was the provider I was going through and I relied on their system. I have since had every current employee tested and I've changed our controlled substance program to Confluence Health which is an easier and more local company to work with. I have provided Sandra with all those current results and have attachments in the packet. The pre-employment checklist is attached. This document must be gone through completely with all the attached information in the drivers file before they are to be employed. The testing of Commercial drivers that are DOT and Non-DOT are to be in separate consortiums.

Leavenworth

SHUTTLE & TAXI LLC

2. 391.45(a) 391.11(a)

This is part of the above violation. Each driver has had a physical and has a medical card to drive, we are utilizing Confluence Health to provide that service with us too. The failure was of my own ignorance. I didn't realize I need every driver to have a medical card. In each driver file, I have a copy and the expiration dates are attached to my Outlook Calendar. I've attached the medical cards of all employees.

3. 396.11(a)

This violation occurred because I didn't realize that I need to keep a written record of the DVIR or that it need to be recorded. I have directly used page 189 out of the "Your Guide to Achieving a Satisfactory Safety Record." Also as part of the employment process going through how to properly conduct a walk around a DVIR. I've enclosed a two-week time line of Hilary Mason's DVIR forms, more can be provided for each driver if requested. Have a detailed filing system now in place for each driver.

4. 382.305(i)(2)

This violation occurred because of my reliance on Foley services and my lack of knowledge as well. I have since changed this with working with Confluence Health. There is a copy of the group that my drivers are in in each packet, I am notified quarterly of random in our pool with Confluence Health. I will also contact Confluence Health a month prior to our quarterly contact to insure the proper drivers on each pool by adding this into my Outlook Calendar.

5. 382.413 secondary 40.25

This violation occurred because of my ignorance at what the requirements were. I've changed the hiring process to ensure that previous employers are contacted about alcohol and controlled substances information. It was as simple to remedy as adding this into our pre-employment checklist procedures. (I've attached a copy) Summary is that I will contact driver's previous employers, 10 years on CDL, 3 years on non-CDL.

6. 382.603

This violation occurred because I was ignorant to what the requirements were. I have since received the above 60 minutes in Alcohol and 60 minutes in controlled substances training. I've developed a reasonable suspicion checklist. My certificate and suspicion checklist are attached. I will educate my dispatchers as to what to look for in contacting drivers. Currently I'm the only dispatcher, but when I hire a dispatcher I will have them go through the controlled substances training seminar.

Leavenworth

SHUTTLE & TAXI LLC

7. 383.35(b)

This violation occurred because I was ignorant to the requirement. I have since adopted the employment application form on pages 77-78 out of the "Your Guide to Achieving a Satisfactory Safety Record." The solution to this was to add this into our hiring procedures checklist. Only completed applications with background checks of employers will be considered completed.
8. 390.19(b)(2)

This violation occurred because I was ignorant to the requirement that I needed to renew my MCS-150, this was simply done at the time of inspection and I've put it on my outlook calendar to be renewed at the appropriate time.
9. 391.21(a)

This violation occurred because I was ignorant to the requirement. I didn't realize I needed to keep these documents after hiring process. I now realize that you need to keep these documents in the employee's company file. The solution was to add this to our hiring procedures. The solution to this was to add this into our hiring procedures checklist. Only completed applications with background checks of employers will be considered completed.
10. 391.23(a)

This violation occurred because I was ignorant to the requirement of background checks. The solution was to add this to our hiring procedures. The solution to this was to add this into our hiring procedures checklist. Only completed applications with background checks of employers will be considered completed.
11. 391.51(b)(9)

This violation occurred because I was ignorant to the requirement of checking the national registry of Certified medical examiners. Once I have received the medical card from the potential employee I will log onto the national registry website and verify the medical examiner on the medical card, put a copy of the verification in the file folder of the potential employee. The solution to this was to add this into our hiring procedures checklist.
12. 395.8(a)

This violation occurred because I was ignorant to the requirement. I didn't realize I needed to track my own time at the company. This was simply changed by adding an excel form to my daily tasks that I fill out every day listing my time off and on duty.
13. 395.8(f)

This violation occurred because I was ignorant to the requirement. I have since adjusted the Shuttle Driver Trip Log to include: Name, Start time, End Time, Total hours & Date.

Leavenworth

SHUTTLE & TAXI LLC

I appreciate the time you have spent reviewing my company. I want to apologize for being so ignorant in identifying what my requirements were. I want to thank Sandra Yeomans with her help and recommendations to improve my company's compliance. I want you to know that this small company provides for my employees, their families and my family. I don't take this lightly that I've managed this company into its current situation with the UTC. I will be more diligent in the future and utilize the tools now provided to me by the UTC on book and by USB. I most humbly apologize and will do better in the future.

Thank you for your time,



David Witt

Leavenworth Shuttle & Taxi LLC.

P.O. Box 1041

894 Hwy 2 Suite L

Leavenworth, WA. 98826

509-670-1849

Pre-employment checklist for Leavenworth Shuttle & Taxi LLC.

- Fill out W-4/ I9
- Fill out Job application (CDL 10 year history)
- Confidentially Policy, Driver Code of Conduct, Driver Orientation, Review Suspension Termination, Alcohol and Controlled Substance policy, Harassment Policy, & Job Description.
- Contact Job applicant's previous employers (CDL 10 years of contacts)
- Obtain copy of Driving record and copy of license.
- Pre-employment Drug screen for all Commercial drivers, must receive results prior to employment.
- Have driver obtain or get a copy of their current medical card
- Verify medical card with National registry put a copy of verification in employee file folder.
- Add CDL drivers to the DOT consortium with Confluence Health
- Add non-cdl drivers to non-dot consortium with Confluence Health

Sign _____ Date _____

APPLICATION FOR EMPLOYMENT

COMPANY _____ STREET ADDRESS _____

CITY, STATE AND ZIP CODE _____

APPLICANT'S NAME _____
(First) (Middle) (Maiden Name, if any) (Last)

ADDRESS _____ HOW LONG? _____
(Street) (City) (State and Zip Code)

DATE OF BIRTH _____ PHONE _____ SOCIAL SECURITY NO. _____

PAST ADDRESSES (previous three years)

	STREET	CITY	STATE & ZIP CODE	HOW LONG?
1				
2				
3				
4				

(ATTACH SHEET IF MORE SPACE IS NEEDED)

EXPERIENCE AND QUALIFICATIONS--DRIVER

DRIVER LICENSE	STATE	LICENSE NUMBER	TYPE	EXPIRATION DATE

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATES		APPROX. # OF MILES (TOTAL)
		FROM	TO	
STRAIGHT TRUCK				
TRACTOR/SEMI-TRAILER				
TRACTOR/2 TRAILERS				
OTHER:				

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED)

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	FATALITIES	INJURIES

(Form 2 Rev. 10-2001)

Public Burden Statement

A Federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a current valid OMB Control Number. The OMB Control Number for this information collection is 2126-0006. Public reporting for this collection of information is estimated to average approximately 1 minute per response, including the time for reviewing instructions, gathering the data needed, and completing and reviewing the collection of information. All responses to this collection of information are mandatory. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Officer, Federal Motor Carrier Safety Administration, M/C-RRR, 1200 New Jersey Avenue, SE, Washington, D.C. 20590.



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

Medical Examiner's Certificate
(for Commercial Driver Medical Certification)

I certify that I have examined **Last Name: Kaelin** **First Name: Michael** in accordance with (please check only one):

- the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) and, with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when (check all that apply) OR
- the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) with any applicable State variances (which will only be valid for intrastate operations), and, with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when (check all that apply):

- Wearing corrective lenses Accompanied by a _____ waiver/exemption
- Wearing hearing aid Accompanied by a Skill Performance Evaluation (SPE) Certificate

- Driving within an exempt intracity zone (49 CFR 391.62) (Federal)
- Qualified by operation of 49 CFR 391.64 (Federal)
- Grandfathered from State requirements (State)

Medical Examiner's Certificate Expiration Date

7/25/2017

The information I have provided regarding this physical examination is true and complete. A complete Medical Examination Report Form, MCSA-5875, with any attachments embodies my findings completely and correctly, and is on file in my office.

Medical Examiner's Signature Stephen Leaf Date Certificate Signed 7/25/16

Medical Examiner's Telephone Number 509-663-8711 Physician Assistant Advanced Practice Nurse

Other Practitioner (specify) Chiropractor

Stephen Leaf, PAC Issuing State WA National Registry Number 2355816797

Medical Examiner's State License, Certificate, or Registration Number PA10004748

Driver's Signature [Signature] Issuing State/Province WA

Driver's License Number KAE4MFC371K3 CLP/CDL Applicant/Holder Yes No

Address: 9588 E. SENEWEARY RD City: LEANSWORTH State/Province: WA Zip Code: 98826

Driver's Address KAE L I M F 3 7 9 K 3

Public Burden Statement: This information is required to respond to a request for information. If you are unable to provide this information, please contact the agency that is requesting the information. A federal agency may not conduct or sponsor a collection of information that it does not display a current valid OMB Control Number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to Washington, D.C. 20503.

Medical Examiner's Certificate
(for Commercial Driver Medical Certification)



I certify that I have examined **Last Name: LUNDGREN** First Name: **TRUDY** In accordance with (please check only one):

the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) and, with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when (check all that apply) OR

the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) with any applicable State variances (which will only be valid for intrastate operations), and, with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when (check all that apply):

Wearing corrective lenses Accompanied by a _____ waiver/exemption

Wearing hearing aid Accompanied by a Skill Performance Evaluation (SPE) Certificate

Driving within an exempt intracity zone (49 CFR 391.62) (Federal)

Qualified by operation of 49 CFR 391.64 (Federal)

Grandfathered from State requirements (State)

The information I have provided regarding this physical examination is true and complete. A complete Medical Examination Report Form, MCSA-5875, with any attachments embodying my findings completely and correctly, and is on file in my office.

Medical Examiner's Certificate Expiration Date **05-31-2017**

Medical Examiner's Signature *[Signature]* Date Certificate Signed **05-31-2016**

Medical Examiner's Telephone Number **360-848-4150** MD Physician Assistant Advanced Practice Nurse

Medical Examiner's Name (please print or type) **Marshall Anderson, MD** DO Chiropractor Other Practitioner (specify)

Medical Examiner's State License, Certificate, or Registration Number **37814** Issuing State **Washington** National Registry Number **9112445401**

Driver's Signature *[Signature]* Issuing State/Province **WA**

Driver's Address **24016 99th Ave NE City: Arlington** State/Province: **WA** Zip Code: **98223** Yes No

Street Address: **24016 99th Ave NE** City: **Arlington** State/Province: **WA** Zip Code: **98223** Yes No

CLP/CDL Applicant/Holder

Public Burden Statement

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

Medical Examiner's Certificate
(for Commercial Driver Medical Certification)

I certify that I have examined **Last Name:** Witte **First Name:** David in accordance with (please check only one):

the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) and, with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when (check all that apply) **OR**

the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) with any applicable State variances (which will only be valid for intrastate operations), and, with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when (check all that apply):

Wearing corrective lenses Accompanied by a waiver/exemption

Wearing hearing aid Accompanied by a Skill Performance Evaluation (SPE) Certificate

Driving within an exempt intracity zone (49 CFR 391.62) (Federal)

Qualified by operation of 49 CFR 391.64 (Federal)

Grandfathered from State requirements (State)

Medical Examiner's Certificate Expiration Date
7/29/2018

The information I have provided regarding this physical examination is true and complete. A complete Medical Examination Report Form, MCSA-5875, with any attachments embodies my findings completely and correctly, and is on file in my office.

Medical Examiner's Signature
Stephen Leaf, PAC

Medical Examiner's Name (please print of type)
Stephen Leaf, PAC

Medical Examiner's Telephone Number
509-663-8711

Date Certificate Signed
7-29-18

MD Physician Assistant Advanced Practice Nurse

DO Chiropractor Other Practitioner (specify)

Issuing State
WA

National Registry Number
2355816797

Driver's Signature
[Signature]

Driver's License Number
WIT*DG233BH

Issuing State/Province
Washington

Street Address: 1140 Eagle Creek Rd. **City:** Leavenworth **State/Province:** WA **Zip Code:** 98826

CLP/CDL Applicant/Holder
 Yes No

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)

LOCATION	DATE	CHARGE	PENALTY

(ATTACH SHEET IF MORE SPACE IS NEEDED)

- A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? YES _____ NO _____
- B. Has any license, permit, or privilege ever been suspended or revoked? YES _____ NO _____

IF THE ANSWER TO EITHER A OR B IS YES, ATTACH A STATEMENT GIVING FULL DETAILS

EMPLOYMENT RECORD (Attach Sheet if More Space is Needed)

Note: DOT requires that employment for at least 3 years and/or Commercial Driving experience (CDL) for the past 10 years be shown.

LAST EMPLOYER NAME _____

ADDRESS _____

POSITION HELD _____ FROM _____ TO _____ SALARY _____

REASON FOR LEAVING _____

Subject to Federal Motor Carrier Safety Regulations YES _____ NO _____

Performed safety sensitive function subject to DOT Controlled Substance/Alcohol testing YES _____ NO _____

SECOND LAST EMPLOYER NAME _____

ADDRESS _____

POSITION HELD _____ FROM _____ TO _____ SALARY _____

REASON FOR LEAVING _____

Subject to Federal Motor Carrier Safety Regulations: YES _____ NO _____

Performed safety sensitive function subject to DOT Controlled Substance/Alcohol testing YES _____ NO _____

THIRD LAST EMPLOYER NAME _____

ADDRESS _____

POSITION HELD _____ FROM _____ TO _____ SALARY _____

REASON FOR LEAVING _____

Subject to Federal Motor Carrier Safety Regulations: YES _____ NO _____

Performed safety sensitive function subject to DOT Controlled Substance/Alcohol testing YES _____ NO _____

TO BE READ AND SIGNED BY APPLICANT

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

(Date)

(Applicant's Signature)

NOTE: A motor carrier may require an applicant to provide information in addition to the information required by the Federal Motor Carrier Safety Regulations.

(Form 2 - Rev. 1-2004)

Public Burden Statement

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

Medical Examiner's Certificate
(for Commercial Driver Medical Certification)

I certify that I have examined **Last Name: Milano** **First Name: Jeffrey** in accordance with (please check only one):

- the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) and, with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when (check all that apply) **OR**
- the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) with any applicable State variances (which will only be valid for intrastate operations), and, with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when (check all that apply):

- Wearing corrective lenses Accompanied by a _____ waiver/exemption Driving within an exempt intracity zone (49 CFR 391.62) (Federal)
- Wearing hearing aid Accompanied by a Skill Performance Evaluation (SPE) Certificate Qualified by operation of 49 CFR 391.64 (Federal)
- Grandfathered from State requirements (State)

The information I have provided regarding this physical examination is true and complete. A complete Medical Examination Report Form, MCSA-5875, with any attachments embodies my findings completely and correctly, and is on file in my office.

Medical Examiner's Certificate Expiration Date

8/4/2017

Medical Examiner's Signature

Stephen Leaf

Medical Examiner's Name (please print or type)

Stephen Leaf, PAC

Medical Examiner's Telephone Number

509-663-8711

Date Certificate Signed

8/4/16

Medical Examiner's State License, Certificate, or Registration Number

PA10004748

Issuing State

WA

National Registry Number

2355816797

Driver's Signature

Jeff Milano

Driver's Address

Street Address: **14040 Chumstick Hwy**

City: **Leavenworth**

State/Province: **WA**

Zip Code: **98826**

Driver's License Number

MILANJD379PP

Issuing State/Province

WA

CLP/CDL Applicant/Holder

Yes No

Hilary
Mason

MEDICAL EXAMINER'S NAME (PRINT) A. SWANN		<input type="checkbox"/> MD <input type="checkbox"/> DO <input checked="" type="checkbox"/> Physician Assistant		<input type="checkbox"/> Chiropractor <input type="checkbox"/> Advanced Practice Nurse <input type="checkbox"/> Other Practitioner	
MEDICAL EXAMINER'S LICENSE OR CERT. NO./ISSUING STATE AK1057			NATIONAL REGISTRY 3498647908		
SIGNATURE OF DRIVER H. Mason		INTRASTATE ONLY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		CDL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
ADDRESS OF DRIVER 1830 Horselake Rd Wenatchee, WA 98801		DRIVER'S LICENSE NO. MASON HD160K7		STATE WA	
				MEDICAL CERTIFICATION EXPIRATION DATE 3-19-17	

MEDICAL EXAMINER'S CERTIFICATE		
I certify that I have examined <u>Hilary Mason</u> in accordance with the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.48 and with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when:		
<input type="checkbox"/> wearing corrective lenses <input type="checkbox"/> wearing hearing aid <input type="checkbox"/> accompanied by a _____ waiver/exemption		<input type="checkbox"/> driving within an exempt intracity (49 CFR 391.62) <input type="checkbox"/> accompanied by a Skill Performance Evaluation Certificate (Sf) <input type="checkbox"/> qualified by operation of 49 CFR 391.64
The information I have provided regarding this physical examination is true and complete. A complete examination form with any attachment embodies my findings completely and correctly and is on file in my office.		
SIGNATURE OF MEDICAL EXAMINER ASWANN		TELEPHONE 907-452-2178
		DATE 3-19-15

SHUTTLE DRIVER TRIP LOG

Driver First & Last Name: Dilary Mason

Date (dd/mm/yy): 08/26/16

Vehicle# 06

Start 5:pm

End 2:15

Total Hours 9 1/4 Record the following when you sell a fare.

Column 5 is to be completed at the end of shift.

Column 1	Column 2	Column 3	*Column 4	Column 5
Departure Time	Location	Number of Passengers	Fare Paid	Multiply Column 3 by Column 4
5:40	Safeway Jerry → town	1	5/each	5
6:00	661 Johnson Rd - town	1	6.2 miles	17
6:45	Ecile town - town	2	5/each	10
7:00	Wedge mtw - town	4	10/each	40
7:30	Victorian Simplicity - Hattway	2	7	14
8:00	Wedge mtw → town/Hillay	2	5.5 miles	18
8:45	Barv. Lodge → Hattway	1	5/each	5
8:15	Barv. Lodge Jerry	1	5/each	5
9:15	Pole - Alpine RV	2	5/each	10
10:15	Gazibo - Ecile Island	1	4.5 miles	13
11:20	Gaz - Wedge	4	10/each	40
12:00	Blv. Spirits - Wedge	2	5.5 miles	18 (190)
1:00	Tumwater → Blewett	1	9 miles	25
1:45	Ecile → Chumstick	4 + 1	5/each	25
1:30	D + D →	5	MIKE	
			Total Fares:	\$ 270

Drivers Signature D. Mason
 Previous _____

_____ Mileage recorded _____ Deficiencies noted on maintenance request _____ Employee

Mechanic Signature

See 49 CRF 396.11 requirement

Driver instruction: Check any defective item that was observed by or reported to you and give details under "Remarks."

DATE: 08/26/16 VEHICLE NUMBER: 06

- SERVICE BRAKES, PARKING BRAKE
- STEERING
- LIGHTS
- TIRES
- HORN
- OTHER
- WINDSHIELD WIPERS
- MIRRORS
- COUPLING DEVICES
- WHEELS & RIMS
- EMERGENCY EQUIPMENT

REMARKS:

Condition of the above vehicle is SATISFACTORY.

Driver's Signature: W. Mason

- Above defects corrected.
- Above defects need not be corrected for safe operation of vehicle.

Mechanic's or carrier official's signature certifying repairs: _____ Date _____

Next day driver's signature: _____ Date _____

(Note: The motor carrier will maintain the original driver vehicle inspection report, the certification of repairs and the certification of the driver's review for three months from the date the written report was prepared.)

See 49 CRF 396.11 requirement

Driver instruction: Check any defective item that was observed by or reported to you and give details under "Remarks."

DATE: 08/23/16 VEHICLE NUMBER: 06

- | | |
|--|--|
| <input type="checkbox"/> SERVICE BRAKES, PARKING BRAKE | <input type="checkbox"/> WINDSHIELD WIPERS |
| <input type="checkbox"/> STEERING | <input type="checkbox"/> MIRRORS |
| <input type="checkbox"/> LIGHTS | <input type="checkbox"/> COUPLING DEVICES |
| <input type="checkbox"/> TIRES | <input type="checkbox"/> WHEELS & RIMS |
| <input type="checkbox"/> HORN | <input type="checkbox"/> EMERGENCY EQUIPMENT |
| <input type="checkbox"/> OTHER | |

REMARKS:

Condition of the above vehicle is SATISFACTORY.

Driver's Signature: A. Mason

Above defects corrected.

Above defects need not be corrected for safe operation of vehicle.

Mechanic's or carrier official's signature certifying repairs:

_____ Date _____

Next day driver's signature:

_____ Date _____

(Note: The motor carrier will maintain the original driver vehicle inspection report, the certification of repairs and the certification of the driver's review for three months from the date the written report was prepared.)

See 49 CRF 396.11 requirement

Driver instruction: Check any defective item that was observed by or reported to you and give details under "Remarks."

DATE: 08/20/16 VEHICLE NUMBER: 223 453

- SERVICE BRAKES, PARKING BRAKE
- STEERING
- LIGHTS
- TIRES
- HORN
- OTHER
- WINDSHIELD WIPERS
- MIRRORS
- COUPLING DEVICES
- WHEELS & RIMS
- EMERGENCY EQUIPMENT

REMARKS:

Condition of the above vehicle is SATISFACTORY.

Driver's Signature: A. Mason

- Above defects corrected.
- Above defects need not be corrected for safe operation of vehicle.

Mechanic's or carrier official's signature certifying repairs:

_____ Date _____

Next day driver's signature:

_____ Date _____

(Note: The motor carrier will maintain the original driver vehicle inspection report, the certification of repairs and the certification of the driver's review for three months from the date the written report was prepared.)

SHUTTLE DRIVER TRIP LOG

Driver First & Last Name: Hilary Mason Date (dd/mm/yy): 08/22/16

Start 5:pm

End 12:00

Vehicle# 06

Total Hours 7

Record the following when you sell a fare.

Column 5 is to be completed at the end of shift.

Column 1	Column 2	Column 3	*Column 4	Column 5
Departure Time	Location	Number of Passengers	Fare Paid	Multiply Column 3 by Column 4
<u>5:30</u>	<u>Hospital → Fairbridge</u>	<u>1</u>	<u>10</u>	<u>CARD</u>
<u>7:30</u>	<u>Enzian - train</u>	<u>1</u>	<u>5</u>	<u>5</u>
<u>8:25</u>	<u>train - Pension Anna</u>	<u>2</u>	<u>5</u>	<u>10</u>
Total Fares:				<u>\$ 15</u>

Drivers Signature H. Mason
 Previous _____

_____ Mileage recorded _____ Deficiencies noted on maintenance request _____ Employee

[Handwritten signature]

Mechanic Signature _____

See 49 CRF 396.11 requirement

Driver instruction: Check any defective item that was observed by or reported to you and give details under "Remarks."

DATE: 08/22/16 VEHICLE NUMBER: 06

- | | |
|---|---|
| <input checked="" type="checkbox"/> SERVICE BRAKES, PARKING BRAKE | <input checked="" type="checkbox"/> WINDSHIELD WIPERS |
| <input checked="" type="checkbox"/> STEERING | <input checked="" type="checkbox"/> MIRRORS |
| <input checked="" type="checkbox"/> LIGHTS | <input checked="" type="checkbox"/> COUPLING DEVICES |
| <input checked="" type="checkbox"/> TIRES | <input checked="" type="checkbox"/> WHEELS & RIMS |
| <input checked="" type="checkbox"/> HORN | <input checked="" type="checkbox"/> EMERGENCY EQUIPMENT |
| <input checked="" type="checkbox"/> OTHER | |

REMARKS:

Condition of the above vehicle is SATISFACTORY.

Driver's Signature: Ad. Mason

Above defects corrected.

Above defects need not be corrected for safe operation of vehicle.

Mechanic's or carrier official's signature certifying repairs:

_____ Date _____

Next day driver's signature:

_____ Date _____

(Note: The motor carrier will maintain the original driver vehicle inspection report, the certification of repairs and the certification of the driver's review for three months from the date the written report was prepared.)

See 49 CRF 396.11 requirement

Driver instruction: Check any defective item that was observed by or reported to you and give details under "Remarks."

DATE: 08/19/16 VEHICLE NUMBER: 06

- | | |
|---|---|
| <input checked="" type="checkbox"/> SERVICE BRAKES, PARKING BRAKE | <input checked="" type="checkbox"/> WINDSHIELD WIPERS |
| <input checked="" type="checkbox"/> STEERING | <input checked="" type="checkbox"/> MIRRORS |
| <input checked="" type="checkbox"/> LIGHTS | <input checked="" type="checkbox"/> COUPLING DEVICES |
| <input checked="" type="checkbox"/> TIRES | <input checked="" type="checkbox"/> WHEELS & RIMS |
| <input checked="" type="checkbox"/> HORN | <input checked="" type="checkbox"/> EMERGENCY EQUIPMENT |
| <input checked="" type="checkbox"/> OTHER | |

REMARKS:

Condition of the above vehicle is SATISFACTORY.

Driver's Signature: At. Mason

Above defects corrected.

Above defects need not be corrected for safe operation of vehicle.

Mechanic's or carrier official's signature certifying repairs:

_____ Date _____

Next day driver's signature:

_____ Date _____

(Note: The motor carrier will maintain the original driver vehicle inspection report, the certification of repairs and the certification of the driver's review for three months from the date the written report was prepared.)

See 49 CRF 396.11 requirement

Driver instruction: Check any defective item that was observed by or reported to you and give details under "Remarks."

DATE: 08/17/16 VEHICLE NUMBER: 06

- SERVICE BRAKES, PARKING BRAKE
- STEERING
- LIGHTS
- TIRES
- HORN
- OTHER
- WINDSHIELD WIPERS
- MIRRORS
- COUPLING DEVICES
- WHEELS & RIMS
- EMERGENCY EQUIPMENT

REMARKS:

Condition of the above vehicle is SATISFACTORY.

Driver's Signature: A. Mason

- Above defects corrected.
- Above defects need not be corrected for safe operation of vehicle.

Mechanic's or carrier official's signature certifying repairs:

Date _____

Next day driver's signature:

Date _____

(Note: The motor carrier will maintain the original driver vehicle inspection report, the certification of repairs and the certification of the driver's review for three months from the date the written report was prepared.)

REASONABLE SUSPICION CHECKLIST

Directions: Supervisor or Manager, please document your observations of the employee's behavior and indications on this form. You must personally observe the probable indicators of substance and/or alcohol use and note your observations below.

Employee name: _____ Date: _____

Location of observations: _____

Time: _____ Name of observer: _____

Check All That Apply:

<p style="text-align: center;">Speech</p> <input type="checkbox"/> Slurred, thick <input type="checkbox"/> Slow <input type="checkbox"/> Rapid <input type="checkbox"/> Silent <input type="checkbox"/> Loud <input type="checkbox"/> Hostile <input type="checkbox"/> Talkative <input type="checkbox"/> Incoherent <input type="checkbox"/> Difficulty speaking <input type="checkbox"/> Cursing, inappropriate <input type="checkbox"/> Nonsensical, silly	<p style="text-align: center;">Eyes</p> <input type="checkbox"/> Bloodshot/Reddened <input type="checkbox"/> Pupils dilated <input type="checkbox"/> Pupils constricted <input type="checkbox"/> Repetitive jerky motion <input type="checkbox"/> Glazed appearance <input type="checkbox"/> Droopy/partially closed <input type="checkbox"/> Tearing, watery <input type="checkbox"/> Unfocused, blank stare	<p style="text-align: center;">Odor</p> <input type="checkbox"/> Alcohol smell on breath or clothing <input type="checkbox"/> Chemical odor <input type="checkbox"/> Burnt rope odor <input type="checkbox"/> Other odor: _____ _____ _____
<p style="text-align: center;">Mood</p> <input type="checkbox"/> Hostile/ Angry <input type="checkbox"/> Elated, "up" <input type="checkbox"/> Irritable, agitated <input type="checkbox"/> Anxious <input type="checkbox"/> Combative <input type="checkbox"/> Aggressive <input type="checkbox"/> Violent <input type="checkbox"/> Evasive <input type="checkbox"/> Sad/depressed	<p style="text-align: center;">Mental</p> <input type="checkbox"/> Poor judgment <input type="checkbox"/> Decreased inhibitions <input type="checkbox"/> Disoriented <input type="checkbox"/> Unpredictable <input type="checkbox"/> Distracted <input type="checkbox"/> Drowsy/sleepy <input type="checkbox"/> Restless <input type="checkbox"/> Suspicious/paranoid <input type="checkbox"/> Withdrawn	<p style="text-align: center;">Balance</p> <input type="checkbox"/> Slowed <input type="checkbox"/> Normal <input type="checkbox"/> Quickened <input type="checkbox"/> Staggering <input type="checkbox"/> Swaying <input type="checkbox"/> Falling <input type="checkbox"/> Holding on <input type="checkbox"/> Unsteady/uncoordinated <input type="checkbox"/> Clumsy
<p style="text-align: center;">Movement</p> <input type="checkbox"/> Slowed <input type="checkbox"/> Normal <input type="checkbox"/> Quickened <input type="checkbox"/> Shaking <input type="checkbox"/> Tremors	<p style="text-align: center;">Appearance</p> <input type="checkbox"/> Flushed <input type="checkbox"/> Sweating <input type="checkbox"/> Cold, clammy <input type="checkbox"/> Disheveled, messy <input type="checkbox"/> Vomit on clothing	<p style="text-align: center;">Other</p> <input type="checkbox"/> Frequent use of breath mints, gum, mouthwash <input type="checkbox"/> Physical evidence (like liquor bottle, drug paraphernalia) <input type="checkbox"/> Other: _____

I certify that I have had training in the signs & symptoms of substance use and alcohol abuse, and to the best of my judgment reasonable suspicion exists based on the physical and behavior indicators noted above.

Signed: _____ Date: _____

2nd Observer, if required: _____ Date: _____

CERTIFIED TRAINING SOLUTIONS

Awards this

Certificate of Completion

To

David Witt

For successful completion of

Reasonable Suspicion Training

(For Department of Transportation (DOT) Covered Supervisors)

Signs & Symptoms of Drug Use (1 hour)

Signs & Symptoms of Alcohol Misuse (1 hour)



Awarded on 07/27/2016



Pool Membership Report Wenatchee

7/29/2016

Employee Name	ID	Company	Location	Region	Dept	User3	User4	User5
Kaelin, Michael	4604	Leavenworth Shuttle &						
Mason, Hilary	4623	Leavenworth Shuttle &						
Miland, Jeff	1311	Leavenworth Shuttle &						
Witt, David	5712	Leavenworth Shuttle &						

Total Number of Employees: 4



Wenatchee Valley Medical Center

To: Leavenworth Shuttle & Taxi, LLC
11610 Eagle Creek Rd.
Leavenworth, WA 98826

Medical Review Officer Report

- Confidential -

This is a notification of a controlled substance test result on:

Individual Tested: Jeff Miland
Donor ID: 1311
Collection Site: US Healthworks
140 4th Ave North, Ste 150
Seattle, WA 98109
(206) 682 - 7418

Reason for Test: Pre-Employment
Specimen ID#: B02798282
Date of Collection: 07/28/2016 Time: 1253
Lab Accession #: 16164262
Lab Reported Date: 07/29/2016 Time: 0348
MRO: Dr. Paul Allen
MRO Received Date: 07/29/2016 Time: 0830
MRO Report Date: 07/29/2016 Time: 1020
MRO Date CCF2: 07/28/2016
Specimen Type: Urine
Drug Panel: SAMHSA

Laboratory: PAML
110 W. Cliff Ave
Spokane, WA 99220

Substances included in test profile:

6 Monocytal Acid Morphine	Amphetamines
Cocaine	Marijuana
Opiates	Phencyclidine

This controlled substance test was conducted in accordance with 49 CFR Part 40

The verified result is: *** Negative ***

Comments:

Dr. Paul Allen



Wenatchee Valley Medical Center

To: Leavenworth Shuttle & Taxi, LLC
11610 Eagle Creek Rd.
Leavenworth, WA 98826

Medical Review Officer Report

- Confidential -

This is a notification of a controlled substance test result on:

Individual Tested: David Witt
Donor ID: 5712
Collection Site: Wenatchee Valley Hospital
820 N Chelan
Wenatchee, WA 98801
(509) 663 - 8711

Reason for Test: Pre-Employment
Specimen ID#: B02798285
Date of Collection: 07/28/2016 Time: 1343
Lab Accession #: 16164252
Lab Reported Date: 07/29/2016 Time: 0348
MRO: Dr. Paul Allen
MRO Received Date: 07/29/2016 Time: 0830
MRO Report Date: 07/29/2016 Time: 1015
MRO Date CCF2: 07/28/2016
Specimen Type: Urine
Drug Panel: SAMHSA

Laboratory: PAML
110 W. Cliff Ave
Spokane, WA 99220

Substances included in test profile:

- | | |
|---------------------------|---------------|
| 6 Monocytal Acid Morphine | Amphetamines |
| Cocaine | Marijuana |
| Opiates | Phencyclidine |

This controlled substance test was conducted in accordance with 49 CFR Part 40

The verified result is: *** Negative ***

Comments:

Dr. Paul Allen



Wenatchee Valley Medical Center

To: Leavenworth Shuttle & Taxi, LLC
11610 Eagle Creek Rd.
Leavenworth, WA 98826

Medical Review Officer Report

- Confidential -

This is a notification of a controlled substance test result on:

Individual Tested: Michael Kaelin
Donor ID: 4604
Collection Site: Wenatchee Valley Hospital
820 N Chelan
Wenatchee, WA 98801
(509) 663 - 8711

Reason for Test: Pre-Employment
Specimen ID#: B02798264
Date of Collection: 07/26/2016 Time: 1540
Lab Accession #: 16161818
Lab Reported Date: 07/27/2016 Time: 0607
MRO: Dr. Paul Allen
MRO Received Date: 07/27/2016 Time: 0800
MRO Report Date: 07/27/2016 Time: 0846
MRO Date CCF2: 07/26/2016
Specimen Type: Urine
Drug Panel: SAMHSA

Laboratory: PAML
110 W. Cliff Ave
Spokane, WA 99220

Substances included in test profile:

6 Monocytal Acid Morphine	Amphetamines
Cocaine	Marijuana
Opiates	Phencyclidine

This controlled substance test was conducted in accordance with 49 CFR Part 40

The verified result is: *** Negative ***

Comments:

Dr. Paul Allen



07/27/2016

Federal Regulated

Wenatchee Valley Medical Center

To: Leavenworth Shuttle & Taxi, LLC
11610 Eagle Creek Rd.
Leavenworth, WA 98826

Medical Review Officer Report

- Confidential -

This is a notification of a controlled substance test result on:

Individual Tested: Hilary Mason
Donor ID: 4623
Collection Site: Wenatchee Valley Hospital
820 N Chelan
Wenatchee, WA 98801
(509) 663 - 8711

Laboratory: PAML
110 W. Cliff Ave
Spokane, WA 99220

Reason for Test: Pre-Employment
Specimen ID#: B02798265
Date of Collection: 07/26/2016 Time: 1606
Lab Accession #: 16161792
Lab Reported Date: 07/27/2016 Time: 0605
MRO: Dr. Paul Allen
MRO Received Date: 07/27/2016 Time: 0800
MRO Report Date: 07/27/2016 Time: 0852
MRO Date CCF2: 07/26/2016
Specimen Type: Urine
Drug Panel: SAMHSA

Substances included in test profile:

6 Monocytal Acid Morphine	Amphetamines
Cocaine	Marijuana
Opiates	Phencyclidine

This controlled substance test was conducted in accordance with 49 CFR Part 40

The verified result is: *** Negative ***

Comments:

Dr. Paul Allen

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

MOTOR CARRIER IDENTIFICATION REPORT

(Application for U.S. DOT NUMBER)

REASON FOR FILING (Check Only One)

NEW APPLICATION BIENNIAL UPDATE OR CHANGES OUT OF BUSINESS NOTIFICATION REAPPLICATION (AFTER REVOCATION OF NEW ENTRANT)

1. NAME OF MOTOR CARRIER LEAVENWORTH SHUTTLE & TAXI LLC		2. TRADE OR D.B.A. (DOING BUSINESS AS) NAME LEAVENWORTH SHUTTLE & TAXI			
3. PRINCIPAL ADDRESS 11610 EAGLE CREEK RD		4. CITY LEAVENWORTH	5. STATE/PROVINCE WASHINGTON	6. ZIP CODE + 4 98826	7. COLONIA (MEXICO ONLY)
8. MAILING ADDRESS PO BOX 1041		9. CITY LEAVENWORTH	10. STATE/PROVINCE WASHINGTON	11. ZIP CODE+4 98826	12. COLONIA (MEXICO ONLY)
13. PRINCIPAL BUSINESS PHONE NUMBER (509) 670-1849		14. PRINCIPAL CONTACT CELL PHONE NUMBER		15. PRINCIPAL BUSINESS FAX NUMBER	
16. USDOT NO. 2393914	17. MC OR MX NO.	18. DUN & BRADSTREET NO.	19. IRS/TAX ID NO. EIN# 462366842 SSN#		
20. INTERNET E-MAIL ADDRESS leavenworthshuttle@outlook.com			21. CARRIER MILEAGE (to nearest 10,000 miles for Last Calendar Year) YEAR 115000 2015		

22. COMPANY OPERATION (Mark all that apply)

A. Interstate Carrier B. Intrastate Hazmat Carrier C. Intrastate Non-Hazmat Carrier D. Interstate Hazmat Shipper E. Intrastate Hazmat Shipper F. Vehicle Registrant Only

23. OPERATION CLASSIFICATION (Circle All that Apply)

A. Authorized For-Hire D. Private Passengers (Business) G. U. S. Mail J. Local Government

B. Exempt For-Hire E. Private Passengers (Non-Business) H. Federal Government K. Indian Tribe

C. Private Property F. Migrant I. State Government L. Other

24. CARGO CLASSIFICATIONS (Circle All that Apply)

A. GENERAL FREIGHT	F. LOGS, POLES, BEAMS, LUMBER	J. FRESH PRODUCE	P. GRAIN, FEED, HAY	V. COMMODITIES DRY BULK	BB. CONSTRUCTION
B. HOUSEHOLD GOODS	G. BUILDING MATERIALS	K. LIQUIDS/GASES	Q. COAL/COKE	W. REFRIGERATED FOOD	CC. WATER WELL
C. METAL; SHEETS; COILS; ROLLS	H. MOBILE HOMES	L. INTERMODAL CONT.	R. MEAT	X. BEVERAGES	DD. OTHER
D. MOTOR VEHICLES	I. MACHINERY, LARGE OBJECTS	<input checked="" type="radio"/> M. PASSENGERS	S. GARBAGE, REFUSE, TRASH	Y. PAPER PRODUCTS	
E. DRIVE AWAY/TOWAWAY		N. OIL FIELD EQUIPMENT	T. U.S. MAIL	Z. UTILITY	
		O. LIVESTOCK	U. CHEMICALS	AA. FARM SUPPLIES	

25. HAZARDOUS MATERIALS CARRIED OR SHIPPED (Circle All that Apply) C-CARRIED S-SHIPPED B(BULK) - IN CARGO TANKS NB(NON-BULK) - IN PACKAGE

C	S	A. DIV 1.1	B	NB	C	S	K. DIV 2.2A (Ammonia)	B	NB	C	S	U. DIV 4.2	B	NB	C	S	EE. HRCQ	B	NB
C	S	B. DIV 1.2	B	NB	C	S	L. DIV 2.3A	B	NB	C	S	V. DIV 4.3	B	NB	C	S	FF. CLASS 8	B	NB
C	S	C. DIV 1.3	B	NB	C	S	M. DIV 2.3B	B	NB	C	S	W. DIV 5.1	B	NB	C	S	GG. CLASS 8A	B	NB
C	S	D. DIV 1.4	B	NB	C	S	N. DIV 2.3C	B	NB	C	S	X. DIV 5.2	B	NB	C	S	HH. CLASS 8B	B	NB
C	S	E. DIV 1.5	B	NB	C	S	O. DIV 2.3D	B	NB	C	S	Y. DIV 6.2	B	NB	C	S	II. CLASS 9	B	NB
C	S	F. DIV 1.6	B	NB	C	S	P. Class 3	B	NB	C	S	Z. DIV 6.1A	B	NB	C	S	JJ. ELEVATED TEMP MAT.	B	NB
C	S	G. DIV 2.1	B	NB	C	S	Q. Class 3A	B	NB	C	S	AA. DIV 6.1B	B	NB	C	S	KK. INFECTIOUS WASTE	B	NB
C	S	H. DIV 2.1 LPG	B	NB	C	S	R. Class 3B	B	NB	C	S	BB. DIV 6.1 Poison	B	NB	C	S	LL. MARINE POLLUTANTS	B	NB
C	S	I. DIV 2.1 (Methane)	B	NB	C	S	S. COM LIQ	B	NB	C	S	CC. DIV 6.1 SOLID	B	NB	C	S	MM. HAZARDOUS SUB(RQ)	B	NB
C	S	J. DIV 2.2	B	NB	C	S	T. DIV 4.1	B	NB	C	S	DD. CLASS 7	B	NB	C	S	NN. HAZARDOUS WASTE	B	NB
										C	S	OO. ORM	B	NB					

26. NUMBER OF VEHICLES THAT CAN BE OPERATED IN THE U.S.

	Straight Trucks	Truck Tractors	Trailers	Hazmat Cargo Tank Trucks	Hazmat Cargo Tank Trailers	Motor Coach	School Bus		Mini-bus	Van		Limousine						
							Number of vehicles carrying number of passengers (including the driver) below											
							1-8	9-15	16+	16+	1-8	9-15	1-8	9-15	16+			
OWNED						1					2	2						
TERM LEASED																		
TRIP LEASED																		

27. DRIVER INFORMATION

Within 100-Mile Radius	INTERSTATE	INTRASTATE	TOTAL DRIVERS	TOTAL CDL DRIVERS
Beyond 100-Mile Radius			3	3

28. IS YOUR U.S. DOT NUMBER REGISTRATION CURRENTLY REVOKED BY THE FEDERAL MOTOR CARRIER SAFETY ADMINISTRATION? Yes _____ No X

If Yes, enter your U.S. DOT Number. _____

29. PLEASE ENTER NAME(S) OF SOLE PROPRIETOR(S), OFFICERS OR PARTNERS AND TITLES (e.g. PRESIDENT, TREASURER, GENERAL PARTNER, LIMITED PARTNER)

1. DAVID WITT, PRESIDENT 2. LUCINDA WITT, VP

(Please print Name) (Please print Name)

30. CERTIFICATION STATEMENT (to be completed by an authorized official)

I, DAVID WITT certify that I am familiar with the Federal Motor Carrier Safety Regulations and/or 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.

Signature DAVID WITT Date 07/25/2016 Title PRESIDENT

(Please print)

ANNUAL VEHICLE INSPECTION REPORT

VEHICLE HISTORY RECORD	
REPORT NUMBER	FLEET UNIT NUMBER
39242239	21
DATE 9-26-16	

MOTOR CARRIER OPERATOR LEAVEN WORTH SHUTTLE & TAXI	INSPECTOR'S NAME (PRINT OR TYPE) BRENT KLAUDT
ADDRESS 11610 EAGLE CREEK RD	THIS INSPECTOR MEETS THE QUALIFICATION REQUIREMENTS IN SECTION 396.19. <input type="checkbox"/> YES
CITY, STATE, ZIP CODE LEAVEN WORTH WA 98826	VEHICLE IDENTIFICATION (<input checked="" type="checkbox"/> AND COMPLETE) <input type="checkbox"/> LIC. PLATE NO. <input type="checkbox"/> VIN <input type="checkbox"/> OTHER AYH 6021
VEHICLE TYPE <input type="checkbox"/> TRACTOR <input type="checkbox"/> TRAILER <input type="checkbox"/> TRUCK <input type="checkbox"/> BUS <input checked="" type="checkbox"/> (OTHER) PASS. VAN	INSPECTION AGENCY/LOCATION (OPTIONAL) SINS AUTO AND TRUCK

VEHICLE COMPONENTS INSPECTED

OK	NEEDS REPAIR	REPAIRED DATE	ITEM	OK	NEEDS REPAIR	REPAIRED DATE	ITEM	OK	NEEDS REPAIR	REPAIRED DATE	ITEM
			1. BRAKE SYSTEM				6. SAFE LOADING				10. TIRES
✓			a. Service Brakes	✓			a. Part(s) of vehicle or condition of loading such that the spare tire or any part of the load or dunnage can fall onto the roadway.	✓			a. Tires on any steering axle of a power unit.
✓			b. Parking Brake System	✓			b. Protection against shifting cargo.	✓			b. All other tires.
✓			c. Brake Drums or Rotors	✓			c. Container securement devices on intermodal equipment.	NA			11. WHEELS AND RIMS
✓			d. Brake Hose	✓			a. Steering Wheel Free Play	✓			a. Lock or Side Ring
✓			e. Brake Tubing	✓			b. Steering Column	✓			b. Wheels and Rims
NA			f. Low Pressure Warning Device	✓			c. Front Axle Beam and All Steering Components Other Than Steering Column	✓			c. Fasteners
NA			g. Tractor Protection Valve	NA			d. Steering Gear Box	✓			d. Welds
NA			h. Air Compressor	✓			e. Pitman Arm				12. WINDSHIELD GLAZING
NA			i. Electric Brakes	✓			f. Power Steering				Requirements and exceptions as stated pertaining to any crack, discoloration or vision reducing matter (reference 393.60 for exceptions).
NA			j. Hydraulic Brakes	✓			g. Ball and Socket Joints				13. WINDSHIELD WIPERS
NA			k. Vacuum Systems	✓			h. Tie Rods and Drag Links				Any power unit that has an inoperative wiper, or missing or damaged parts that render it ineffective.
			2. COUPLING DEVICES				7. STEERING MECHANISM				14. OTHER
NA			a. Fifth Wheels	✓			i. Nuts				List any other condition(s) which may prevent safe operation of this vehicle.
NA			b. Pintle Hooks	✓			j. Steering System				
NA			c. Drawbar/Towbar Eye	✓			8. SUSPENSION				
NA			d. Drawbar/Towbar Tongue	✓			a. Any U-bolt(s), spring hanger(s), or other axle positioning part(s) cracked, broken, loose or missing resulting in shifting of an axle from its normal position.				
NA			e. Safety Devices	✓			b. Spring Assembly				
NA			f. Saddle-Mounts	✓			c. Torque, Radius or Tracking Components				
			3. EXHAUST SYSTEM				9. FRAME				
✓			a. Exhaust system leaking forward of or directly below the driver/sleeper compartment.	✓			a. Frame Members				
✓			b. Bus exhaust system leaking or discharging in violation of standard.	✓			b. Tire and Wheel Clearance				
✓			c. Exhaust system likely to burn, char, or damage the electrical wiring, fuel supply, or any combustible part of the motor vehicle.	✓			c. Adjustable Axle Assemblies (Sliding Subframes)				
			4. FUEL SYSTEM								
✓			a. Visible leak.	✓							
✓			b. Fuel tank filler cap missing.	✓							
✓			c. Fuel tank securely attached.	✓							
			5. LIGHTING DEVICES								
✓			All lighting devices and reflectors required by Part 393 shall be operable.	NA							

INSTRUCTIONS: MARK COLUMN ENTRIES TO VERIFY INSPECTION: OK, NEEDS REPAIR, IF ITEMS DO NOT APPLY, _____ REPAIRED DATE

CERTIFICATION: THIS VEHICLE HAS PASSED ALL THE INSPECTION ITEMS FOR THE ANNUAL VEHICLE INSPECTION IN ACCORDANCE WITH 49 CFR PART 396.

DRIVER/VEHICLE EXAMINATION REPORT

Aspen 3.0.0.17

Utilities and Transportation Commission
Commercial Vehicle Enforcement Section
P.O. Box 42614
Olympia, WA 98504-2614
Phone: (360)596-3815

Report Number: WAU008000079
Inspection Date: 07/27/2016
Start: 10:15 AM PT End: 10:46:08 AM PT
Inspection Level: V - Terminal
HM Inspection Type: None



LEAVENWORTH SHUTTLE & TAXI LLC
PO BOX 1041

LEAVENWORTH, WA 98826

USDOT#: 02393914

Phone#: (509)670-1849

MC/MX#:

Fax#:

State#:

Driver:

License#:

State:

Date of Birth:

CoDriver:

License#:

State:

Date of Birth:

Shipper:

Location: 11610 EAGLE CREEK RD, LEAVENWC MilePost:

Highway:

Origin: LEAVENWORTH, WA

Bill of Lading:

County: CHELAN, WA

Destination: LEAVENWORTH, WA

Cargo: EMPTY

VEHICLE IDENTIFICATION

Unit	Type	Make	Year	State	Plate #	Equipment ID	VIN	GVWR	CVSA #	CVSA Issued #	OOS Sticker
1	VN	CHEV	2016	WA	AYH6021	21	1GAHG39K681111185	9,600			

BRAKE ADJUSTMENTS

Axle #	1	2
Right	N/A	N/A
Left	N/A	N/A
Chamber	HYDR	HYDR

VIOLATIONS

Vio Code	Section	Unit	OOS	Citation #	Verify	Crash	Violations Discovered
393.89	393.89	1	N		N	N	Bus driveshaft not properly protected

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 insure compliance with all applicable Federal and State regulations.

Signature Of Motor Carrier X:

Title: Driver

Date: 9-30-16

Report Prepared By:
YEOMANS, S.

Badge #:
WAU586

Copy Received By:

Page 1 of 1



02393914 WA WAU008000079

X

X

Sins Auto and Truck LLC
 dba Worldnet Solutions
 PO Box 812
 Leavenworth, WA 98826
 (509) 885-2574

NAME <i>Leavenworth Shuttle + Taxi</i>	DATE OF ORDER <i>9-30-16</i>
ADDRESS <i>11610 Eagle creek Rd</i>	1088
CITY, STATE, ZIP <i>Leavenworth WA 98826</i>	
HOME PHONE	BUS. PHONE EXT. <i>548-7433</i>
CUSTOMER'S ORDER NUMBER	ORDER WRITTEN BY <i>BS</i>
YEAR, MAKE AND MODEL	DATE PROMISED
SERIAL NUMBER	MOTOR NUMBER
	LICENSE NUMBER
	ODOMETER

QTY.	PART NO. AND DESCRIPTION	AMOUNT	DESCRIPTION OF WORK	AMOUNT
			<input type="checkbox"/> LUBE <input type="checkbox"/> CHG.OIL <input type="checkbox"/> OIL FILTER <input type="checkbox"/> TUNE UP <input type="checkbox"/> TRANS. <input type="checkbox"/> DIFE.	
1	Transmission Hoz	399		
2	#6 Clamps + Retainers	1200	#21 Build + install Lower Trans Hoz	11250
1	quart 5-30 oil 11 Pass	299	Vout Lights White Overcoat	1500
3	Bilts 11 Pass	200	Vout Lights New Tires	1500
			#21 Service Transmission + Tilted 2	9000
			11 Pass New Install new Tension Bilts	1250
			Bypass for AC	1250
			_____ LITERS/GALS. OF GAS @	TOTAL LABOR 45750
			_____ LITERS/QTS. OF OIL @	TOTAL PARTS 2098
(MAY BE CONTINUED ON OTHER SIDE)		TOTAL PARTS 2098	_____ kg/LBS. OF GREASE @	ACCESSORIES
ACCESSORIES				GAS, OIL AND GREASE
				SUBLET REPAIRS
			I hereby authorize the above repair work to be done along with the necessary materials. You and your employees may operate above vehicle for purposes of testing, inspection, or delivery at my risk. An express mechanics lien is acknowledged on above vehicle to secure the amount of repairs thereto. It is also understood that you will not be held responsible for loss or damage to cars or articles left in cars in case of fire, theft or any other cause beyond your control.	EPA / WASTE DISPOSAL
				TAX 4019
	TOTAL ACCESSORIES		SIGNATURE	TOTAL 51867

THANK YOU

ANNUAL VEHICLE INSPECTION REPORT

VEHICLE HISTORY RECORD	
REPORT NUMBER	FLEET UNIT NUMBER
39242238	3280
DATE 9-23-16	

MOTOR CARRIER OPERATOR <i>Leavenworth Shuttle & Taxi</i>	INSPECTOR'S NAME (PRINT OR TYPE) BRENT KLAUDT
ADDRESS <i>11610 Eagle Creek Rd</i>	THIS INSPECTOR MEETS THE QUALIFICATION REQUIREMENTS IN SECTION 396.19. <input checked="" type="checkbox"/> YES
CITY, STATE, ZIP CODE <i>Leavenworth WA 98826</i>	VEHICLE IDENTIFICATION (✓ AND COMPLETE) <input checked="" type="checkbox"/> LIC. PLATE NO. <input type="checkbox"/> VIN <input type="checkbox"/> OTHER <i>AP6-5223</i>
VEHICLE TYPE <input type="checkbox"/> TRACTOR <input type="checkbox"/> TRAILER <input type="checkbox"/> TRUCK <input checked="" type="checkbox"/> BUS <input type="checkbox"/> (OTHER)	INSPECTION AGENCY/LOCATION (OPTIONAL) <i>Sim's Auto & Truck</i>

VEHICLE COMPONENTS INSPECTED											
OK	NEEDS REPAIR	REPAIRED DATE	ITEM	OK	NEEDS REPAIR	REPAIRED DATE	ITEM	OK	NEEDS REPAIR	REPAIRED DATE	ITEM
			1. BRAKE SYSTEM				6. SAFE LOADING				10. TIRES
✓			a. Service Brakes				a. Part(s) of vehicle or condition of loading such that the spare tire or any part of the load or dunnage can fall onto the roadway.	✓			a. Tires on any steering axle of a power unit.
✓			b. Parking Brake System				b. Protection against shifting cargo.	✓			b. All other tires.
✓			c. Brake Drums or Rotors	✓			c. Container securement devices on intermodal equipment.	NA			11. WHEELS AND RIMS
✓			d. Brake Hose					✓			a. Lock or Side Ring
✓			e. Brake Tubing					✓			b. Wheels and Rims
NA			f. Low Pressure Warning Device	✓				✓			c. Fasteners
NA			g. Tractor Protection Valve	NA				✓			d. Welds
NA			h. Air Compressor				7. STEERING MECHANISM				12. WINDSHIELD GLAZING
✓			i. Electric Brakes	✓			a. Steering Wheel Free Play	✓			Requirements and exceptions as stated pertaining to any crack, discoloration or vision reducing matter (reference 393.60 for exceptions).
✓			j. Hydraulic Brakes	✓			b. Steering Column				13. WINDSHIELD WIPERS
NA			k. Vacuum Systems	✓			c. Front Axle Beam and All Steering Components Other Than Steering Column	✓			Any power unit that has an inoperative wiper, or missing or damaged parts that render it ineffective.
			2. COUPLING DEVICES				d. Steering Gear Box				14. OTHER
NA			a. Fifth Wheels	✓			e. Pitman Arm				List any other condition(s) which may prevent safe operation of this vehicle.
NA			b. Pintle Hooks	✓			f. Power Steering				
NA			c. Drawbar/Towbar Eye	✓			g. Ball and Socket Joints				
NA			d. Drawbar/Towbar Tongue	✓			h. Tie Rods and Drag Links				
NA			e. Safety Devices	✓			i. Nuts				
NA			f. Saddle-Mounts	✓			j. Steering System				
			3. EXHAUST SYSTEM				8. SUSPENSION				
✓			a. Exhaust system leaking forward of or directly below the driver/sleeper compartment.	✓			a. Any U-bolt(s), spring hanger(s), or other axle positioning part(s) cracked, broken, loose or missing resulting in shifting of an axle from its normal position.				
✓			b. Bus exhaust system leaking or discharging in violation of standard.	✓			b. Spring Assembly				
✓			c. Exhaust system likely to burn, char, or damage the electrical wiring, fuel supply, or any combustible part of the motor vehicle.	✓			c. Torque, Radius or Tracking Components				
			4. FUEL SYSTEM				9. FRAME				
✓			a. Visible leak.	NA			a. Frame Members				
✓			b. Fuel tank filler cap missing.	✓			b. Tire and Wheel Clearance				
✓			c. Fuel tank securely attached.	✓			c. Adjustable Axle Assemblies (Sliding Subframes)				
			5. LIGHTING DEVICES								
✓			All lighting devices and reflectors required by Part 393 shall be operable.	NA							

INSTRUCTIONS: MARK COLUMN ENTRIES TO VERIFY INSPECTION: OK, X NEEDS REPAIR, NA IF ITEMS DO NOT APPLY, _____ REPAIRED DATE

CERTIFICATION: THIS VEHICLE HAS PASSED ALL THE INSPECTION ITEMS FOR THE ANNUAL VEHICLE INSPECTION IN ACCORDANCE WITH 49 CFR PART 396.

ANNUAL VEHICLE INSPECTION REPORT

VEHICLE HISTORY RECORD	
REPORT NUMBER	FLEET UNIT NUMBER
39242240	54
DATE 9-27-16	

MOTOR CARRIER OPERATOR Seavenworth Shuttle + Taxi	INSPECTOR'S NAME (PRINT OR TYPE) BRENT KLAUPT
ADDRESS 11610 Eagle Creek Rd	THIS INSPECTOR MEETS THE QUALIFICATION REQUIREMENTS IN SECTION 396.19. <input checked="" type="checkbox"/> YES
CITY, STATE, ZIP CODE Seavenworth, WA 98826	VEHICLE IDENTIFICATION (✓ AND COMPLETE) <input type="checkbox"/> LIC. PLATE NO. <input type="checkbox"/> VIN <input type="checkbox"/> OTHER AKD 5654 AKD 5654
VEHICLE TYPE <input type="checkbox"/> TRACTOR <input type="checkbox"/> TRAILER <input type="checkbox"/> TRUCK <input type="checkbox"/> BUS <input checked="" type="checkbox"/> (OTHER) PASS VAN	INSPECTION AGENCY/LOCATION (OPTIONAL) SINSAMTO + TRUCK

VEHICLE COMPONENTS INSPECTED

OK	NEEDS REPAIR	REPAIRED DATE	ITEM	OK	NEEDS REPAIR	REPAIRED DATE	ITEM	OK	NEEDS REPAIR	REPAIRED DATE	ITEM
			1. BRAKE SYSTEM				6. SAFE LOADING				10. TIRES
✓			a. Service Brakes				a. Part(s) of vehicle or condition of loading such that the spare tire or any part of the load or dunnage can fall onto the roadway.	✓			a. Tires on any steering axle of a power unit.
✓			b. Parking Brake System	✓			b. Protection against shifting cargo.	✓			b. All other tires.
✓			c. Brake Drums or Rotors				c. Container securement devices on intermodal equipment.	NA			11. WHEELS AND RIMS
✓			d. Brake Hose					✓			a. Lock or Side Ring
✓			e. Brake Tubing	✓				✓			b. Wheels and Rims
NA			f. Low Pressure Warning Device					✓			c. Fasteners
NA			g. Tractor Protection Valve	NA				✓			d. Welds
NA			h. Air Compressor								12. WINDSHIELD GLAZING
✓			i. Electric Brakes								Requirements and exceptions as stated pertaining to any crack, discoloration or vision reducing matter (reference 393.60 for exceptions).
✓			j. Hydraulic Brakes								
✓			k. Vacuum Systems	✓							
			2. COUPLING DEVICES				7. STEERING MECHANISM				13. WINDSHIELD WIPERS
✓			a. Fifth Wheels	✓			a. Steering Wheel Free Play	✓			Any power unit that has an inoperative wiper, or missing or damaged parts that render it ineffective.
✓			b. Pintle Hooks	✓			b. Steering Column				
✓			c. Drawbar/Towbar Eye	✓			c. Front Axle Beam and All Steering Components Other Than Steering Column				
✓			d. Drawbar/Towbar Tongue	✓			d. Steering Gear Box				
✓			e. Safety Devices	✓			e. Pitman Arm				
✓			f. Saddle-Mounts	✓			f. Power Steering				
			3. EXHAUST SYSTEM				8. SUSPENSION				14. OTHER
✓			a. Exhaust system leaking forward of or directly below the driver/sleeper compartment.	✓			a. Any U-bolt(s), spring hanger(s), or other axle positioning part(s) cracked, broken, loose or missing resulting in shifting of an axle from its normal position.				List any other condition(s) which may prevent safe operation of this vehicle.
✓			b. Bus exhaust system leaking or discharging in violation of standard.	✓			b. Spring Assembly				
✓			c. Exhaust system likely to burn, char, or damage the electrical wiring, fuel supply, or any combustible part of the motor vehicle.	✓			c. Torque, Radius or Tracking Components				
			4. FUEL SYSTEM				9. FRAME				
✓			a. Visible leak.	✓			a. Frame Members				
✓			b. Fuel tank filler cap missing.	✓			b. Tire and Wheel Clearance				
✓			c. Fuel tank securely attached.	✓			c. Adjustable Axle Assemblies (Sliding Subframes)				
			5. LIGHTING DEVICES								
✓			All lighting devices and reflectors required by Part 393 shall be operable.	NA							

INSTRUCTIONS: MARK COLUMN ENTRIES TO VERIFY INSPECTION: ✓ OK, X NEEDS REPAIR, NA IF ITEMS DO NOT APPLY, _____ REPAIRED DATE

CERTIFICATION: THIS VEHICLE HAS PASSED ALL THE INSPECTION ITEMS FOR THE ANNUAL VEHICLE INSPECTION IN ACCORDANCE WITH 49 CFR PART 396.

ANNUAL VEHICLE INSPECTION REPORT

VEHICLE HISTORY RECORD	
REPORT NUMBER	FLEET UNIT NUMBER
39242242	223
DATE 9-28-16	

MOTOR CARRIER OPERATOR LEAVENWORTH SHUTTLE & TAXI	INSPECTOR'S NAME (PRINT OR TYPE) BRENT KLAUDT
ADDRESS 11610 EAGLE CREEK RD	THIS INSPECTOR MEETS THE QUALIFICATION REQUIREMENTS IN SECTION 396.19. <input checked="" type="checkbox"/> YES
CITY, STATE, ZIP CODE LEAVENWORTH WA 98526	VEHICLE IDENTIFICATION (✓ AND COMPLETE) <input checked="" type="checkbox"/> LIC. PLATE NO. <input type="checkbox"/> VIN <input type="checkbox"/> OTHER B81032X
VEHICLE TYPE <input type="checkbox"/> TRACTOR <input type="checkbox"/> TRAILER <input type="checkbox"/> TRUCK <input checked="" type="checkbox"/> BUS <input type="checkbox"/> (OTHER)	INSPECTION AGENCY/LOCATION (OPTIONAL) SINS AUTO + TRUCK

VEHICLE COMPONENTS INSPECTED

OK	NEEDS REPAIR	REPAIRED DATE	ITEM	OK	NEEDS REPAIR	REPAIRED DATE	ITEM	OK	NEEDS REPAIR	REPAIRED DATE	ITEM
1. BRAKE SYSTEM				6. SAFE LOADING				10. TIRES			
✓			a. Service Brakes				a. Part(s) of vehicle or condition of loading such that the spare tire or any part of the load or dunnage can fall onto the roadway.	✓			a. Tires on any steering axle of a power unit.
✓			b. Parking Brake System	✓			b. Protection against shifting cargo.	✓			b. All other tires.
✓			c. Brake Drums or Rotors				c. Container securement devices on intermodal equipment.	11. WHEELS AND RIMS			
✓			d. Brake Hose					NA			a. Lock or Side Ring
✓			e. Brake Tubing					✓			b. Wheels and Rims
NA			f. Low Pressure Warning Device	✓				✓			c. Fasteners
NA			g. Tractor Protection Valve	NA				✓			d. Welds
NA			h. Air Compressor					12. WINDSHIELD GLAZING			
✓			i. Electric Brakes					✓			Requirements and exceptions as stated pertaining to any crack, discoloration or vision reducing matter (reference 393.60 for exceptions).
✓			j. Hydraulic Brakes					13. WINDSHIELD WIPERS			
✓			k. Vacuum Systems	✓				✓			Any power unit that has an inoperative wiper, or missing or damaged parts that render it ineffective.
2. COUPLING DEVICES				7. STEERING MECHANISM				14. OTHER			
✓			a. Fifth Wheels	✓			a. Steering Wheel Free Play				List any other condition(s) which may prevent safe operation of this vehicle.
✓			b. Pintle Hooks	✓			b. Steering Column				
✓			c. Drawbar/Towbar Eye	✓			c. Front Axle Beam and All Steering Components Other Than Steering Column				
✓			d. Drawbar/Towbar Tongue	✓			d. Steering Gear Box				
✓			e. Safety Devices	✓			e. Pitman Arm				
✓			f. Saddle-Mounts	✓			f. Power Steering				
3. EXHAUST SYSTEM				8. SUSPENSION							
✓			a. Exhaust system leaking forward of or directly below the driver/sleeper compartment.	✓			a. Any U-bolt(s), spring hanger(s), or other axle positioning part(s) cracked, broken, loose or missing resulting in shifting of an axle from its normal position.				
✓			b. Bus exhaust system leaking or discharging in violation of standard.	✓			b. Spring Assembly				
✓			c. Exhaust system likely to burn, char, or damage the electrical wiring, fuel supply, or any combustible part of the motor vehicle.	✓			c. Torque, Radius or Tracking Components				
4. FUEL SYSTEM				9. FRAME							
✓			a. Visible leak.	✓			a. Frame Members				
✓			b. Fuel tank filler cap missing.	✓			b. Tire and Wheel Clearance				
✓			c. Fuel tank securely attached.	✓			c. Adjustable Axle Assemblies (Sliding Subframes)				
5. LIGHTING DEVICES											
✓			All lighting devices and reflectors required by Part 393 shall be operable.	NA							

INSTRUCTIONS: MARK COLUMN ENTRIES TO VERIFY INSPECTION: ✓ OK, X NEEDS REPAIR, NA IF ITEMS DO NOT APPLY, _____ REPAIRED DATE

CERTIFICATION: THIS VEHICLE HAS PASSED ALL THE INSPECTION ITEMS FOR THE ANNUAL VEHICLE INSPECTION IN ACCORDANCE WITH 49 CFR PART 396.

DRIVER/VEHICLE EXAMINATION REPORT

Aspen 3.0.0.17



Utilities and Transportation Commission
Commercial Vehicle Enforcement Section
P.O. Box 42614
Olympia, WA 98504-2614
Phone: (360)596-3815

Report Number: WAU008000076
Inspection Date: 07/27/2016
Start: 08:16 AM PT End: 8:45:00 AM PT
Inspection Level: V - Terminal
HM Inspection Type: None

LEAVENWORTH SHUTTLE & TAXI LLC
PO BOX 1041

LEAVENWORTH, WA 98826

USDOT#: 02393914

Phone#: (509)670-1849

MC/MX#:

Fax#:

State#:

Location: 11610 EAGLE CREEK RD, LEAVENWC MilePost:

Highway:

County: CHELAN, WA

Driver:

License#:

Date of Birth:

CoDriver:

License#:

Date of Birth:

Shipper:

Origin: LEAVENWORTH, WA

Bill of Lading:

Destination: LEAVENWORTH, WA

Cargo: EMPTY

State:

State:

VEHICLE IDENTIFICATION

Unit	Type	Make	Year	State	Plate #	Equipment ID	VIN	GVWR	CVSA #	CVSA Issued #	OOS Sticker
1	BU	GMC	2005	WA	B81022Y	223	1GDE5V12X5F528777	19,500			

BRAKE ADJUSTMENTS

Axle #	1	2
Right	N/A	N/A
Left	N/A	N/A
Chamber	HYDR	HYDR

VIOLATIONS

Vio Code	Section	Unit	OOS	Citation #	Verify	Crash	Violations Discovered
393.45DLUV	393.45(d)	1	N		N	N	Brake Connections with Leaks Under Vehicle: brake tube leaking on Left side rear dual
393.95A	393.95(a)	1	N		N	N	No/discharged/unsecured fire extinguisher: Fire Extinguisher not secured
396.17C	396.17(c)	1	N		N	N	Operating a CMV without proof of a periodic inspection

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 insure compliance with all applicable Federal and State regulations.

Signature Of Motor Carrier X:

Title: Driver

Date: 7-27-16

Report Prepared By:
YEOMANS, S.

Badge #:
WAU586

Copy Received By:

Page 1 of 1



02393914 WA WAU008000076

Jins Auto and Truck LLC
 dba Worldnet Solutions
 PO Box 812
 Leavenworth, WA 98826
 (509) 885-2574

NAME <i>Leavenworth Shuttle & Taxi</i>		DATE OF ORDER <i>10-1-16</i>
ADDRESS <i>11610 Eagle Creek Rd</i>		1086
CITY, STATE, ZIP <i>Leavenworth WA 98826</i>		
HOME PHONE	BUS. PHONE <i>548-7433</i>	EXT.
CUSTOMER'S ORDER NUMBER	ORDER WRITTEN BY <i>PS</i>	
SERIAL NUMBER	MOTOR NUMBER	ODOMETER

YEAR, MAKE AND MODEL <i>05 GMC Bus</i>
SERIAL NUMBER

QTY.	PART NO. AND DESCRIPTION	AMOUNT	DESCRIPTION OF WORK	AMOUNT
			<input type="checkbox"/> LUBE <input type="checkbox"/> CHG. OIL <input type="checkbox"/> OIL FILTER <input type="checkbox"/> TUNE UP <input type="checkbox"/> TRANS. <input type="checkbox"/> DIFF.	
<i>2</i>	<i>new Middle fuel lines</i>		<i>Replaced 2 L Rear Marker Lights</i>	<i>1.5 112.50</i>
<i>4</i>	<i>3/8 hose fuel</i>		<i>Install 2 new fuel lines</i>	<i>2.0 150.00</i>
<i>3</i>	<i>1/2 hose fuel</i>		<i>Double plain fuel lines + Build</i>	
<i>7</i>	<i>#6 + #8 clamps + screws</i>	<i>42.00</i>	<i>Extensions</i>	<i>1.5 112.50</i>
<i>2</i>	<i>new Marker lights</i>		<i>Install new air filter</i>	<i>1.5 12.50</i>
			<i>Secure fire extinguisher</i>	<i>1.5 37.50</i>
			<i>Repair RF Turn light</i>	<i>1.2 w/cy</i>
			<i>1-annual inspection</i>	<i>no/cy</i>
			LITERS/GALS. OF GAS @	TOTAL LABOR <i>425.00</i>
			LITERS/QTS. OF OIL @	TOTAL PARTS <i>42.00</i>
			kg/LBS. OF GREASE @	ACCESSORIES <i>15.00</i>
(MAY BE CONTINUED ON OTHER SIDE) TOTAL PARTS			<i>Remove Broken Bolt Bitiboy</i>	<i>1.5</i>
ACCESSORIES			<i>Change out Brake lin MC</i>	<i>1.2</i>
	<i>Torch usage</i>	<i>5.00</i>		GAS, OIL AND GREASE
	<i>Shop supplies</i>	<i>10.00</i>		SUBLET REPAIRS <i>202.50</i>
			I hereby authorize the above repair work to be done along with the necessary materials. You and your employees may operate above vehicle for purposes of testing, inspection, or delivery at my risk. An express mechanics lien is acknowledged on above vehicle to secure the amount of repairs thereto. It is also understood that you will not be held responsible for loss or damage to cars or articles left in cars in case of fire, theft or any other cause beyond your control.	
				EPA / WASTE DISPOSAL <i>684.50</i>
				TAX <i>57.50</i>
TOTAL ACCESSORIES			SIGNATURE	TOTAL <i>742.00</i>

THANK YOU

ANNUAL VEHICLE INSPECTION REPORT

VEHICLE HISTORY RECORD	
REPORT NUMBER	FLEET UNIT NUMBER
39242241	#20
DATE	

MOTOR CARRIER OPERATOR LEAVENWORTH SHUTTLE+TAXI	INSPECTOR'S NAME (PRINT OR TYPE) RRENT KLAUDT
ADDRESS 11610 EAGLE CREEK RD	THIS INSPECTOR MEETS THE QUALIFICATION REQUIREMENTS IN SECTION 396.19. <input checked="" type="checkbox"/> YES
CITY, STATE, ZIP CODE LEAVENWORTH WA 98826	VEHICLE IDENTIFICATION (✓ AND COMPLETE) <input checked="" type="checkbox"/> LIC. PLATE NO. <input type="checkbox"/> VIN <input type="checkbox"/> OTHER AYH 6020
VEHICLE TYPE <input type="checkbox"/> TRACTOR <input type="checkbox"/> TRAILER <input type="checkbox"/> TRUCK <input type="checkbox"/> BUS <input checked="" type="checkbox"/> (OTHER) PASS VAN	INSPECTION AGENCY/LOCATION (OPTIONAL) SINS AUTO and TRUCK

VEHICLE COMPONENTS INSPECTED

OK	NEEDS REPAIR	REPAIRED DATE	ITEM	OK	NEEDS REPAIR	REPAIRED DATE	ITEM	OK	NEEDS REPAIR	REPAIRED DATE	ITEM
			1. BRAKE SYSTEM				6. SAFE LOADING				10. TIRES
✓			a. Service Brakes				a. Part(s) of vehicle or condition of loading such that the spare tire or any part of the load or dunnage can fall onto the roadway.	✓			a. Tires on any steering axle of a power unit.
✓			b. Parking Brake System				b. Protection against shifting cargo.	✓			b. All other tires.
✓			c. Brake Drums or Rotors	✓			c. Container securement devices on intermodal equipment.	NA			11. WHEELS AND RIMS
✓			d. Brake Hose				a. Steering Wheel Free Play	✓			a. Lock or Side Ring
✓			e. Brake Tubing				b. Steering Column	✓			b. Wheels and Rims
NA			f. Low Pressure Warning Device	✓			c. Front Axle Beam and All Steering Components Other Than Steering Column	✓			c. Fasteners
NA			g. Tractor Protection Valve				d. Steering Gear Box	✓			d. Welds
NA			h. Air Compressor	NA			e. Pitman Arm				12. WINDSHIELD GLAZING
NA			i. Electric Brakes				f. Power Steering				Requirements and exceptions as stated pertaining to any crack, discoloration or vision reducing matter (reference 393.60 for exceptions).
✓			j. Hydraulic Brakes	✓			g. Ball and Socket Joints				13. WINDSHIELD WIPERS
✓			k. Vacuum Systems	✓			h. Tie Rods and Drag Links	✓			Any power unit that has an inoperative wiper, or missing or damaged parts that render it ineffective.
			2. COUPLING DEVICES				7. STEERING MECHANISM				14. OTHER
NA			a. Fifth Wheels				i. Nuts				List any other condition(s) which may prevent safe operation of this vehicle.
NA			b. Pintle Hooks	✓			j. Steering System				
NA			c. Drawbar/Towbar Eye				8. SUSPENSION				
NA			d. Drawbar/Towbar Tongue	✓			a. Any U-bolt(s), spring hanger(s), or other axle positioning part(s) cracked, broken, loose or missing resulting in shifting of an axle from its normal position.				
✓			e. Safety Devices	✓			b. Spring Assembly				
✓			f. Saddle-Mounts	✓			c. Torque, Radius or Tracking Components				
			3. EXHAUST SYSTEM				9. FRAME				
✓			a. Exhaust system leaking forward of or directly below the driver/sleeper compartment.				a. Frame Members				
✓			b. Bus exhaust system leaking or discharging in violation of standard.	✓			b. Tire and Wheel Clearance				
✓			c. Exhaust system likely to burn, char, or damage the electrical wiring, fuel supply, or any combustible part of the motor vehicle.	✓			c. Adjustable Axle Assemblies (Sliding Subframes)				
			4. FUEL SYSTEM								
✓			a. Visible leak.	✓							
✓			b. Fuel tank filler cap missing.	✓							
✓			c. Fuel tank securely attached.	✓							
			5. LIGHTING DEVICES								
✓			All lighting devices and reflectors required by Part 393 shall be operable.	NA							

INSTRUCTIONS: MARK COLUMN ENTRIES TO VERIFY INSPECTION: ✓ OK, X NEEDS REPAIR, NA IF ITEMS DO NOT APPLY, _____ REPAIRED DATE

CERTIFICATION: THIS VEHICLE HAS PASSED ALL THE INSPECTION ITEMS FOR THE ANNUAL VEHICLE INSPECTION IN ACCORDANCE WITH 49 CFR PART 396.

ANNUAL VEHICLE INSPECTION REPORT

VEHICLE HISTORY RECORD	
REPORT NUMBER	FLEET UNIT NUMBER
39242243	#53
DATE 9-28-16	

MOTOR CARRIER OPERATOR LEAVENWORTH SHUTTLE + TAXI	INSPECTOR'S NAME (PRINT OR TYPE) BRENT KLAVDT
ADDRESS 11610 EAGLE CREEK RD	THIS INSPECTOR MEETS THE QUALIFICATION REQUIREMENTS IN SECTION 396.19. <input checked="" type="checkbox"/> YES
CITY, STATE, ZIP CODE LEAVENWORTH WA 98826	VEHICLE IDENTIFICATION (✓ AND COMPLETE) <input type="checkbox"/> LIC. PLATE NO. <input type="checkbox"/> VIN <input type="checkbox"/> OTHER
VEHICLE TYPE <input type="checkbox"/> TRACTOR <input type="checkbox"/> TRAILER <input type="checkbox"/> TRUCK <input type="checkbox"/> BUS <input type="checkbox"/> (OTHER)	INSPECTION AGENCY/LOCATION (OPTIONAL) SINS AUTO + TRUCK

VEHICLE COMPONENTS INSPECTED

OK	NEEDS REPAIR	REPAIRED DATE	ITEM	OK	NEEDS REPAIR	REPAIRED DATE	ITEM	OK	NEEDS REPAIR	REPAIRED DATE	ITEM
1. BRAKE SYSTEM				6. SAFE LOADING				10. TIRES			
✓			a. Service Brakes				a. Part(s) of vehicle or condition of loading such that the spare tire or any part of the load or dunnage can fall onto the roadway.	✓			a. Tires on any steering axle of a power unit.
✓			b. Parking Brake System	✓			b. Protection against shifting cargo.	✓			b. All other tires.
✓			c. Brake Drums or Rotors				c. Container securement devices on intermodal equipment.	NA			11. WHEELS AND RIMS
✓			d. Brake Hose					✓			a. Lock or Side Ring
✓			e. Brake Tubing	✓				✓			b. Wheels and Rims
NA			f. Low Pressure Warning Device	NA				✓			c. Fasteners
NA			g. Tractor Protection Valve					✓			d. Welds
NA			h. Air Compressor								12. WINDSHIELD GLAZING
✓			i. Electric Brakes					✓			Requirements and exceptions as stated pertaining to any crack, discoloration or vision reducing matter (reference 393.60 for exceptions).
✓			j. Hydraulic Brakes								
NA			k. Vacuum Systems	✓							
2. COUPLING DEVICES				7. STEERING MECHANISM				13. WINDSHIELD WIPERS			
NA			a. Fifth Wheels	✓			a. Steering Wheel Free Play	✓			Any power unit that has an inoperative wiper, or missing or damaged parts that render it ineffective.
NA			b. Pintle Hooks	✓			b. Steering Column				
NA			c. Drawbar/Towbar Eye	✓			c. Front Axle Beam and All Steering Components Other Than Steering Column				
NA			d. Drawbar/Towbar Tongue	✓			d. Steering Gear Box				
✓			e. Safety Devices	✓			e. Pitman Arm				
✓			f. Saddle-Mounts	✓			f. Power Steering				
3. EXHAUST SYSTEM				8. SUSPENSION				14. OTHER			
✓			a. Exhaust system leaking forward of or directly below the driver/sleeper compartment.	✓			a. Any U-bolt(s), spring hanger(s), or other axle positioning part(s) cracked, broken, loose or missing resulting in shifting of an axle from its normal position.				List any other condition(s) which may prevent safe operation of this vehicle.
✓			b. Bus exhaust system leaking or discharging in violation of standard.	✓			b. Spring Assembly				
✓			c. Exhaust system likely to burn, char, or damage the electrical wiring, fuel supply, or any combustible part of the motor vehicle.	✓			c. Torque, Radius or Tracking Components				
4. FUEL SYSTEM				9. FRAME							
✓			a. Visible leak.	✓			a. Frame Members				
✓			b. Fuel tank filler cap missing.	✓			b. Tire and Wheel Clearance				
✓			c. Fuel tank securely attached.	✓			c. Adjustable Axle Assemblies (Sliding Subframes)				
5. LIGHTING DEVICES											
✓			All lighting devices and reflectors required by Part 393 shall be operable.	NA							

INSTRUCTIONS: MARK COLUMN ENTRIES TO VERIFY INSPECTION: ✓ OK, X NEEDS REPAIR, NA IF ITEMS DO NOT APPLY, _____ REPAIRED DATE

CERTIFICATION: THIS VEHICLE HAS PASSED ALL THE INSPECTION ITEMS FOR THE ANNUAL VEHICLE INSPECTION IN ACCORDANCE WITH 49 CFR PART 396.

ANNUAL VEHICLE INSPECTION REPORT

VEHICLE HISTORY RECORD	
REPORT NUMBER	FLEET UNIT NUMBER
39242246	463
DATE 9-14-16	

MOTOR CARRIER OPERATOR LEAVENWORTH SHUTTLE+TAXI	INSPECTOR'S NAME (PRINT OR TYPE) BRENT KLAUDT
ADDRESS 11610 EAGLE CREEK RD	THIS INSPECTOR MEETS THE QUALIFICATION REQUIREMENTS IN SECTION 396.19. <input type="checkbox"/> YES
CITY, STATE, ZIP CODE LEAVENWORTH WA 98826	VEHICLE IDENTIFICATION (✓ AND COMPLETE) <input checked="" type="checkbox"/> LIC. PLATE NO. <input type="checkbox"/> VIN <input type="checkbox"/> OTHER A554463
VEHICLE TYPE <input type="checkbox"/> TRACTOR <input type="checkbox"/> TRAILER <input type="checkbox"/> TRUCK <input checked="" type="checkbox"/> BUS <input type="checkbox"/> (OTHER)	INSPECTION AGENCY/LOCATION (OPTIONAL) SINS AUTO+TRUCK

VEHICLE COMPONENTS INSPECTED

OK	NEEDS REPAIR	REPAIRED DATE	ITEM	OK	NEEDS REPAIR	REPAIRED DATE	ITEM	OK	NEEDS REPAIR	REPAIRED DATE	ITEM
			1. BRAKE SYSTEM				6. SAFE LOADING				10. TIRES
✓			a. Service Brakes				a. Part(s) of vehicle or condition of loading such that the spare tire or any part of the load or dunnage can fall onto the roadway.	✓			a. Tires on any steering axle of a power unit.
✓			b. Parking Brake System	✓			b. Protection against shifting cargo.	✓			b. All other tires.
✓			c. Brake Drums or Rotors				c. Container securement devices on intermodal equipment.	NA			11. WHEELS AND RIMS
✓			d. Brake Hose	✓				✓			a. Lock or Side Ring
✓			e. Brake Tubing	✓				✓			b. Wheels and Rims
✓			f. Low Pressure Warning Device	✓				✓			c. Fasteners
✓			g. Tractor Protection Valve	NA				✓			d. Welds
✓			h. Air Compressor				7. STEERING MECHANISM				12. WINDSHIELD GLAZING
NA			i. Electric Brakes	✓			a. Steering Wheel Free Play	✓			Requirements and exceptions as stated pertaining to any crack, discoloration or vision reducing matter (reference 393.60 for exceptions).
NA			j. Hydraulic Brakes	✓			b. Steering Column				13. WINDSHIELD WIPERS
NA			k. Vacuum Systems	✓			c. Front Axle Beam and All Steering Components Other Than Steering Column	✓			Any power unit that has an inoperative wiper, or missing or damaged parts that render it ineffective.
			2. COUPLING DEVICES				d. Steering Gear Box				14. OTHER
NA			a. Fifth Wheels	✓			e. Pitman Arm				List any other condition(s) which may prevent safe operation of this vehicle.
NA			b. Pintle Hooks	✓			f. Power Steering				
NA			c. Drawbar/Towbar Eye	✓			g. Ball and Socket Joints				
NA			d. Drawbar/Towbar Tongue	✓			h. Tie Rods and Drag Links				
✓			e. Safety Devices	✓			i. Nuts				
NA			f. Saddle-Mounts	✓			j. Steering System				
			3. EXHAUST SYSTEM				8. SUSPENSION				
✓			a. Exhaust system leaking forward of or directly below the driver/sleeper compartment.	✓			a. Any U-bolt(s), spring hanger(s), or other axle positioning part(s) cracked, broken, loose or missing resulting in shifting of an axle from its normal position.				
✓			b. Bus exhaust system leaking or discharging in violation of standard.	✓			b. Spring Assembly				
✓			c. Exhaust system likely to burn, char, or damage the electrical wiring, fuel supply, or any combustible part of the motor vehicle.	✓			c. Torque, Radius or Tracking Components				
			4. FUEL SYSTEM				9. FRAME				
✓			a. Visible leak.	✓			a. Frame Members				
✓			b. Fuel tank filler cap missing.	✓			b. Tire and Wheel Clearance				
✓			c. Fuel tank securely attached.	✓			c. Adjustable Axle Assemblies (Sliding Subframes)				
			5. LIGHTING DEVICES								
✓			All lighting devices and reflectors required by Part 393 shall be operable.	NA							

INSTRUCTIONS: MARK COLUMN ENTRIES TO VERIFY INSPECTION: ✓ OK, X NEEDS REPAIR, NA IF ITEMS DO NOT APPLY, _____ REPAIRED DATE

CERTIFICATION: THIS VEHICLE HAS PASSED ALL THE INSPECTION ITEMS FOR THE ANNUAL VEHICLE INSPECTION IN ACCORDANCE WITH 49 CFR PART 396.

ANNUAL VEHICLE INSPECTION REPORT

VEHICLE HISTORY RECORD	
REPORT NUMBER	FLEET UNIT NUMBER
39242245	322
DATE 9-16-16	

MOTOR CARRIER OPERATOR LEAVENWORTH SHUTTLE + TAXI	INSPECTOR'S NAME (PRINT OR TYPE) BRENT KLAUDT
ADDRESS 11610 EAGLE CREEK RD	THIS INSPECTOR MEETS THE QUALIFICATION REQUIREMENTS IN SECTION 396.19. <input checked="" type="checkbox"/> YES
CITY, STATE, ZIP CODE LEAVENWORTH WA	VEHICLE IDENTIFICATION (<input checked="" type="checkbox"/> AND COMPLETE) <input checked="" type="checkbox"/> LIC. PLATE NO. <input type="checkbox"/> VIN <input type="checkbox"/> OTHER AN39954
VEHICLE TYPE <input type="checkbox"/> TRACTOR <input type="checkbox"/> TRAILER <input type="checkbox"/> TRUCK <input checked="" type="checkbox"/> BUS <input type="checkbox"/> (OTHER)	INSPECTION AGENCY/LOCATION (OPTIONAL) SINS AUTO + TRUCK

VEHICLE COMPONENTS INSPECTED

OK	NEEDS REPAIR	REPAIRED DATE	ITEM	OK	NEEDS REPAIR	REPAIRED DATE	ITEM	OK	NEEDS REPAIR	REPAIRED DATE	ITEM	
			1. BRAKE SYSTEM				6. SAFE LOADING				10. TIRES	
<input checked="" type="checkbox"/>			a. Service Brakes				a. Part(s) of vehicle or condition of loading such that the spare tire or any part of the load or dunnage can fall onto the roadway.	<input checked="" type="checkbox"/>			a. Tires on any steering axle of a power unit.	
<input checked="" type="checkbox"/>			b. Parking Brake System	<input checked="" type="checkbox"/>			b. Protection against shifting cargo.	<input checked="" type="checkbox"/>			b. All other tires.	
<input checked="" type="checkbox"/>			c. Brake Drums or Rotors				c. Container securement devices on intermodal equipment.	<input checked="" type="checkbox"/>			11. WHEELS AND RIMS	
<input checked="" type="checkbox"/>			d. Brake Hose					<input checked="" type="checkbox"/>			a. Lock or Side Ring	
<input checked="" type="checkbox"/>			e. Brake Tubing					<input checked="" type="checkbox"/>			b. Wheels and Rims	
<input checked="" type="checkbox"/>			f. Low Pressure Warning Device					<input checked="" type="checkbox"/>			c. Fasteners	
<input checked="" type="checkbox"/>			g. Tractor Protection Valve					<input checked="" type="checkbox"/>			d. Welds	
<input checked="" type="checkbox"/>			h. Air Compressor	<input checked="" type="checkbox"/>			7. STEERING MECHANISM			12. WINDSHIELD GLAZING		
<input checked="" type="checkbox"/>			i. Electric Brakes				a. Steering Wheel Free Play				Requirements and exceptions as stated pertaining to any crack, discoloration or vision reducing matter (reference 393.60 for exceptions).	
<input checked="" type="checkbox"/>			j. Hydraulic Brakes				b. Steering Column					
<input checked="" type="checkbox"/>			k. Vacuum Systems				c. Front Axle Beam and All Steering Components Other Than Steering Column				13. WINDSHIELD WIPERS	
<input checked="" type="checkbox"/>			2. COUPLING DEVICES					d. Steering Gear Box	<input checked="" type="checkbox"/>			Any power unit that has an inoperative wiper, or missing or damaged parts that render it ineffective.
<input checked="" type="checkbox"/>			a. Fifth Wheels				e. Pitman Arm					
<input checked="" type="checkbox"/>			b. Pintle Hooks				f. Power Steering				14. OTHER	
<input checked="" type="checkbox"/>			c. Drawbar/Towbar Eye				g. Ball and Socket Joints				List any other condition(s) which may prevent safe operation of this vehicle.	
<input checked="" type="checkbox"/>			d. Drawbar/Towbar Tongue				h. Tie Rods and Drag Links					
<input checked="" type="checkbox"/>			e. Safety Devices				i. Nuts					
<input checked="" type="checkbox"/>			f. Saddle-Mounts				j. Steering System					
<input checked="" type="checkbox"/>			3. EXHAUST SYSTEM					8. SUSPENSION				
<input checked="" type="checkbox"/>			a. Exhaust system leaking forward of or directly below the driver/sleeper compartment.				a. Any U-bolt(s), spring hanger(s), or other axle positioning part(s) cracked, broken, loose or missing resulting in shifting of an axle from its normal position.					
<input checked="" type="checkbox"/>			b. Bus exhaust system leaking or discharging in violation of standard.				b. Spring Assembly					
<input checked="" type="checkbox"/>			c. Exhaust system likely to burn, char, or damage the electrical wiring, fuel supply, or any combustible part of the motor vehicle.				c. Torque, Radius or Tracking Components					
<input checked="" type="checkbox"/>			4. FUEL SYSTEM					9. FRAME				
<input checked="" type="checkbox"/>			a. Visible leak.				a. Frame Members					
<input checked="" type="checkbox"/>			b. Fuel tank filler cap missing.				b. Tire and Wheel Clearance					
<input checked="" type="checkbox"/>			c. Fuel tank securely attached.				c. Adjustable Axle Assemblies (Sliding Subframes)					
<input checked="" type="checkbox"/>			5. LIGHTING DEVICES									
<input checked="" type="checkbox"/>			All lighting devices and reflectors required by Part 393 shall be operable.									

INSTRUCTIONS: MARK COLUMN ENTRIES TO VERIFY INSPECTION: OK, NEEDS REPAIR, IF ITEMS DO NOT APPLY, _____ REPAIRED DATE

CERTIFICATION: THIS VEHICLE HAS PASSED ALL THE INSPECTION ITEMS FOR THE ANNUAL VEHICLE INSPECTION IN ACCORDANCE WITH 49 CFR PART 396.

DRIVER/VEHICLE EXAMINATION REPORT

Aspen 3.0.0.17



Utilities and Transportation Commission
Commercial Vehicle Enforcement Section
 P.O. Box 42614
 Olympia, WA 98504-2614
 Phone: (360)596-3815

Report Number: WAU008000075
Inspection Date: 07/27/2016
Start: 07:34 AM PT **End:** 8:11:00 AM PT
Inspection Level: V - Terminal
HM Inspection Type: None

LEAVENWORTH SHUTTLE & TAXI LLC
 PO BOX 1041
 LEAVENWORTH, WA 98826

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

USDOT#: 02393914 **Phone#:** (509)670-1849
MC/MX#: _____ **Fax#:** _____

State#: _____
Location: 11610 EAGLE CREEK RD, LEAVENWC **MilePost:** _____ **Shipper:** _____
Highway: _____ **Origin:** LEAVENWORTH, WA **Bill of Lading:** _____
County: CHELAN, WA **Destination:** LEAVENWORTH, WA **Cargo:** EMPTY

VEHICLE IDENTIFICATION

Unit	Type	Make	Year	State	Plate #	Equipment ID	VIN	GVWR	CVSA #	CVSA Issued #	OOS Sticker
1	BU	TMC	1982	WA	ANB9954	322	1TUFCH6A4HR005872	37,800			10516

BRAKE ADJUSTMENTS

Axle #	1	2	3
Right	1	INOP	3/4
Left	1	1 1/8	INOP
Chamber	C-20	C-30	C-30

VIOLATIONS

Vio Code	Section	Unit	OOS	Citation #	Verify	Crash	Violations Discovered
393.47D	393.47(d)	1	Y		U	N	Insufficient brake linings: Right side front linings are less than 1/4
393.11	393.11	1	N		N	N	No or defective lighting devices or reflective material as required: Right side between rear duals turn signal not working
393.30	393.30	1	N		N	N	Improper battery installation: No Cover on Battery Box
393.47A	393.47(a)	1	Y		U	N	Inadequate brakes for safe stopping: Left Drive axel slack adjuster does not move and Right rear slack adjuster not working
396.17C	396.17(c)	1	N		N	N	Operating a CMV without proof of a periodic inspection

HazMat: No HM Transported.

Placard: No **Cargo Tank:** _____

Special Checks: No Data for Special Checks.

Violations marked as out of service (OOS) must be repaired before vehicle (s) can be operated. If OOS for brake adjustment, all brakes must be within proper adjustment before vehicle (s) can be operated.

I certify that all mechanical violations were repaired.

Signature Of Repairer X: *D. S. Adams* Facility: *Auto & Truck* Date: *9-16-16*

The undersigned certifies that all violations noted on this report have been corrected and action has been taken to insure compliance with all applicable Federal and State regulations.

Signature Of Motor Carrier X: *[Signature]* Title: *Owner* Date: *9-16-16*

Report Prepared By:
 YEOMANS, S.

Badge #:
 WAU586

Copy Received By:

Page 1 of 1

X *S. Yeomans*

X *[Signature]*



02393914 WA WAU008000075

Sins Auto and Truck LLC
 dba Worldnet Solutions
 PO Box 812
 Leavenworth, WA 98826
 (509) 885-2574

Page #1
 1090

NAME <i>Leavenworth Shuttle Taxi</i>	DATE OF ORDER <i>10-7-16</i>
ADDRESS <i>11610 Eagle creek Rd</i>	1090-1089
CITY, STATE, ZIP <i>Leavenworth Wa 98826</i>	
HOME PHONE	BUS. PHONE EXT. <i>548-7433</i>
CUSTOMER'S ORDER NUMBER	ORDER WRITTEN BY <i>BC</i>
MOTOR NUMBER	ODOMETER

YEAR, MAKE AND MODEL
87 GMC 102

SERIAL NUMBER

QTY.	PART NO. AND DESCRIPTION	AMOUNT	DESCRIPTION OF WORK	AMOUNT
	<i>80-900W</i>	<i>7 00</i>	<input type="checkbox"/> LUBE <input type="checkbox"/> CHG.OIL <input type="checkbox"/> OIL FILTER <input type="checkbox"/> TUNE UP <input type="checkbox"/> TRANS. <input type="checkbox"/> DIFF.	
	<i>2-stainless steel Hinges</i>	<i>20 00</i>	<i>Install new B rake shoes + hardware</i>	
	<i>1-40086 seal</i>	<i>51 00</i>	<i>all axles + new 2 cam seals</i>	
	<i>music screws + Bolts</i>	<i>15 00</i>	<i>Install new air compressor + Torgate</i>	
	<i>Torch Tune</i>	<i>80 00</i>	<i>Install new shock adjusters</i>	
			<i>Install 4 new shocks</i>	
			<i>Install new Brake Hoses Torgate axle</i>	
			<i>Reinstall Bolt Door + mixer switches</i>	
			<i>Remove Leaky Hole from Rod knitters</i>	
			_____ LITERS/GALS. OF GAS @	TOTAL LABOR
			_____ LITERS/QT'S. OF OIL @	TOTAL PARTS
			_____ kg/LBS. OF GREASE @	ACCESSORIES
(MAY BE CONTINUED ON OTHER SIDE)				GAS, OIL AND GREASE
	TOTAL PARTS	<i>173 00</i>		SUBLET REPAIRS
ACCESSORIES				EPA / WASTE DISPOSAL
	<i>shop supplies</i>	<i>35 00</i>		TAX
			I hereby authorize the above repair work to be done along with the necessary materials. You and your employees may operate above vehicle for purposes of testing, inspection, or delivery at my risk. An express mechanics lien is acknowledged on above vehicle to secure the amount of repairs thereto. It is also understood that you will not be held responsible for loss or damage to cars or articles left in cars in case of fire, theft or any other cause beyond your control.	TOTAL
	TOTAL ACCESSORIES		SIGNATURE	

THANK YOU

Auto and Truck LLC
dba Worldnet Solutions
 PO Box 812
 Leavenworth, WA 98826
 (509) 885-2574

Page #2

NAME <i>Leavenworth Shuttle & Truck</i>		DATE OF ORDER 10-7-16
ADDRESS		1089-1090
CITY, STATE, ZIP		
HOME PHONE	BUS. PHONE	EXT.
CUSTOMER'S ORDER NUMBER	ORDER WRITTEN BY <i>BC</i>	
MOTOR NUMBER	LICENSE NUMBER	
		ODOMETER

YEAR, MAKE AND MODEL
F7 MCF

SERIAL NUMBER

QTY.	PART NO. AND DESCRIPTION	AMOUNT	DESCRIPTION OF WORK	AMOUNT
			<input type="checkbox"/> LUBE <input type="checkbox"/> CHG.OIL <input type="checkbox"/> OIL FILTER <input type="checkbox"/> TUNE UP <input type="checkbox"/> TRANS. <input type="checkbox"/> DIFF.	
			<i>Install outer bearing & Race RR Tag</i> <i>Repair LR Tag axle shock and</i> <i>Install 12 new cam seals 99.5 lbs</i>	4912.50
			<i>pd 3000⁰⁰ Balance Due 2550.62</i> <i>2382.62</i>	
			<i>(R Tax to Pay)</i> <i>262.12</i>	
			_____ LITERS/GALS. OF GAS @ _____ LITERS/QTS. OF OIL @ _____ kg/LBS. OF GREASE @	TOTAL LABOR 4912.50 TOTAL PARTS 173.00 ACCESSORIES 35.00 GAS, OIL AND GREASE SUBLET REPAIRS EPA / WASTE DISPOSAL
(MAY BE CONTINUED ON OTHER SIDE)		TOTAL PARTS		520.50
ACCESSORIES				430.12
TOTAL ACCESSORIES			SIGNATURE	TOTAL 5550.62

THANK YOU

