



# Assignment Report Motor Carrier Safety

Upload?  No - Reason For Not Uploading: INTRASTATE ONLY

1. Investigator(s): TOM MCVAUGH 2. Assignment No.: 113132

3. Current Date: JUNE 17<sup>TH</sup>, 2013 4. Date of Activity: JUNE 12, 2013

5. Carrier Name: AMERICAN MOVING CO., INC.

6. Permit: THG-64423 7. New Entrant date of authority: 9-22-11

8. MOTCAR No.: 6558 9. Carrier is:  Intrastate Only

Interstate Only  
 Intra and Interstate

10. Industry Code: 207

11. USDOT No.: 1009960

12. MC No.: NONE

13.  **Destination Check**

Copy of the Destination Check Safety Plan is attached.

- Number of Buses/Motor Coaches inspected: 7-15 passenger \_\_\_\_\_ 16+ passenger \_\_\_\_\_
- Number of vehicle inspections: Level 1 \_\_\_\_\_ Level 2 \_\_\_\_\_ Level 3 \_\_\_\_\_ Level 5 \_\_\_\_\_
- Any special emphasis placed on the destination check  Yes  No
- Describe Special Emphasis \_\_\_\_\_
- 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 SI/SA between three and nine months?  Yes  No  SI  SA

16. X New Entrant- *HHG*

▪ Is this carrier referred by FMCSA, operating intra and interstate:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
▪ Is this carrier based in another state, requesting intrastate authority:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
▪ Is this carrier based in Washington, requesting intrastate authority:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
▪ Did staff complete the following:		
◆ Inspect all vehicles between three and eighteen months?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Number of vehicle inspections: Level 1 _____ Level 2 <u>1</u> Level 5 _____		
◆ Conduct a SI/SA between three and eighteen months?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> SI <input type="checkbox"/> SA
◆ Conduct technical assistance within three months?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

17.  CSA Investigation

<input type="checkbox"/> Full Investigation
<input type="checkbox"/> Focused Investigation
Basic is for: <input type="checkbox"/> Passenger Carrier <input type="checkbox"/> HHG Carrier <input type="checkbox"/> Solid Waste Carrier
Basic Threshold Percentile is;
<input type="checkbox"/> Unsafe Driving _____%
<input type="checkbox"/> Fatigued Driving (HOS) _____%
<input type="checkbox"/> Crash _____%
<input type="checkbox"/> Driver Fitness _____%
<input type="checkbox"/> Drug/Alcohol _____%
<input type="checkbox"/> Vehicle Maintenance _____%

18.  Individual Safety Plan Only:

What activity did staff complete for this safety complaint?
<input type="checkbox"/> Attach a copy of the Individual Carrier Safety Plan.
<input type="checkbox"/> Safety Investigation
<input type="checkbox"/> Technical assistance
<input type="checkbox"/> Number of vehicle inspections: Level 1 _____ Level 2 _____ Level 5 _____
<input type="checkbox"/> Unannounced terminal visit
<input type="checkbox"/> Other (please explain): _____

19. X Safety Investigation:

Safety Audit:

▪ SI Rating: <input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Conditional
▪ SA Rating: <input type="checkbox"/> Pass <input type="checkbox"/> Fail
▪ Number of vehicles operated: <u>4</u>
▪ Number of drivers operated: <u>4</u>
▪ Total miles for prior year: <u>93,600</u>
▪ Recordable accidents for prior year: <u>0</u>
▪ Accident Ratio: _____

**20. X Part B Violations:**

Part	Violations	Part	Violations	Part	Violations
382/40		383		387	
390		391	6	392	
395		396		397	

**21. 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											
Defective Vehicles											
OOS Vehicles											
Level											

**22. 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											
Comment:											

**23.  Driver Inspection Violations:**

Medical Card	Medical Waiver	Hours of Service	Drivers License
Comment:			

**24. Relevant Carrier History:**

CARRIER IS A PROVISIONAL HHG CARRIER BASED IN IDAHO. TO DATE, CARRIER HAS NOT CONDUCTED ANY INTRASTATE WASHINGTON HHG MOVES. ANY OF THESE MOVES WOULD BE INTERSTATE IN NATURE REGARDING ENFORCEMENT OF UTC SAFETY REGULATIONS, SINCE THE CARRIER WOULD BE REQUIRED TO CROSS STATE LINES EACH MOVE..

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**25. Findings:** CARRIER RECEIVED SATISFACTORY SAFETY RATING WITH 6 VIOLATIONS OF CFR PART 391: DRIVER QUALIFICATION FILES. ONE VIOLATION WAS CRITICAL. CARRIER RECEIVED A SATISFACTORY SAFETY RATING.

I RECOMMEND ISSUING OF PERMANENT HHG AUTHORITY.

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**26. Recommended Action:**

No further action. **ISSUANCE OF PERMANENT HHG AUTHORITY**

Notify the company in writing of the findings by providing a copy of the safety investigation, 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 – Safety Investigation (Date: \_\_\_\_\_ )

Revisit to recheck a specific issue (Date: \_\_\_\_\_ )

Send the company a compliance letter. Require a response:  Yes  No

Issue administrative penalties in the amount of \$

Issue a complaint.

Stop company operations.

**27. Is this carrier considered a high risk carrier as a result of this activity? NO**

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 safety investigation rating in more than one of the last four safety investigations (or less than four if four are not completed).

Other (please explain): \_\_\_\_\_

**28. Additional Comments:**

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Investigator's Signature: C. J. [Signature] 6-17-2013

Initial Review By: [Signature] Date: 6-19-13

Reviewer's Recommendation: I concur with recommendations for Permanent Authority - Close: file

Final Review By: [Signature] Date: 6/19/13

Reviewer's Recommendation: AGREE WITH RECOMMENDATION

Carrier has attended AHC training

\* OK to issue perm authority.

OFFICE USE ONLY


Date Closed: 6/20/13 By: Mike Dotson

Company Name: American Moving Co.


Assignment #: 13132

Staff Assigned: ~~[Signature]~~ ~~[Signature]~~ McVaugh



	<b>US DOT #</b> 1009960	<b>Legal:</b> AMERICAN MOVING CO INC <b>Operating (DBA):</b>			
<b>MC/MX #:</b>	<b>State #:</b> THG64423	<b>Federal Tax ID:</b> 68-0508862 (EIN)			
<b>Review Type:</b> Compliance Review (CR)					
<b>Scope:</b>	Principal Office	<b>Location of Review/Audit:</b> Company facility in the U. S.			<b>Territory:</b>
<b>Operation Types</b>		<b>Interstate</b>	<b>Intrastate</b>		
<b>Carrier:</b>	Non-HM	N/A	<b>Business:</b> Corporation		
<b>Shipper:</b>	N/A	N/A	<b>Gross Revenue:</b> for year ending: 12/31/2012		
<b>Cargo Tank:</b>	N/A				
<b>Company Physical Address:</b>					
3172 W SILTICE WY POSTFALLS, ID 83854					
<b>Contact Name:</b> MIKE LASHER					
<b>Phone numbers:</b> (1) 208- 777-0929		(2)	<b>Fax</b> 208-777-0929		
<b>E-Mail Address:</b> american.moving5@gmail.com					
<b>Company Mailing Address:</b>					
3172 W SILTICE WY POSTFALLS, ID 83854					
<b>Carrier Classification</b>					
Other: INTRASTATE					
<b>Cargo Classification</b>					
General Freight		Household Goods			
<b>Equipment</b>					
	<b>Owned</b>	<b>Term Leased</b>	<b>Trip Leased</b>	<b>Owned</b>	<b>Term Leased</b>
Truck	4	0	0		
Power units used in the U.S.: 4					
Percentage of time used in the U.S.: 100					
<b>Does carrier transport placardable quantities of HM?</b> No					
<b>Is an HM Permit required?</b> N/A					
<b>Driver Information</b>					
	<b>Inter</b>	<b>Intra</b>	<b>Average trip leased drivers/month:</b> 0		
< 100 Miles:			<b>Total Drivers:</b> 4		
>= 100 Miles:	4		<b>CDL Drivers:</b> 4		



	<b>AMERICAN MOVING CO INC</b> U.S. DOT #: 1009960	State #: THG64423	Review Date: 06/12/2013
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**Part A**

QUESTIONS regarding this report or the Federal Motor Carrier Safety or Hazardous Materials rules may be addressed to the Washington Utilities & Transportation Commission at:  
  
Attn: Tom McVaugh  
PO Box 47250, Olympia, WA 98504-7250.  
tmcvaugh@utc.wa.gov 360-664-1237

**This report will be used to assess your safety compliance.**

<b><u>Person(s) Interviewed</u></b>	
<b>Name:</b> MIKE LASHER	<b>Title:</b> PRESIDENT
<b>Name:</b> SARAH LASHER	<b>Title:</b> VICE PRESIDENT





**Part B Violations**

1 FEDERAL	Primary: 391.51(a)	Discovered 1	Checked 4	Drivers/Vehicles In Violation 1	Checked 4
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**Description**  
 Failing to maintain driver qualification file on each driver employed.  
**Example**  
 MIKE LASHER  
 6-12-13

2 FEDERAL	Primary: 391.51(b)(1)	Discovered 1	Checked 3	Drivers/Vehicles In Violation 1	Checked 3
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**Description**  
 Failing to maintain driver's employment application in driver's qualification file.  
**Example**  
 MATT MORGAN  
 6-12-13

3 FEDERAL CRITICAL	Primary: 391.51(b)(2)	Discovered 3	Checked 3	Drivers/Vehicles In Violation 3	Checked 3
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**Description**  
 Failing to maintain inquiries into driver's driving record in driver's qualification file.  
**Example**  
 SHAWN NEWMAN  
 6-12-13

4 FEDERAL	Primary: 391.51(b)(3)	Discovered 3	Checked 3	Drivers/Vehicles In Violation 3	Checked 3
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**Description**  
 Failing to maintain road test certificate in driver's qualification file, or copy of license or certificate the motor carrier accepted as equivalent.  
**Example**  
 ROBERT MATTHEWS  
 6-12-13

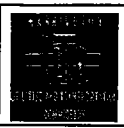
5 FEDERAL	Primary: 391.51(b)(5)	Discovered 2	Checked 3	Drivers/Vehicles In Violation 2	Checked 3
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**Description**  
 Failing to maintain a note relating to the annual review of the driver's driving record as required by 391.25(c)(2).  
**Example**  
 SHAWN NEWMAN  
 6-12-13

6 FEDERAL	Primary: 391.51(b)(6)	Discovered 2	Checked 3	Drivers/Vehicles In Violation 2	Checked 3
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**Description**  
 Failing to maintain a list or certificate relating to violations of motor vehicle laws and ordinances required by 391.27.  
**Example**  
 ROBERT MATTHEWS  
 6-12-13





**AMERICAN MOVING CO INC**  
 U.S. DOT #: 1009960

State #: THG64423

Review Date:  
 06/12/2013

**Part B Violations**

<b>Safety Fitness Rating Information:</b> Total Miles Operated 93,600 Recordable Accidents 0 Recordable Accidents/Million Miles 0.00	OOS Vehicle (CR): 0 Number of Vehicle Inspected (CR): 0 OOS Vehicle (MCMIS): 0 Number of Vehicles Inspected (MCMIS): 1
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Your proposed safety rating is :  <p style="text-align: center;"><b>SATISFACTORY</b></p>	<table border="1"> <thead> <tr> <th colspan="2">Rating Factors</th> <th>Acute</th> <th>Critical</th> </tr> </thead> <tbody> <tr> <td>Factor 1:</td> <td>S</td> <td>0</td> <td>0</td> </tr> <tr> <td>Factor 2:</td> <td>C</td> <td>0</td> <td>1</td> </tr> <tr> <td>Factor 3:</td> <td>S</td> <td>0</td> <td>0</td> </tr> <tr> <td>Factor 4:</td> <td>S</td> <td>0</td> <td>0</td> </tr> <tr> <td>Factor 5:</td> <td>N</td> <td>0</td> <td>0</td> </tr> <tr> <td>Factor 6:</td> <td>S</td> <td>-</td> <td>-</td> </tr> </tbody> </table>	Rating Factors		Acute	Critical	Factor 1:	S	0	0	Factor 2:	C	0	1	Factor 3:	S	0	0	Factor 4:	S	0	0	Factor 5:	N	0	0	Factor 6:	S	-	-
	Rating Factors		Acute	Critical																									
Factor 1:	S	0	0																										
Factor 2:	C	0	1																										
Factor 3:	S	0	0																										
Factor 4:	S	0	0																										
Factor 5:	N	0	0																										
Factor 6:	S	-	-																										

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



AMERICAN MOVING CO INC

U.S. DOT #: 1009960

State #: THG64423

Review Date:

06/12/2013

### Part B Requirements and/or Recommendations

1. THIS COMPLIANCE REVIEW WILL RESULT IN AN INTRASTATE SAFETY RATING. TO OBTAIN A COPY OF THIS RATING, CONTACT MIKE DOTSON @ 360-664-1244.
2. "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."
3. FOR DRIVERS OPERATING WITHIN THE 100 AIR MILE RADIUS EXEMPTION, ENSURE THAT COMPLETE HOURS OF SERVICE RECORDS ARE MAINTAINED AT THE PRINCIPLE PLACE OF BUSINESS. THIS INCLUDES TIME RECORDS INDICATING START, STOP AND TOTAL ON-DUTY TIME FOR EACH DAY THE DRIVER WAS ON DUTY.
4. Do not allow drivers to drive interstate/intrastate unless they have been physically re-examined each 24 months. Maintain a copy of the driver's medical certificate in their driver qualification file.
5. ENSURE THAT THE ANNUAL REVIEW OF DRIVERS AND ANNUAL CERTIFICATION OF VIOLATIONS IS CONDUCTED FOR EACH DRIVER. MAINTAIN A COPY OF THESE REQUIREMENTS IN EACH DRIVER'S QUALIFICATION FILE.
6. REQUIRE DRIVERS TO COMPLETE A DRIVER VEHICLE INSPECTION REPORT AT THE COMPLETION OF EACH DAY. ENSURE THAT THE REQUIRED SIGNATURES; (DRIVER COMPLETING THE DVIR, MECHANIC'S CERTIFICATION AND REVIEWING DRIVER'S CERTIFICATION), ARE COMPLETE. RETAIN THE DVIR FOR 3 MONTHS. ENSURE THAT NOTED SAFETY DEFECTS ARE CORRECTED PRIOR TO PLACING THE VEHICLE BACK INTO SERVICE.
7. ENSURE THAT EVERY NON-CDL DRIVER IS ROAD TESTED AND A PROPER ROAD TEST CERTIFICATE IS ISSUED. MAINTAIN A COPY OF THE ROAD TEST AND ROAD TEST CERTIFICATE IN THE DRIVER'S QUALIFICATION FILE.
8. MAINTAIN AN ACCIDENT REGISTER THAT REFLECTS ONLY THOSE ACCIDENTS WHICH OCCURRED WHILE OPERATING UNDER YOUR COMPANY'S AUTHORITY. ENSURE THAT YOU MAINTAIN THE REGISTER FOR THREE (3) YEARS FROM THE DATE OF EACH RECORDABLE ACCIDENT.
9. PRIOR TO CONDUCTING FOR-HIRE INTERSTATE OPERATIONS, OBTAIN OPERATING AUTHORITY (MC AUTHORITY) FROM THE FMCSA. THIS AUTHORITY CAN BE OBTAINED FROM THEIR WEB SITE AT: [fmcsa.dot.gov](http://fmcsa.dot.gov).
10. Ensure that all drivers are fully and properly qualified before operating in interstate commerce. Maintain a complete file as required for each driver, documenting the qualification process.



AMERICAN MOVING CO INC

U.S. DOT #: 1009960

State #: THG64423

Review Date:

06/12/2013

Part C

Reason for Review: Other

INTRASTATE HHG

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

Corporate Contact: MIKE LASHER

Special Study Information:

Corporate Contact Title: PRESIDENT

Remarks:

PART C  
INVESTIGATIVE REPORT RECEIVED BY:  
NAME: Mike Lasher  
TITLE: President  
CARRIER NAME: American Moving Co. Inc. (American)  
DATE: June 17, 2013

REASON FOR INVESTIGATION:

I conducted this investigation as part of the UTC requirement for all provisional household good carriers to undergo a full compliance review in order to obtain permanent authority. This assignment was derived from the 2013 work plan. American obtained provisional household good authority from the UTC on September 22nd, 2011. The Lashers attended the 2013 new entrant training class held in Cheney, WA. The carrier's CSA BASIC scores are negligible due to lack of on-road inspections.

SCOPE OF THE INVESTION:

This review covered the previous twelve months of operations. During this period and to date, the carrier has not conducted any intrastate household moves in the State of Washington. Since this carrier is based in Post Falls, ID, all intrastate moves would be interstate in nature for the purposes of enforcing the Federal Motor Carrier Safety Regulations. All household good moves within the State of Washington would come under the prevue of the UTC for economic regulation.

I initially telephoned Mrs. Lasher, vice president, and set up the date for this review on June 12th, 2013. I provided Mrs. Lasher with a complete list of the required records that I would need to complete this compliance review. These records included driver qualification files, hours of service, maintenance files, accident files, insurance records, payroll records and UTC annual safety reports. Mrs. Lasher complied with my request.

I completed the review on June 12th, 2013 and advised the Lashers that a completed copy of the investigation would be mailed to their principle place of business.

CARRIER OPERATION DESCRIPTION:

The Lashers own and operate American Moving Co., Inc. To date, they have only conducted intrastate operations in Idaho. The majority of their revenue is derived from office and retail store delivery, both operations non-regulated by the UTC. They also own a small retail mattress store and operate as a private carrier in this regard.



**Part C**

American leases their office space and retail mattress office. They currently own four straight trucks and employ four drivers, including Mr. Lasher. The trucks are non-CDL trucks, with a GVWR of 26,000 pounds. They are insured with Progressive Insurance Co., in the combined single limit of \$750,000. Mr. Lasher produced proof of interstate and intrastate filings. The carrier's agent is Keith at 208-773-0504.

Currently, the carrier's financial status is secure. Business, according to Mr. Lasher, has been steady in both the moving business and mattress business. The carrier reported gross earnings of \$400,000 for fiscal year 2012.

American has not experienced any recordable accidents since commencing operations in 2011. Mrs. Lasher produced an accident register that complied with UTC regulations.

Company officers include Mr. Lasher, president, and Mrs. Lasher, vice-president. Both officers were present during this investigation.

American was not involved in any relief efforts or operating under an exemption/waiver during the previous twelve months.

I obtained a copy of the American's safety profile prior to commencing this investigation. I was able to use one Level #2 inspection from the profile. The carrier's trucks were either on prior hauling commitments or in the inspection facility for DOT Annual Inspections.

Mr. Lasher stated that he performs minor maintenance on the trucks. However, most maintenance is performed by outside vendors in Spokane, WA. The carrier uses the manufacturer's schedule for all preventative maintenance issues.

Currently, the drivers are completing driver vehicle inspection reports on a daily basis. Mrs. Lasher stated that she is in the process of incorporating a driver form that will include a time card and DVIR format.

**AUTHORITY:**

American is registered with the FMCSA as a for-hire and private carrier. The carrier has a USDOT number but no MC authority. I advised the Lashers to obtain MC authority before conducting any interstate for-hire operations. I also advised them to update their MCS-150 report to reflect the correct number of drivers and vehicles owned by the company.

**RED FLAG DRIVERS:**

There were no red flag drivers assigned to this carrier.

**CONTROLLED SUBSTANCE AND ALCOHOL SUPPLEMENTAL REVIEW:**

The carrier does not operations trucks requiring CDL's and is not required to comply with CFR Parts 382/40 and Part 383.

**INVESTIGATION;****1): PART 380: SPECIAL TRAINING REQUIREMENTS:**

The carrier did not have any drivers needing to comply with this part.

**2): PART 382/PART 40: CONTROLLED SUBSTANCE AND ALCOHOL**

The carrier does not have to comply with this part.

**3): PART 383: COMMERCIAL DRIVERS LICENSE:**

The carrier does not have to comply with this part.

**4): PART 387: FINANCIAL RESPONSIBILITY:**

The carrier is properly insured for both interstate and intrastate operations. Mrs. Lasher produced a Form E filing and MCS-90.

**5): PART 391: DRIVER QUALIFICATIONS**

I reviewed files for all four drivers. Mr. Lasher drives on occasion but did not have any file. He does possess a valid medical certificate.

I noted that the other three driver files were missing the following documents: employment application on one driver, inquiries into driving records for all three drivers, road tests and road test certificates on all three drivers, original driving



**Part C**

abstracts on all three drivers (critical), and annual review and certification of violations for two of the drivers. Also, the carrier does not possess any file for Mr. Lasher. Mrs. Lasher was uncertain as to the documentation process and the requirements for maintaining them according to CFR Part 391.51.

I attempted to perform Medical Examiner's Certificate checks on two drivers, but the doctor offices were closed.

**6): PART 392: DRIVING OF COMMERCIAL MOTOR VEHICLES**

I discussed the new CSA program with the Lashers. They were familiar with the basic program after attending the new entrant household goods training class in 2013.

Mr. Lasher stated that he has no formal policy regarding drivers speeding or committing traffic violations. He notified drivers that they are responsible for paying their own citations.

He requires the drivers to conduct pre-trip and post-trip inspections. The company is currently in the process of compiling a driver's sheet that will incorporate time records, DVIR requirements and billing requirements.

**7): PART 395: HOURS OF SERVICE**

The carrier operates exclusively within the 100 air-mile radius exemption. I was able to follow the eFOTM protocol and checked all four drivers for time cards. Mr. Lasher does not use any multiple employer drivers.

I did not note any hours of service violations during this review.

**8): CLOSING INTERVIEW:**

American is an Idaho based carrier that has applied for and obtained provisional household goods authority from the UTC. Since the carrier is based in Idaho, all moves conducted in Washington would be interstate in nature regarding enforcement of the FMCSR's. All household good moves would come under UTC regulation for economic enforcement.

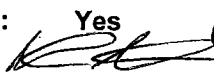
To date, the carrier has not made any moves intrastate household good moves in Washington. Their primary business is intrastate for-hire and private carriage in Idaho.

Mrs. Lasher stated that Idaho does not require the safety compliance on small truck operations that is required by Washington. Because of this fact, American was deficient in driver qualification file requirements. After attending the new entrant class and receiving technical assistance during this compliance review, the carrier has a better understanding of UTC regulations. I provided the Lasher's a copy of the UTC safety guide and web sites for the UTC and FMCSA.

Upon completion of this review, American received a Satisfactory safety rating.

I am recommending issuance of permanent household goods authority to this carrier. Although the company hasn't used their provisional authority to date, the owners plan on future operations in Washington State.

This assignment is submitted for closing with no upload to MCMIS.

Upload Authorized:	Yes	<u>No</u>	
Authorized by:			Date: 6-19-13
Uploaded:	Yes	No	Failure Code:
Verified by:			Date:

