



UTILITIES AND TRANSPORTATION  
COMMISSION

# Assignment Report Motor Carrier Safety

New Entrant?  Yes  No      Was a CR conducted between 6-18 months after the permit was issued?  Yes  No

1. Investigator(s): Jason Sharp      2. Assignment No.: 117054  
 3. Current Date: 4/27/2017      4. Date of Activity: 4/26/2017  
 5. Carrier Name: Nature Nuts Adventure Travel, LLC  
 6. Company ID: 18813      7. Industry Code: 232      8. USDOT #: 2978801  
 9. Carrier is:      Intrastate  Yes  No  Intra and Interstate

**10. Destination Check**

**11. Compliance Review**

**12. Part B Violations**

Part	Violations	Part	Violations	Part	Violations
382/40		383		387	
390	1	391		392	
395		396		397	

**13. Vehicle Inspection Data**

	Van 9-15	Carrier Type	Carrier Type	Carrier Type	Carrier Type	Carrier Type	Carrier Type	Carrier Type
Inspections	1							
Defective Vehicles	1							
OOS Vehicles	0							
Level	7							

**14. Vehicle Inspection Violations**

	VAN 9-15	Vehicle Type	Vehicle Type	Vehicle Type	Vehicle Type	Vehicle Type
Comments:						
Other	1					
Violation Type						
Violation Type						

**15. Driver Inspection Violations**

Medical Card	Medical Waiver	Hours of Service	Driver's License
Comment:			



Assignment Report  
Motor Carrier Safety

16. Relevant Carrier History:

New Entrant

17. Findings:

New entrant safety regulations training was conducted with owner James Michael Joyce. Mr. Joyce is the owner and lone driver for the carrier. Each safety regulation on the Verification of Training form was thoroughly covered.

The carrier has recently purchased a new 2017 Ford 15 passenger van that was inspected and the only found violation was that the vehicles markings of the company name had yet to be installed.

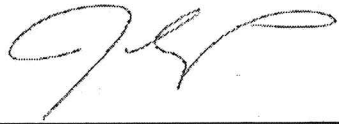
Mr. Joyce was prepared for our review as he had his driver qualification and vehicle files prepared and showed a genuine interest in thoroughly understanding all applicable regulations.

Recommendation is to move forward with permitting.

18. Recommended Safety Action:  Yes  No

19. Is this carrier considered a high risk carrier as a result of this activity?  Yes  No

20. Additional Comments:

Investigator's Signature:  Date: 4/27/2017

OFFICE USE ONLY

Initial Review By:  Date: 4/27/2017

Initial Reviewer's Recommendation:  
Agree with recommendation to issue authority.

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Final Review By: David Pratt Date: 5/1/17

Final Reviewer's Recommendation:  
Ok to issue permit. Close and file.

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Assignment Report  
Motor Carrier Safety

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**Internal Processing**

Date Closed: 5/1/2017 By: *Kelli Wren*

Company Name: Nature Nuts Adventure Travel LLC

Assignment #: 117054 Staff Assigned: Sharp





STATE OF WASHINGTON

UTILITIES AND TRANSPORTATION COMMISSION

1300 S. Evergreen Park Dr. S.W., P.O. Box 47250 • Olympia, Washington 98504-7250

(360) 664-1160 • TTY (360) 586-8203

Verification of Training

Company: Nature Nuts Adventure Representative: James Michael Joyce  
Travel, LLC  
Date: 04/26/2017 Investigator: Jason Sharp

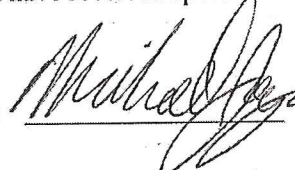
Safety Regulations Training Provided			
Subject	CFR Part	Completed	n/a
General Applicability	390.5 and 383.3	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Drug and Alcohol Testing	382	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Pre-Employment Drug Testing	382.301	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Post-Accident Testing	382.303	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Random Testing	382.305	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Selection & Notification	382.305(i)(1) 382.305(l)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Reasonable Suspicion Testing	382.307	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Subpart B Prohibitions	382.201 - 382.15	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Drug & Alcohol Policy	382.601	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Consequences for Engaging in Drug & Alcohol Use	382.501 – 382.507	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Commercial Driver's License Vehicles that require a CDL/Endorsements	383.3 383.5	<input checked="" type="checkbox"/>	<input type="checkbox"/>
General Qualifications of Drivers	391.11	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Medical Certificate Required	391.45	<input checked="" type="checkbox"/>	<input type="checkbox"/>





Entry Level Driver Training	380.501 380.503	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Insurance Requirements	387	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Driver Qualification File	391.51	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Multiple Employer Driver	391.63	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Driver Operations (radar and text)	392.71 392.80	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Inspection and Use of Equipment	392.7	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Accident Register	390.15	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Marking of Motor Vehicles	390.21	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Equipment Leasing	390.303	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Hours of Service	395	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Maximum Driving Times	395.5	<input checked="" type="checkbox"/>	<input type="checkbox"/>
100 Air Mile Radius Driver	395.1(e)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Driver's Duty Status Record	395.8	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Driver's Log Book Requirements	395.8(d)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Inspection, Repair & Maintenance Records	396.3	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Driver Vehicle Inspection Report	396.11	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Pre-Trip Inspection	396.13	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Periodic Inspection	396.17	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liquor Permit Required	WAC 480-30-244	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Safety Compliance Review (CR)	General	<input checked="" type="checkbox"/>	<input type="checkbox"/>

I certify the above information is true and accurate and I have received specific training on each of the above listed areas:

Name (Print): James Michael Joyce Signature:  Date: 4/26/17

This document is used to verify that training was provided to the new entrant passenger carrier listed above. It will become part of the carrier file maintained at the Commission.



# DRIVER/VEHICLE EXAMINATION REPORT

Aspen 3.0.0.17



Washington State Patrol  
Commercial Vehicle Enforcement Section  
PO Box 42614  
Olympia, WA 98504-2614  
360-596-3815 email: [safetynet@wsp.wa.gov](mailto:safetynet@wsp.wa.gov)

Report Number: WAU009000022  
Inspection Date: 04/26/2017  
Start: 02:30 PM PT End: 3:04:38 PM PT  
Inspection Level: VII - Jurisdictional Mandate  
HM Inspection Type: None

NATURE NUTS ADVENTURE TRAVEL LLC  
6051 FAUNTLEROY WAY SW UNIT A  
SEATTLE, WA 98136-1614  
USDOT#: 02978801 Phone#: (201)354-8010  
MC/MX#: 013138 Fax#:  
State#:

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

Location: 6051 FAUNTLEROY WAY SW SEATTLE MilePost: Shipper:  
Highway: Origin: SEATTLE, WA Bill of Lading:  
County: KING, WA Destination: SEATTLE, WA Cargo: EMPTY

## VEHICLE IDENTIFICATION

Unit	Type	Make	Year	State	Plate #	Equipment ID	VIN	GVWR	CVSA #	CVSA Issued #	OOS Sticker
1	VN	FORD	2017	WA	A3110443	1	1FBVU4XG2HKA04768	12,000			

## 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
390.21B	390.21(b)	1 N		N	N	Carrier name and/or USDOT Number not displayed as required; Carrier name markings have not been installed

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: \_\_\_\_\_ Date: \_\_\_\_\_

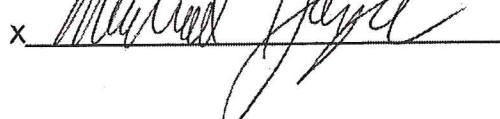
Report Prepared By:  
SHARP, JASON

Badge #:  
WAU587

Copy Received By:

Page 1 of 1

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