

TRANSFER

WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION

1300 South Evergreen Park Drive SW, PO Box 47250
Olympia Washington 98504-7250
Toll Free (888) 606-9566 or 360-664-1222
Fax (360) 586-1181 or (360) 586-1118

CH-00402

APPLICATION FOR CHARTER BUS/EXCURSION SERVICE CERTIFICATE

0019789

Fee: \$150.00

Table with 4 rows and 3 columns: 111 0268 232 01, 111 0268 232 02, 111 0268 232 03, 111 0268. Columns include CID, DATE, STAMPS, CHA, SAFETY INSP, INS/BOND, and Docket #.

THIS APPLICATION IS FOR:

(Check One Only)

[X] CHARTER BUS CERTIFICATE [ ] EXCURSION SERVICE CERTIFICATE

NAME OF APPLICANT: PENNCO TRANSPORTATIONAL INC

D/B/A: PENINSULA CHARTERS & TOURS LLC

MAILING ADDRESS: P.O. Box 356, CARLSBORG, WA. 98324
PHYSICAL ADDRESS: 933 CARLSBORG RD, SEQUIM, WA. 98382

BUSINESS TELEPHONE NUMBER (360) 582-3736 FAX NUMBER (360) 683-4857

UBI #: 602-259-971 E-MAIL pennco97@olympen.com

IF APPLICANT IS A CORPORATION, LIST NAME, TITLES, AND PERCENTAGE OF STOCK OF PRINCIPAL SHAREHOLDERS. IF APPLICANT IS A PARTNERSHIP, LIST NAMES, ADDRESSES, AND PERCENTAGE OF INTEREST OF ALL PERSONS HAVING AN EQUITY IN THE BUSINESSES:

KEVIN HARRIS 100%

IF APPLICANT HOLDS ANY OTHER CERTIFICATE OR PERMIT WITH THE COMMISSION, LIST PERMIT NUMBERS:

EQUIPMENT LIST:

Table with 4 columns: LICENSE NUMBER, YEAR AND MAKE OF VEHICLE, SERIAL NUMBER (VEHICLE IDENTIFICATION NUMBER), SEATING CAPACITY. Rows include 'TEMP', 'AS2806ED', and 'see attached list'.

**SAFETY COMPLIANCE REVIEW AND QUESTIONNAIRE:**

**GENERAL**

|  | YES                                 | NO                                  | N/A                      |
|--|-------------------------------------|-------------------------------------|--------------------------|
| Do you have a copy of the laws and rules relating to passenger charter and excursion service carriers?..   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| Have you been cited within the last three years by the Commission for violations of it rules or laws?..... | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

If Yes, explain: \_\_\_\_\_

|  |                                     |                          |                          |
|--|-------------------------------------|--------------------------|--------------------------|
| Are you familiar with the state motor carrier safety rules?.....                 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Will management review the carrier's compliance status on a periodic basis?..... | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**NOTIFICATION AND REPORTING OF ACCIDENTS**

|  | YES                                 | NO                       | N/A                      |
|--|-------------------------------------|--------------------------|--------------------------|
| Are you familiar with the Commission accident reporting rule? .....              | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Will you take any action against drivers involved in preventable accidents?..... | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**PART 391 - QUALIFICATION OF DRIVERS**

|  | YES                                 | NO                       | N/A                      |
|--|-------------------------------------|--------------------------|--------------------------|
| Do you have written hiring policies/procedures that are being followed when hiring new drivers?.....   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are oral interviews conducted with new drivers to verify information submitted on their applications?..  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Will you have a system established to ensure drivers' medical certificates remain current?.....  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Will you verify that physicians completing medical certifications are knowledgeable about the instructions for performing and recording driver physical examinations?..... | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Will you review the results of the health history and physical examination?.....   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Will you have a system established that will ensure drivers' operating licenses remain current?.....   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Will you have a system established that will ensure drivers' annual reviews and annual record of violations remain current?.....   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Will you comply with the road test provisions of Section 391.31?.....  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Can you maintain and produce complete driver qualification files on drivers?.....  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**PART 392 - DRIVING OF MOTOR VEHICLES**

|  | YES                                 | NO                       | N/A                      |
|--|-------------------------------------|--------------------------|--------------------------|
| Do you have established procedures concerning the use of alcohol and drugs?..... | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you have a policy for monitoring speed?.....                                  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**PART 395 - HOURS OF SERVICE OF DRIVERS**

|   | YES | NO | N/A |
|---|-----|----|-----|
| Can you explain the hours of service limitations, i.e., 10, 15, 60 in 7, 70 in 8?.....          | ✓   | —  | —   |
| Will you file records of duty status in systematic manner?.....                                 | ✓   | —  | —   |
| Will drivers be required to complete recaps of their records of duty status?.....               | ✓   | —  | —   |
| Will dispatchers be aware of drivers' hours of service prior to trip?.....                      | ✓   | —  | —   |
| Will other independent records be compared to drivers records of duty status for accuracy?..... | ✓   | —  | —   |
| Will you have a system for recording hours of duty status on 100 mile radius drivers?.....      | ✓   | —  | —   |
| Will you have a disciplinary policy for noncompliance with Part 395?.....                       | ✓   | —  | —   |

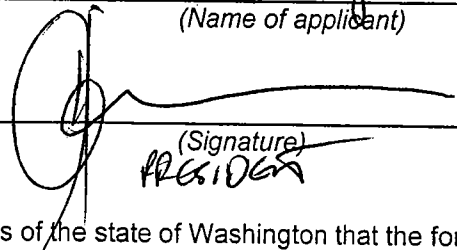
**PART 396 - INSPECTION, REPAIR AND MAINTENANCE**

|  | YES | NO | N/A |
|--|-----|----|-----|
| Will you have written procedures explaining a systematic, periodic maintenance program?..... | ✓   | —  | —   |
| Will you periodically review maintenance records for all equipment?.....                     | ✓   | —  | —   |
| Will you comply with the vehicle inspection procedure?.....                                  | ✓   | —  | —   |
| Will you train drivers to perform pre-trip inspections?.....                                 | ✓   | —  | —   |
| Will you maintain the prior three months vehicle inspection reports on a vehicle?.....       | ✓   | —  | —   |
| Will you maintain a complete maintenance file on all vehicles?.....                          | ✓   | —  | —   |

THE UNDERSIGNED APPLICANT REQUESTS THAT THE WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION MAKE ITS ORDER GRANTING A CERTIFICATE TO OPERATE AS A CHARTER PARTY OR EXCURSION SERVICE CARRIER AS PROVIDED FOR IN RCW 81.70 AND WAC 480-40

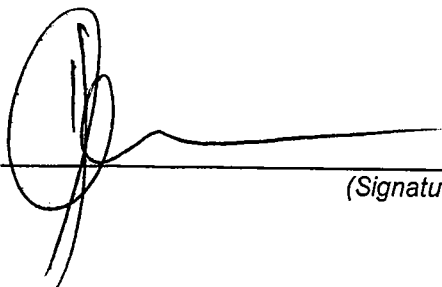
Dated at: Sequim, Washington, April 4, 2003  
(City or Town) (Month/Day/Year)

Pennco Transportation, Inc.  
(Name of applicant)

By:   
(Signature) PRESIDENT

I certify (or declare) under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

April 4, 2003  
(Date and Place)

  
(Signature)

| VEHICLE INVENTORY |  | NUMBER | YEAR | MAKE    | MODEL            | SEAT CAP | VALUE | VIN #              | MILEAGE 4/30/03 |
|-------------------|--|--------|------|---------|------------------|----------|-------|--------------------|-----------------|
|                   |  | 20     | 1993 | Ford    | Econoline E350   | 16       | 13000 | 1FDJE37HXP73647    | 91216           |
|                   |  | 21     | 1997 | Ford    | Econoline E350   | 13       | 13000 | 1FDJE30L9VHB51487  | 173680          |
|                   |  | 22     | 1997 | Ford    | Econoline E350   | 13       | 13000 | 1FDJE30L9VHB51490  | 170331          |
|                   |  | 23     | 1997 | Ford    | Econoline E350   | 13       | 13000 | 1FDJE30L8VHB51495  | 176727          |
|                   |  | 24     | 1997 | Ford    | Econoline E350   | 13       | 13000 | 1FDJE30L9VHC06388  | 198053          |
|                   |  | 25     | 1993 | Ford    | Econoline E350   | 13       | 13000 | 1FDJE30L79VHB51486 | 181996          |
|                   |  | 86     | 1989 | Mercury | Grand Marquis LS | 5        | 1500  | 2MEBM75F9KX668398  | 105700          |
|                   |  | 88     | 1989 | Buick   | LeSabre          | 5        | 1500  | 1G4HP54C6KH527489  | 136500          |
|                   |  | 89     | 1989 | Mercury | Grand Marquis LS | 5        | 1500  | 2MEBM75F7KX601122  | 262433          |
|                   |  | 90     | 1990 | Olds    | 98 Brougham      | 5        | 2500  | 1G3CW54C6L4324063  | 151320          |
|                   |  | 189    | 1989 | Buick   | Lasabre          | 5        | 1700  | 1G4HP54C6KH527489  | 194000          |
|                   |  | 93     | 1993 | Ford    | Aerostar Van     | 6        | 1500  | 1FMCA11U5PZB41939  | 396187          |
|                   |  | 94     | 1994 | Ford    | Aerostar Van     | 6        | 1500  | 1FMCA11U6RZA31596  | 363786          |
|                   |  | 97     | 1997 | Ford    | Aerostar Ext van | 6        | 4000  | 1FMDA41XXVZA79614  | 458256          |
|                   |  | 194    | 1994 | Ford    | E250 Clubwagon   | 15       | 10000 | 1FBJS31GORHB76741  | 172580          |
|                   |  | 96     | 1996 | Ford    | E350 Clubwagon   | 15       | 6000  | 1FBJS31G7THA13656  | 323268          |
|                   |  | 197    | 1997 | Ford    | E250 Clubwagon   | 15       | 7000  | 1FBJS31LXVHC00194  | 363017          |
|                   |  | 98     | 1998 | Ford    | E350 Clubwagon   | 15       | 8000  | 1FBSS31S6WHA30574  | 628474          |
|                   |  | 199    | 1999 | Ford    | E350 Clubwagon   | 15       | 12000 | 1FBSS31L7XHB90568  | 362831          |

CH \*  
 Used Under  
 Vehicles  
 Bus parked