

TRANSFER

WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION

1300 South Evergreen Park Drive SW, PO Box 47250
Olympia WA 98504-7250 • (206) 753-3111

APPLICATION FOR CHARTER BUS/EXCURSION SERVICE CERTIFICATE

Fee: \$150.00

0019828

Docket # TE-030921

CH-302

RECEPTION NUMBER	
111 0268 232 01	33.00
111 0268 232 02	150.00
111 0268 232 03	
111 0268	

CID 40256 CHA 79187
 DATE 6/11/03 SAFETY INSP JE
 STAMPS JE INS/BOND JE

THIS APPLICATION IS FOR: CHARTER BUS CERTIFICATE EXCURSION SERVICE CERTIFICATE (Check One Only)

NAME OF APPLICANT Linda Zepp

TRADE NAME (DBA) Black Hills Transportation and Airport Services Inc.

MAILING ADDRESS 42 Alfredson Rd.
Oakville, Wa. 98568

PHYSICAL ADDRESS 6200 Capital Way S.
Tumwater, Wa. 98501

BUSINESS TELEPHONE NUMBER (INCLUDE AREA CODE) 360-786-0636

IF APPLICANT IS A CORPORATION, LIST NAMES, 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 BUSINESS:

Linda Zepp President 100%

IF APPLICANT HOLDS ANY OTHER CERTIFICATE OR PERMIT WITH THE COMMISSION, LIST PERMIT NUMBERS: C-993

COMPLETE THE FOLLOWING LIST OF EQUIPMENT:

STATE LICENSE NUMBER	YEAR AND MAKE OF VEHICLE	SERIAL NUMBER (VEHICLE IDENTIFICATION NUMBER)	SEATING CAPACITY
<u>B21863P</u>	<u>1994 Dodge</u>	<u>2B4HB15Y8RK152943</u>	<u>7</u>
<u>927 PWF</u>	<u>2002 Dodge</u>	<u>2B5WB35Y02K130486</u>	<u>10</u>
<u>229 PWO</u>	<u>2002 Dodge</u>	<u>2B5WB35Y72K130484</u>	<u>10</u>

DESCRIBE OPERATIONS (Territory): In the state of Washington, LEWIS COUNTY - THURSTON COUNTY - GRAYS HARBOR

COUNTY - MASON COUNTY - PIERCE COUNTY - AIRPORTER OPERATIONS ARE PRESENTLY RESTRICTED TO LEWIS & THURSTON COUNTIES.

UTCP&I 037 (4/93): Charter/Excursion Certificate Application ADDITIONAL COUNTIES ARE FOR CHARTER AUTHORITY ONLY.

COMPLETE THE FOLLOWING FINANCIAL STATEMENT*

ASSETS	
Cash on hand and in the bank	\$ <u>100,000.00</u>
Notes Receivable	_____
Accounts Receivable	<u>5,000.00</u>
Prepaid Expenses	_____
Other Current Assets	_____
Investments	_____
Land and Buildings	_____
Buses and Other Vehicles	<u>60,000.00</u>
Office Furniture and Expense	<u>3,000.00</u>
Other Equipment <u>Radios</u>	<u>1,500.00</u>
Other Assets	_____
Total Assets	<u>169,000.00</u>

LIABILITIES	
Salaries and Wages Payable	\$ <u>7,000.00</u>
Accounts Payable	<u>45,000.00</u>
Notes Payable	_____
Contracts and Bonds Payable	_____
Mortgages Payable	_____
Other	_____
Total Liabilities	<u>52,000.00</u>

NET WORTH	
Preferred Stock	_____
Common Stock	_____
Retained Earnings	_____
Capital	_____
Total Liabilities and Net Worth	_____

*OR, Enclose Balance Sheet and Profit and Loss Statement, if Available

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 its 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 safety 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"/>

	Yes	No	N/A
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 completed 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?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Will you file records of duty status in a systematic manner?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Will drivers be required to complete recaps of their records of duty status?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Will dispatchers be aware of drivers' hours of service prior to trip?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Will other independent records be compared to driver's records of duty status for accuracy?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Will you have a system for recording hours of duty status on 100 mile radius drivers?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Will you have a disciplinary policy for noncompliance with Part 395?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PART 396 - INSPECTION, REPAIR AND MAINTENANCE

	Yes	No	N/A
Will you have written procedures explaining a systematic, periodic maintenance program?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Will you periodically review maintenance records for all equipment?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Will you comply with the vehicle inspection procedure?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Will you train drivers to perform pre-trip inspections?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Will you maintain the prior three months vehicle inspection reports on a vehicle?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Will you maintain a complete maintenance file on all vehicles?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 Olakville, Washington, June 10, 2003
(City or Town) (Month/Day/Year)

Black Hills Transportation Services, Inc.
(Name of Applicant)

By Linda Zepp / President
(Signature)

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

June 10, 2003 at Olakville, Wash.
(Date and Place)

Linda Zepp
(Signature)



STATE OF WASHINGTON

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

January 28, 2003

Black Hills Transportation and Airport Services, Inc.
42 Alfredson Road
Oakville, WA 98568

Dear Ms. Zepp,

Enclosed is the application to transfer the current Charter permit, CH-302, from Sharon Pearson and Linda Zepp, d/b/a Centralia-Seatac Airport Express, to Black Hills Transportation and Airport Services, Inc.

Please return the completed application, with applicable fee, to our office as soon as possible so that we can process and issue your permit. If you have any questions or concerns, please feel free to contact me at (360) 664-1170.

Sincerely,

A handwritten signature in cursive script that reads "Tina Leipski".

Tina Leipski
Transportation Specialist
Licensing Services

Enclosures



FROM: Washington Utilities and Transportation Commission
Transportation Operations
PO Box 47250 Phone: (360) 664-1222
Olympia, WA 98504-7250 Fax: (360) 586-1181

Date: 09-24-2003 Staff: Linda Elhardt

TO: CHA079187
BLACK HILLS TRANSPORTATION AND AIRPORT SERVICES, INC.
42 ALFREDSON RD
OAKVILLE, WA 98568

Return this document with the completed/corrected items listed below for prompt processing of your application for operating authority.

On June 12, 2003, we sent you a letter requesting you to obtain a CVSA safety inspection of your vehicle (s) and remit a copy of the completed inspection form. As of this date, we still have not received this information. Please contact Carolyn Caruso at (360) 664-1244 for an appointment by October 8, 2003, or your application will be dismissed.

Second Request
Date: 9/24/03 **Initials** LE

FROM: Washington Utilities and Transportation Commission
Transportation Operations
PO Box 47250 Phone: (888) 606-9566
Olympia, WA 98504-7250 Fax: (360) 586-1118

Date: 06-12-2003 Staff: Linda Elhardt

TO: CHA079187
BLACK HILLS TRANSPORTATION AND AIRPORT SERVICES, INC.
42 ALFREDSON RD
OAKVILLE, WA 98568

Return this document with the completed/corrected items listed below for prompt processing of your application for operating authority.

X Obtain a CVSA safety inspection of your vehicle (s) and remit a copy of the completed inspection form. You may contact Carolyn Caruso at (360) 664-1244 for an appointment.

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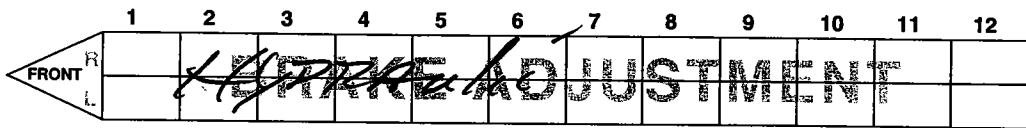
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UNIFORM DRIVER/VEHICLE INSPECTION REPORT

1147915

PERSONNEL NO. 5518		DIST / DET		LEVEL: 1 _____ 2 _____ 3 _____ 4 _____ 5 X				
GENERAL				HAZARDOUS MATERIALS				
DATE 11.4.03	TIME (MILITARY) BEGUN 10.00		TIME (MILITARY) FINISHED 10.14		HAZARD CLASS / DIVISION NO.			
LOCATION: SR/MP TUMWATER		SCALEHOUSE NO. / CNTY CODE		REPORTABLE QTY? Y N		HAZARDOUS WASTE? Y N		
				PLACARD REQUIRED? Y N		CARGO TANKS? Y N		
CARRIER 360-786-0636								
CARRIER NAME (Include DBA when applicable) Black Hills Trans. & Airports Services, Inc								
ADDRESS 42 McFredson Rd.								
CITY OAKVILLE		STATE WA	ZIP CODE 98568	INTERSTATE YES <input type="radio"/> NO <input checked="" type="radio"/>	DOT NO.	ICC NO.		
DRIVER								
DRIVER NAME				LICENSE NO.		STATE	EXP. YEAR	
DATE OF BIRTH		MED. CERT. Y N	SHIPPER NAME			SHIPPING NO.		
		WAIVER Y N						
VEHICLE								
REGISTERED OWNER NAME/ADDRESS				G.V.W. 6010	PBT RATE 8 PAX			
UNIT	TYPE	YEAR/MAKE	CO. UNIT NO.	LICENSE NO. / VIN NO.		STATE		
1	Van	94 Dodge	5	A71863P		WA		
2								
3								
4								



CFR	VIOLATIONS	D	1	2	3	4	Unit #s O/S	Complied
393.89	Improper Drive Line Protection		W					
480.40.060	DISPLAY CHARACTER PERMIT NUMBER on Both SIDES of Vehicle		W					
CVSA DECALS	UNIT 1	UNIT 2	UNIT 3	UNIT 4	NOIC NO.			

— Vehicle may not be operated until O / S defects noted above are repaired.
 — Driver may not drive until in compliance.

DRIVER SIGNATURE
William C. Dwyer
 OFFICER SIGNATURE
John Foster

