

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

RECEIVED

MAY 27 2003

0019627

Docket # TE-030922

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

CID 41396
 DATE 5/27/03
 STAMPS *JE*

WASH. UT & TP. COMM.
 CHA 99173
 SAFETY INSP *JE - per Tan McV...*
 INS/BOND *JE*

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

NAME OF APPLICANT David Mandelas CH-449

TRADE NAME (DBA) The Partybus

MAILING ADDRESS P.O. Box 8327 PHYSICAL ADDRESS 403 S. 50th AVE.
Yakima, WA. 98908 Yakima, WA. 98908

UBI# 602-004-603
 BUSINESS TELEPHONE NUMBER (INCLUDE AREA CODE) 509-966-2025

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:

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

COMPLETE THE FOLLOWING LIST OF EQUIPMENT:

STATE LICENSE NUMBER	YEAR AND MAKE OF VEHICLE	SERIAL NUMBER (VEHICLE IDENTIFICATION NUMBER)	SEATING CAPACITY
787RCJ	1991 Ford E350	1FDKE37G7MHA76123	12

DESCRIBE OPERATIONS (Territory): Central Washington area, Approx. 150 miles.
In the state of Washington.

COMPLETE THE FOLLOWING FINANCIAL STATEMENT*

ASSETS	
Cash on hand and in the bank	\$ <u>5000.00</u>
Notes Receivable	_____
Accounts Receivable	_____
Prepaid Expenses	<u>4000.00</u>
Other Current Assets	_____
Investments	_____
Land and Buildings	_____
Buses and Other Vehicles	<u>18,000.00</u>
Office Furniture and Expense	_____
Other Equipment	_____
Other Assets	_____
Total Assets	<u>27,000.00</u>

LIABILITIES	
Salaries and Wages Payable	\$ _____
Accounts Payable	<u>3000.00</u>
Notes Payable	_____
Contracts and Bonds Payable	<u>12,500.00</u>
Mortgages Payable	_____
Other	_____
Total Liabilities	_____

NET WORTH	
Preferred Stock	_____
Common Stock	_____
Retained Earnings	_____
Capital	<u>11,500.00</u>
Total Liabilities and Net Worth	<u>27,000.00</u>

*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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Are oral interviews conducted with new drivers to verify information submitted on their applications?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Will you comply with the road test provisions of Section 391.317?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can you maintain and produce completed driver qualification files on drivers?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>

* Please Note: I will be an owner/operator. I may have a driver down the road and will comply with all the regulations. I would like technical assistance on safety³ regulations At time of inspection.

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 Yakima, Washington, May 21, 2003
(City or Town) (Month/Day/Year)

David Mandelas
(Name of Applicant)

By David Mandelas
(Signature)

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

May 21, 2003^{PM} Yakima, WA. David Mandelas
(Date and Place) (Signature)

RECEIVED

MAY 27 2003

5/21/03

To whom it may concern:
WASH. UT. & TP COMM.

If at all possible I would like to request Tom McVaugh for my inspection. I have been working with Tom on this project. He has been a big help with all my questions and I have been on the phone with him several times. Also at time of inspection I would like technical assistance on safety regulations.

Thank you.

David Mandel

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

Date: 05-28-2003 Staff: Linda Elhardt

TO: CHA079173
MANDELAS, DAVID
THE PARTYBUS
P.O. BOX 8327
YAKIMA, WA 98908

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

- You must remit regulatory fees for your vehicles. Please complete the form enclosed and return to our office with the correct payment.
- 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.
- We also need your Unified Business Identifier (UBI) number. If you don't already have one, please contact the Dept. of Licensing, Master License Services @ (360) 664-1400.

UNIFORM DRIVER/VEHICLE INSPECTION REPORT

1034188

PERSONNEL NO. 5531 DIST / DET

LEVEL: 1 2 3 4 5 X

GENERAL HAZARDOUS MATERIALS

DATE 6.9.03 TIME (MILITARY) BEGUN 10:32 FINISHED 10:45 HAZARD CLASS / DIVISION NO. REPORTABLE QTY? Y N HAZARDOUS WASTE? Y N PLACARD REQUIRED? Y N CARGO TANKS? Y N

CARRIER 509-966-2025

CARRIER NAME (Include DBA when applicable) MANDELAS, DAVE dba: The Party Bus

ADDRESS 403 S. 50th Ave

CITY YAKIMA STATE WA ZIP CODE 98908 INTERSTATE YES 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 Same G.V.W. 10,700 PBT RATE 13 PAX

Table with columns: UNIT, TYPE, YEAR/MAKE, CO. UNIT NO., LICENSE NO. / VIN NO., STATE. Row 1: 1, BU 91 Ford, 1, PARTY 1, A76123, WA

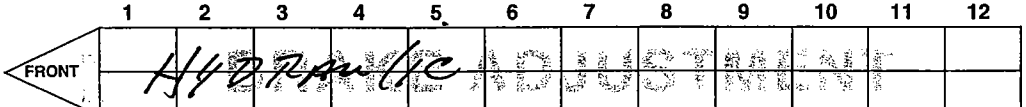


Table with columns: CFR, VIOLATIONS, D, 1, 2, 3, 4, Unit #s O/S, Complied. Multiple empty rows for recording violations.

CVSA DECALS UNIT 1 8704 001 UNIT 2 UNIT 3 UNIT 4 NOIC NO.

DRIVER SIGNATURE: DAVE MANDELAS OFFICER SIGNATURE: T. J. J.

UNIFORM DRIVER/VEHICLE INSPECTION REPORT

1034188

PERSONNEL NO. 5531 DIST / DET

LEVEL: 1 2 3 4 5 X

GENERAL HAZARDOUS MATERIALS DATE 6.9.03 TIME (MILITARY) BEGUN 10:32 FINISHED 10:45 HAZARD CLASS / DIVISION NO. REPORTABLE QTY? Y N HAZARDOUS WASTE? Y N PLACARD REQUIRED? Y N CARGO TANKS? Y N LOCATION: SR/MP Yakima Term SCALEHOUSE NO. CNTY CODE 39

CARRIER 509-966-2025

CARRIER NAME (Include DBA when applicable) MANDELAS, Dave dba: The Party Bus

ADDRESS 403 S. 50th Ave

CITY Yakima STATE WA ZIP CODE 98908 INTERSTATE YES NO 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 Same G.V.W. 10,700 PBT RATE 13 PAX

Table with columns: UNIT, TYPE, YEAR/MAKE, CO. UNIT NO., LICENSE NO. / VIN NO., STATE. Row 1: 1, Bu 91 Ford, 1, PARTY 1, A76123, WA

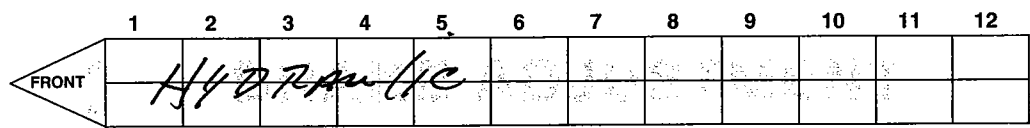


Table with columns: CFR, VIOLATIONS, D, 1, 2, 3, 4, Unit # O/S, Complied. The table is mostly empty.

CVSA DECALS UNIT 1 8704001 UNIT 2 UNIT 3 UNIT 4 NOIC NO.

DRIVER SIGNATURE Dave Mandelas OFFICER SIGNATURE T. J. A.

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