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JUL 03 2003

WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION

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

WASH. UT. & TP. COMM.  
APPLICATION FOR CHARTER BUS/EXCURSION SERVICE CERTIFICATE

000010

Fee: \$150.00

DOCKET # TE-031091

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

CID 41840	CHA 79199
DATE 7-3-03	SAFETY INSP JR
STAMPS JR	INS/BOND Red.

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

NAME OF APPLICANT Yevgeniy Vladimirovich Solokhin UBI 602 302 365

TRADE NAME (DBA) American Patriot Coach LLC

MAILING ADDRESS <u>8012 194th St. E.</u>	PHYSICAL ADDRESS <u>8012 194th St. E.</u>
<u>Spanaway, WA 98387</u>	<u>Spanaway, WA 98387</u>

BUSINESS TELEPHONE NUMBER (INCLUDE AREA CODE) 253-847-8509

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
69025 PR	MCI mc-9 1982	1TUAAH9A3CRO03227	47

DESCRIBE OPERATIONS (Territory): Charter bus service primarily in the state of Washington

CH-452

COMPLETE THE FOLLOWING FINANCIAL STATEMENT\*

ASSETS	LIABILITIES
Cash on hand and in the bank ..... \$ <u>5,000</u>	Salaries and Wages Payable ..... \$ _____
Notes Receivable ..... _____	Accounts Payable ..... _____
Accounts Receivable ..... _____	Notes Payable ..... _____
Prepaid Expenses ..... _____	Contracts and Bonds Payable ..... _____
Other Current Assets ..... _____	Mortgages Payable ..... <u>35,000</u>
Investments ..... <u>100,000</u>	Other ..... <u>credit</u> <u>5,000</u>
Land and Buildings ..... <u>90,000</u>	Total Liabilities ..... <u>40,000</u>
Buses and Other Vehicles ..... <u>40,000</u>	
Office Furniture and Expense ..... _____	<b>NET WORTH</b>
Other Equipment ..... _____	Preferred Stock ..... _____
Other Assets ..... <u>3 cars</u> <u>15,000</u>	Common Stock ..... _____
Total Assets ..... <u>250,000</u>	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 Spanaway, Washington, 6/26/03  
(City or Town) (Month/Day/Year)

Yevgeniy V. Solokhin  
(Name of Applicant)

By   
(Signature)

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

6/26/03 Spanaway, WA Kimberly G. Ramsey   
(Date and Place) (Signature)  
Kimberly A. Ramsey Yevgeniy V. Solokhin

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- Kimberly Ann Ramsey 1%
- Yevgeniy Vladimirovich Solokhin 99%

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