

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

0000041

Docket # TE-031092

RECEPTION NUMBER

111 0268 232 01 _____

111 0268 232 02 150.00

111 0268 232 03 _____

111 0268 _____

CID 41540 CHA 79200

DATE 7-3-03 SAFETY INSP JE

STAMPS JE INS/BOND CS

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

NAME OF APPLICANT Yevgeniy Vladimirovich Solokhin U BI 602 302 365

TRADE NAME (DBA) American Patriot Coach LLC

MAILING ADDRESS 8012 194th St. E.

PHYSICAL ADDRESS 8012 194th St. E.

Spanaway, WA 98387

Spanaway, WA 98387

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	1TUAAH9A3CRD03227	47

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

COMPLETE THE FOLLOWING FINANCIAL STATEMENT*

ASSETS	
Cash on hand and in the bank	\$ <u>5,000</u>
Notes Receivable	_____
Accounts Receivable	_____
Prepaid Expenses	_____
Other Current Assets	_____
Investments	<u>100,000</u>
Land and Buildings	<u>90,000</u>
Buses and Other Vehicles	<u>40,000</u>
Office Furniture and Expense	_____
Other Equipment	_____
Other Assets	<u>3 cars 15,000</u>
Total Assets	<u>250,00</u>

LIABILITIES	
Salaries and Wages Payable	\$ _____
Accounts Payable	_____
Notes Payable	_____
Contracts and Bonds Payable	_____
Mortgages Payable	<u>35,000</u>
Other	<u>5,000</u>
Total Liabilities	<u>40,000</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 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
(Date and Place)

Kimberly A. Ramsey / 
Kimberly A. Ramsey (Signature) Yevgeniy V. Solokhin

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

0000041

RECEPTION NUMBER

111 0268 232 01 _____
111 0268 232 02 150.00
111 0268 232 03 _____
111 0268 _____

CID 41540 CHA 79200
DATE 7-3-03 SAFETY INSP ces
STAMPS _____ INS/BOND ces

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 8012 194th St. E.

PHYSICAL ADDRESS 8012 194th St. E.

Spanaway, WA 98387

Spanaway, WA 98387

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:

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

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 MCA 1982	1TUAAH9A3CR003227	47

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

