

WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION

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

CA-451

APPLICATION FOR CHARTER BUS/EXCURSION SERVICE CERTIFICATE

Fee: \$150.00

Docket # TE-031131

RECEPTION NUMBER 0018508  
 111 0268 232 01 11-  
 111 0268 232 02 150.00  
 111 0268 232 03 \_\_\_\_\_  
 111 0268 \_\_\_\_\_

CID 36014 CHA 79150  
 DATE 4/8/03 SAFETY INSP JE  
 STAMPS JE INS/BOND JE

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

NAME OF APPLICANT "GET AWAY" EXPRESS Marie Fredrickson  
 2628 34th AVE. owner-operator  
 TRADE NAME (DBA) LONGVIEW, WA 98632  
 1-360-636-5656 = 1-877-636-1724

MAILING ADDRESS \_\_\_\_\_ PHYSICAL ADDRESS 2628-34th  
UBI # 601-516-210 longview WA 98632

BUSINESS TELEPHONE NUMBER (INCLUDE AREA CODE) 1-360-636-5656

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
Wash-456-J.Y.T.	1998 S.H.T. Dodge Van	2BSW B3548WX134-937	14 + DRIVER

DESCRIBE OPERATIONS (Territory): longview, Wash - north  
I-5 Corridor - in the state of  
Washington,

COMPLETE THE FOLLOWING FINANCIAL STATEMENT\*

ASSETS

LIABILITIES

Cash on hand and in the bank ..... \$ 1,600<sup>00</sup> ✓  
 Notes Receivable ..... \_\_\_\_\_  
 Accounts Receivable ..... \_\_\_\_\_  
 Prepaid Expenses ..... \_\_\_\_\_  
 Other Current Assets ..... \_\_\_\_\_  
 Investments ..... \_\_\_\_\_  
 Land and Buildings ..... \_\_\_\_\_  
 Buses and Other Vehicles ..... 50,000  
 Office Furniture and Expense ..... \_\_\_\_\_  
 Other Equipment ..... \_\_\_\_\_  
 Other Assets ..... Home \$ 150<sup>00</sup>  
 Total Assets ..... 300,000

Salaries and Wages Payable ..... \$ \_\_\_\_\_  
 Accounts Payable ..... \_\_\_\_\_  
 Notes Payable ..... \_\_\_\_\_  
 Contracts and Bonds Payable ..... \_\_\_\_\_  
 Mortgages Payable ..... Home - 800<sup>00</sup> 150<sup>00</sup>  
 Other ..... M. Home \$ 600<sup>00</sup> 65,000<sup>00</sup>  
 Total Liabilities ..... \$ 210,000

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

Do you have a copy of the laws and rules relating to passenger charter and excursion service carriers? ..... Send me one - Yes No N/A  
 Have you been cited within the last three years by the Commission for violations of its rules or laws? ..... X Yes No N/A  
 If yes, explain: \_\_\_\_\_  
 Are you familiar with the state motor carrier safety rules? ..... Send one Yes No N/A  
 Will management review the carrier's safety compliance status on a periodic basis? ..... X Yes No N/A

NOTIFICATION AND REPORTING OF ACCIDENTS

Are you familiar with the Commission accident reporting rule? ..... X Yes No N/A  
 Will you take any action against drivers involved in preventable accidents? ..... X Yes No N/A

Part 391 - QUALIFICATION OF DRIVERS

Do you have written hiring policies/procedures that are being followed when hiring new drivers? ..... X Yes No N/A  
 Are oral interviews conducted with new drivers to verify information submitted on their applications? ..... X Yes No N/A  
 Will you have a system established to ensure drivers' medical certificates remain current? ..... X Yes No N/A

	Yes	No	N/A
Will you verify that physicians completing medical certifications are knowledgeable about the instructions for performing and recording driver physical examinations? .....	X		
Will you review the results of the health history and physical examination? .....	X		
Will you have a system established that will ensure drivers' operating licenses remain current? .....	X		
Will you have a system established that will ensure drivers' annual reviews and annual record of violations remain current? .....	X		
Will you comply with the road test provisions of Section 391.317 .....			
Can you maintain and produce completed driver qualification files on drivers? .....	X		

**PART 392 - DRIVING OF MOTOR VEHICLES**

	Yes	No	N/A
Do you have established procedures concerning the use of alcohol and drugs? .....	X		
Do you have a policy for monitoring speed? .....	X		

**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? .....	f		
Will you file records of duty status in a systematic manner? .....	f		
Will drivers be required to complete recaps of their records of duty status? .....	f		
Will dispatchers be aware of drivers' hours of service prior to trip? .....	f		
Will other independent records be compared to driver's records of duty status for accuracy? .....	f		
Will you have a system for recording hours of duty status on 100 mile radius drivers? .....	f		
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? .....	f		
Will you periodically review maintenance records for all equipment? .....	always!		
Will you comply with the vehicle inspection procedure? .....	always		
Will you train drivers to perform pre-trip inspections? .....	always!		
Will you maintain the prior three months vehicle inspection reports on a vehicle? .....	always!		
Will you maintain a complete maintenance file on all vehicles? .....	f		

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 Longview, Washington, 3/21/03  
(City or Town) (Month/Day/Year)

MARIE F. Frederickson  
(Name of Applicant)

By Maura Smedley  
(Signature)

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

3/21/03 Maura Smedley  
(Date and Place) (Signature)  
2628-34th  
Longview, WA

I do not hire anyone  
who has any violations  
period! 10 years Highway  
driving period!  
no smokers - no drinkers!  
period!  
Call me if you need  
more information  
1-360-636-5656

UNIFORM DRIVER/VEHICLE INSPECTION REPORT

1147578

PERSONNEL NO. J540 DIST / DET \_\_\_\_\_ LEVEL: 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_ 5 X

GENERAL			HAZARDOUS MATERIALS		
DATE <u>042203</u>	TIME (MILITARY) BEGUN <u>1840</u>	TIME (MILITARY) FINISHED <u>1855</u>	HAZARD CLASS / DIVISION NO. _____		
LOCATION: SR/MP <u>LONGVIEW</u>		SCALEHOUSE NO. _____ CNTY CODE <u>08</u>	REPORTABLE QTY? Y N	HAZARDOUS WASTE? Y N	PLACARD REQUIRED? Y N
			CARGO TANKS? Y N		

**CARRIER**

CARRIER NAME (Include DBA when applicable)  
FREDRICKSON, MARIE DBA GET AWAY EXPRESS

ADDRESS  
2628 34th AVE

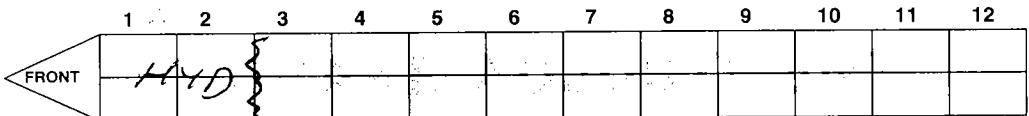
CITY <u>LONGVIEW</u>	STATE <u>WA</u>	ZIP CODE <u>98632</u>	INTERSTATE YES NO	DOT NO. _____	ICC NO. _____
-------------------------	--------------------	--------------------------	----------------------	---------------	---------------

**DRIVER**

DRIVER NAME _____		LICENSE NO. _____	STATE _____	EXP. YEAR _____
DATE OF BIRTH _____	MED. CERT. Y N WAIVER Y N	SHIPPER NAME _____	SHIPPING NO. _____	

**VEHICLE**

REGISTERED OWNER NAME/ADDRESS _____			G.V.W. <u>11 PSNR</u>	PBT RATE _____	
UNIT	TYPE	YEAR/MAKE	CO. UNIT NO.	LICENSE NO. / VIN NO.	STATE
1	<u>BLU</u>	<u>98 CHRYS</u>		<u>456JYT</u>	<u>WA</u>
2					
3					
4					



CFR	VIOLATIONS	D	1	2	3	4	Unit # O/S	Complied
<u>393.95</u>	<u>EMERGENCY EQUIPMENT MISSING FIRE EXTINGUISHER &amp; REFLECTOR KIT</u>		<u>X</u>					
<u>393.89</u>	<u>INADEQUATE DRINK LINE PROTECTION</u>		<u>X</u>					

CVSA DECALS UNIT 1 _____	UNIT 2 _____	UNIT 3 _____	UNIT 4 _____	NOIC NO. _____
DRIVER SIGNATURE <u>William Routhon</u>		OFFICER SIGNATURE <u>[Signature]</u>		

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

285018351860134937

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

Date: 07-02-2003 Staff: Linda Elhardt

TO: CHA079150  
FREDERICKSON, MARIE  
GET AWAY EXPRESS  
2628 34TH  
LONGVIEW, WA 98632

**Second Request**  
**Date: 7/2/03**  
**Initials** *LE*

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

On April 9, 2003, we sent you a letter requesting your Unified Business Identifier number (UBI#). As of this date, we still have not received this information. If you don't have one, please contact the Dept. of Licensing at (360) 664-1400 to obtain one and let us know what the UBI# is so that we may process your charter bus application.

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

Date: 04-09-2003 Staff: Linda Elhardt

TO: CHA079150  
FREDERICKSON, MARIE  
GET AWAY EXPRESS  
2628 34TH  
LONGVIEW, WA 98632

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

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.

Obtain a Uniform Motor Carrier Certificate of Insurance (Form E) from your insurance company. The insurance must show your name EXACTLY as it is shown above.

We also need your Unified Business Identifier number (UBI#). If you don't have one, please contact the Dept. of Licensing at (360)664-1400 to obtain one.