

# WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION

1300 South Evergreen Park Drive SW, PO Box 47250

Olympia Washington 98504-7250

Toll Free (888) 606-9566 or 360-664-1222

Fax (360) 586-1181 or (360) 586-1118

## APPLICATION FOR CHARTER BUS/EXCURSION SERVICE CERTIFICATE

**Fee: \$150.00**

111 0268 232 01	CID <u>40375</u>	CHA <u>79211</u>
111 0268 232 02 <u>150.00</u>	DATE <u>8-21-03</u>	SAFETY INSP <u>per Alan Jackson</u>
111 0268 232 03	STAMPS <u>JS</u>	INS/BOND <u>JS</u>
111 0268	<u>0000567</u>	Docket # <u>TE-031359</u>

THIS APPLICATION IS FOR:

(Check One Only)

CHARTER BUS CERTIFICATE     EXCURSION SERVICE CERTIFICATE

NAME OF APPLICANT CAMERON TRANSFER JAMES B. & YEVHENIYA CAMERON

D/B/A C.W.C. CHARTERS

MAILING ADDRESS 20374 E. STACKPOLE RD    PHYSICAL ADDRESS Same

MOUNT VERNON, WA 98224

CH-453

BUSINESS TELEPHONE NUMBER (360) 661-5744    FAX NUMBER (360) 848-8868

UBI # 602-060-907

E-MAIL \_\_\_\_\_

IF APPLICANT IS A CORPORATION, LIST NAME, 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 BUSINESSES:

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

EQUIPMENT LIST:

LICENSE NUMBER	YEAR AND MAKE OF VEHICLE	SERIAL NUMBER (VEHICLE IDENTIFICATION NUMBER)	SEATING CAPACITY
	<u>1990 SETRA</u>	<u>WKK138JA9L1030199</u>	<u>49</u>

DESCRIBE OPERATIONS (Territory) CHARTER TRIPS TO CUSTOMER DICTATED  
DESTINATIONS IN WA, B.C., OR ELSEWHERE.

**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 it 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 carriers 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"/>
Will you verify that physicians completing medical certifications are knowledgeable about the instructions for performing and recording driver physical examinations?.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Will you review the results of the health history and physical examination?.....	<input type="checkbox"/>	<input checked="" 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 complete 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?.....	<u>X</u>	___	___
Will you file records of duty status in systematic manner?.....	<u>X</u>	___	___
Will drivers be required to complete recaps of their records of duty status?.....	<u>X</u>	___	___
Will dispatchers be aware of drivers' hours of service prior to trip?.....	<u>X</u>	___	___
Will other independent records be compared to drivers records of duty status for accuracy?.....	<u>X</u>	___	___
Will you have a system for recording hours of duty status on 100 mile radius drivers?.....	___	___	<u>X</u>
Will you have a disciplinary policy for noncompliance with Part 395?.....	<u>X</u>	___	___

**PART 396 - INSPECTION, REPAIR AND MAINTENANCE**

	YES	NO	N/A
Will you have written procedures explaining a systematic, periodic maintenance program?.....	<u>X</u>	___	___
Will you periodically review maintenance records for all equipment?.....	<u>X</u>	___	___
Will you comply with the vehicle inspection procedure?.....	<u>X</u>	___	___
Will you train drivers to perform pre-trip inspections?.....	<u>X</u>	___	___
Will you maintain the prior three months vehicle inspection reports on a vehicle?.....	<u>X</u>	___	___
Will you maintain a complete maintenance file on all vehicles?.....	<u>X</u>	___	___

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: MOUNT VERNON, Washington, 8-20-03  
(City or Town) (Month/Day/Year)

JAMES B. CAMERON  
(Name of applicant)

By: *James B. Cameron*  
(Signature)

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

8-20-03 MT, Vernon  
(Date and Place)

*James B. Cameron*  
(Signature)

WASHINGTON



UTILITIES AND TRANSPORTATION COMMISSION

PASSENGER CHARTER/EXCURSION SERVICE CARRIER OF PASSENGERS 2003 REGULATORY FEE

TOLL FREE 1-888-606-9566 => PHONE 360-664-1222 FAX 360-586-1181 or 360-586-1118

1300 South Evergreen Park Drive SW PO Box 47250 Olympia, WA 98504-7250

The UTC has a policy of providing equal access to its services. If you need special accommodations, please call 360-664-1133 or TTY 360-586-8203.

INSTRUCTIONS:

- 1. Complete both sides of the form.
2. Include payment of the \$11.00 per vehicle fee. If renewing by mail, DO NOT SEND CASH. Payment may be made by check, money order, or credit card.
3. This receipt for regulatory fees paid will expire December 31, 2003.
4. This receipt must be kept at your principal place of business, subject to inspection by Commission personnel.

CH-119104 ES- ICC/MC DOT

Applicant Name JAMES B YEUNHWIYA CAMERON

d/b/a C.W.C. CHARTERS

FOR COMMISSION USE ONLY

Reception Number 0000568

111 0268 232 01 11.00 111 0268

Carrier ID 40375

MAILING ADDRESS:

Street/PO Box 20374 E. STACKPOLE RD

City, State/Zip MOUNTVERNON, WA 98274

Telephone (360) 661-5744 FAX (360) 848-8868 E-mail James

TYPE OF PAYMENT - DO NOT SEND CASH IN THE MAIL - Important new information: The WUTC now accepts credit card payments!

Check Money Order

Charge to: AMEX DISCOVER VISA MASTER CARD

Card Number:

Expiration Date Month Year

Table with 16 columns, some containing 'XX' marks.

REGULATORY FEES:

Number of Vehicles: 1 X \$11.00 Fee = \$ 11.00

I hereby declare that the authority is no longer being used and is hereby surrendered to the Commission for cancellation.

Signature James B. Cameron Date 9-21-03

FOR COMMISSION APPROVAL ONLY:

By signature below, this authorizes the above named passenger charter or excursion service certificate holder to operate vehicles for which fees have been paid, over the public roadways of Washington State.

Customer Service Representative L. Elhardt Date 9/10/03

Compliance Issues:

FROM: Washington Utilities and Transportation Commission  
Transportation Operations  
PO Box 47250 Phone: (360) 664-1222  
Olympia, WA 98504-7250 Fax: (360) 586-1118

Date: 08-26-2003 Staff: Linda Elhardt

TO: CHA079211  
CAMERON, JAMES B. & YEVHENIYA  
CWC CHARTERS  
20374 E. STACKPOLE RD.  
MOUNT VERNON, WA 98274

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.

# ROUTING SLIP

ASSIGNMENT NO.: 103246 MOTCAR NO.: \_\_\_\_\_ PERMIT: CH Applca.

CARRIER NAME: Cameron, James DBA: CWC Charters

INVESTIGATOR(S): A. DICKSON DATE: 9-4-03

RECOMMENDATION: Vehicle inspection of charter bus for application process checked free of defects. CUSA sticker was affixed.

Should carrier be rechecked? Add to CH Bus Work Plan

REVIEWED BY: Alan Dickson DATE: 9-5-03  
close & file with application.

FINAL RECOMMENDATION BY: \_\_\_\_\_ DATE: \_\_\_\_\_

OTHER INFORMATION: 9/5/03 Logged case  
cc: Alan Dickson

**MEMORANDUM**

September 4, 2003

Assignment No.: 103246  
Industry Code: 232

To: Mark Halliday, Compliance Manager

From: Alan Dickson, Special Investigator

Subject: Cameron, James  
DBA: CWC Charters  
20374 E. Stackpole Rd.  
Mt. Vernon, WA 98274

Permit Number: CH Applica

Mr. James Cameron, owner/operator was contacted at the above address on September 4, 2003 and he submitted his motor coach for inspection. The bus checked free of defects and a CVSA sticker was affixed. Completed vehicle inspection report is attached.

Mr. Cameron was provided assistance with the charter bus rules and regulations pertaining to safety, vehicle identification, and the interstate single state registration program.

  
\_\_\_\_\_  
Alan Dickson

UNIFORM DRIVER/VEHICLE INSPECTION REPORT

1033994

PERSONNEL NO. J553 DIST / DET

LEVEL: 1 2 3 4 5 X

GENERAL HAZARDOUS MATERIALS DATE 9.4.03 TIME (MILITARY) BEGUN 10:00 FINISHED 10:35 LOCATION: SR/MP TERMINAL SCALEHOUSE NO. CNTY CODE 29 HAZARD CLASS / DIVISION NO. REPORTABLE QTY? Y N HAZARDOUS WASTE? Y N PLACARD REQUIRED? Y N CARGO TANKS? Y N

CARRIER CARRIER NAME (Include DBA when applicable) Cameron, James CWC Charter ADDRESS 20374 E Stackpole Rd. Ct Applica. CITY Mt Vernon STATE WA ZIP CODE 98274 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 Carrier G.V.W. 47 PASSENGER PBT RATE UNIT TYPE YEAR/MAKE CO. UNIT NO. LICENSE NO. / VIN NO. STATE 1 BU 90 SETRA 904 WKK138JA9L1030199 WA

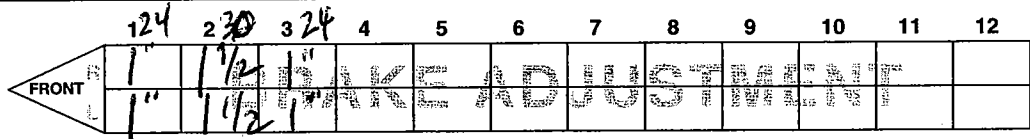


Table with columns: CFR, VIOLATIONS, D, 1, 2, 3, 4, Unit # O/S, Complied. The table is mostly empty, indicating no violations were recorded.

CVSA DECALS UNIT 1 9272553 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 James R. Cameron OFFICER SIGNATURE A. DILLON