

RECEIVED WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION

AUG 27 2003

1300 South Evergreen Park Drive SW, PO Box 47250
 Olympia Washington 98504-7250
 Phone: (360) 664-1222
 Fax (360) 586-1181

WASH. UT. & TP. COMM.

CA-454

APPLICATION FOR CHARTER BUS/EXCURSION SERVICE CERTIFICATE

Fee: \$150.00

111 0268 232 01	0000596	CID	41727	CHA	79213
111 0268 232 02	150.00	DATE	8/27/03	SAFETY INSP	JS
111 0268 232 03	20.00			INS/BOND	JS
111 0268		Docket #	(TE-031369)	Reg fee - JS	JS

THIS APPLICATION IS FOR:

(Check One Only) CHARTER BUS CERTIFICATE EXCURSION SERVICE CERTIFICATE

NAME OF APPLICANT KLDW Enterprises, LLC

D/B/A- Western Van Service

MAILING ADDRESS 1320 S. 13th PHYSICAL ADDRESS Same

Mt Vernon WA 98274

BUSINESS TELEPHONE NUMBER 360 4247534 FAX NUMBER 360 424 9121

UBI # 602-308-325 E-MAIL Karl.Smith15@comcast.net
cell # (360) 770-1257

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:

Linda Smith 51 Don Smith 1
Karl Smith 47 Wes Smith 1

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
310FDJ	94 Dodge	2B46H 2534RR	7
281-LEt	95 Ford	1FTEE14HX SHA 67335	9

DESCRIBE OPERATIONS (Territory) State of Washington

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 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 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"/>
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 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: MT. VERNON, Washington, 8/25/03
 (City or Town) (Month/Day/Year)

KLDW Enterprises LLC DBA Western Van Service
 (Name of applicant)

By: Linda Smith
 (Signature)

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

8/25/03 Mt. Vernon, Wa
 (Date and Place)

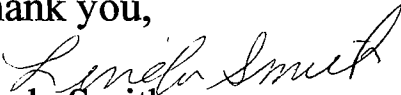
Linda Smith
 (Signature)

To Whom It May Concern:

I am filing the Charter Application for a new company. This company has no financial reports, as it is just being formed.

The insurance is pending, but I was told that I could file this application and then when I get the insurance, the permit would be issued.

Thank you,


Linda Smith

UNIFORM DRIVER/VEHICLE INSPECTION REPORT

1033995

PERSONNEL NO. J553 DIST / DET

LEVEL: 1 2 3 4 5 X

GENERAL HAZARDOUS MATERIALS DATE 9/24/03 TIME (MILITARY) BEGUN 09:15 FINISHED 09:35 LOCATION: SR/MP TERMINAL 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) KLDW Enterprises, LLC DBA: Western Van Serv ADDRESS 1320 S 13th St CH. Applic CITY Mt Vernon STATE WA ZIP CODE 98273 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 11 PASSENGER REGISTERED OWNER NAME/ADDRESS Carrier G.V.W. 6700 PBT RATE UNIT TYPE YEAR/MAKE CO. UNIT NO. LICENSE NO. / VIN NO. STATE 1 VN 95 FORD 303 281 LET WA

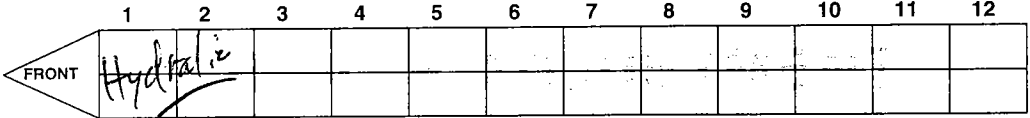


Table with columns: CFR, VIOLATIONS, D, 1, 2, 3, 4, Unit # O/S, Complied. The table is mostly empty, indicating no violations were recorded.

CVSA DECALS UNIT 1 9272554 UNIT 2 UNIT 3 UNIT 4 NOIC NO.

DRIVER SIGNATURE Lenda Smith OFFICER SIGNATURE A. Johnson

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

UNIFORM DRIVER/VEHICLE INSPECTION REPORT

1033997

PERSONNEL NO. J553 DIST / DET

LEVEL: 1 2 3 4 5 X

GENERAL

HAZARDOUS MATERIALS

DATE 9.24.03 TIME (MILITARY) BEGUN 10:45 FINISHED 11:05 HAZARD CLASS / DIVISION NO. REPORTABLE QTY? Y N HAZARDOUS WASTE? Y N LOCATION: SR/MP TERMINAL SCALEHOUSE NO. CNTY CODE 29 PLACARD REQUIRED? Y N CARGO TANKS? Y N

CARRIER

CARRIER NAME (Include DBA when applicable) KLDW Enterprises, LLC ADDRESS 1320 S. 13th St. CITY Mt Vernon STATE WA ZIP CODE 98273 INTERSTATE YES NO DOT NO. ICC NO. CH - Applic

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. 7 PASSENGER PBT RATE UNIT TYPE YEAR/MAKE CO. UNIT NO. LICENSE NO. / VIN NO. STATE 1 VN 94 DOD 302 310 FDI WA 2 3 4

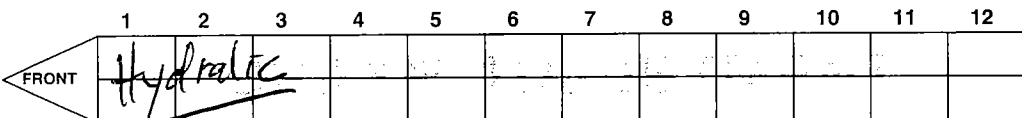


Table with columns: CFR, VIOLATIONS, D, 1, 2, 3, 4, Unit # O/S, Complied. The table is mostly empty, indicating no violations were recorded.

CVSA DECALS UNIT 1 9272556 UNIT 2 UNIT 3 UNIT 4 NOIC NO. DRIVER SIGNATURE Linda Smith OFFICER SIGNATURE A. Dickson

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

UNIFORM DRIVER/VEHICLE INSPECTION REPORT

1033996

PERSONNEL NO. J553 DIST / DET

LEVEL: 1 2 3 4 5 X

GENERAL HAZARDOUS MATERIALS DATE 9.24.03 TIME (MILITARY) BEGUN 10:20 FINISHED 10:40 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) KLDW Enterprises LLC DBA: Western Van Serv. ADDRESS 1320 S. 13th St. CITY Mt Vernon STATE WA ZIP CODE 98273 INTERSTATE YES NO DOT NO. ICC NO. CH Applica

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. 7 PASSENGER PBT RATE UNIT TYPE YEAR/MAKE CO. UNIT NO. LICENSE NO. / VIN NO. STATE 1 VN 94 DOD 301 246 GYT WA

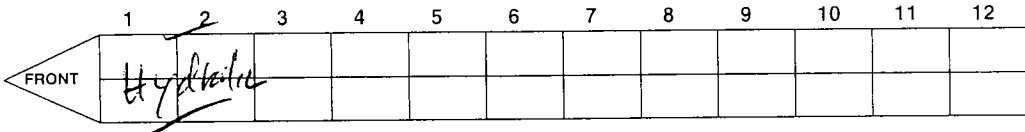


Table with columns: CFR, VIOLATIONS, D, 1, 2, 3, 4, Unit #s O/S, Complied. Includes CVSA DECALS UNIT 1 9272555 and UNIT 2-4.

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

DRIVER SIGNATURE Linda Smith OFFICER SIGNATURE A. Dickson

FROM: Washington Utilities and Transportation Commission
Transportation Operations
PO Box 47250 Phone: (360) 664-1222
Olympia, WA 98504-7250 Fax: (360) 586-1181

Date: 09-25-2003 Staff: Linda Elhardt

TO: CHA079213
KLDW ENTERPRISES, LLC
WESTERN VAN SERVICE
1320 S. 13TH
MT. VERNON, WA 98274

Second Request
Date: 9/25/03
Initials *JE*

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

On August 27, 2003, we sent you a letter requesting a CVSA inspection of your vehicles, remit a copy of the completed form and a Form E Certificate of Insurance. As of this date, we still have not received this information. Please contact Carolyn Caruso at (360) 664-1244 for an appointment to have your vehicles inspected. Also, you need to contact your insurance agent and request a Form E Certificate of Insurance so that we may process your application.

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

Date: 08-27-2003 Staff: Linda Elhardt

TO: CHA079213
KLDW ENTERPRISES, LLC
WESTERN VAN SERVICE
1320 S. 13TH
MT. VERNON, WA 98274

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

- X 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.
- X 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.