

RECEIVED WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION

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

SEP 22 2003

APPLICATION FOR CHARTER BUS/EXCURSION SERVICE CERTIFICATE

Fee: \$150.00

CA-395

0000825

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

Docket # TE-031572
CID 34392 CHA 79222
DATE 9/22/03 SAFETY INSP
STAMPS INS/BOND YL

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

NAME OF APPLICANT Checker Transportation Company, Inc.

TRADE NAME (DBA)

MAILING ADDRESS 10710 E. Marginal Way S. PHYSICAL ADDRESS 10710 E. Marginal Way S.
Tukwila, WA 98168 Tukwila, WA 98168

UBI # 601 761 400^{Vol 13104}
BUSINESS TELEPHONE NUMBER (INCLUDE AREA CODE) (206) 622-1234

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:

Alexander Milman, President 100% stock

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
545LBG	H1 1995	137YA8431SE168189	14
CHECKER 4	Lincoln Navig. 1998	5LMFU28LSWL01785	12
CHECKER 10	Toyota Landcruiser 1996	JT3HJ8524T0114561	10
CHECKER 6	Lincoln Town Car 1998	1LMFM82WXWY720538	10

DESCRIBE OPERATIONS (Territory): State of Washington Also See Attached

COMPLETE THE FOLLOWING FINANCIAL STATEMENT*

ASSETS	LIABILITIES
Cash on hand and in the bank \$ <u>10,000</u>	Salaries and Wages Payable \$ <u>0</u>
Notes Receivable <u>0</u>	Accounts Payable <u>\$ 1,500.00</u>
Accounts Receivable <u>\$ 15,000+</u>	Notes Payable _____
Prepaid Expenses <u>0</u>	Contracts and Bonds Payable <u>\$ 20,000.00</u>
Other Current Assets <u>0</u>	Mortgages Payable _____
Investments <u>0</u>	Other .. <u>Property lease</u> <u>\$ 1,200.</u>
Land and Buildings <u>0</u>	Total Liabilities <u>\$ 25,700</u>
Buses and Other Vehicles <u>\$ 950,000</u>	NET WORTH
Office Furniture and Expense <u>\$ 15,000</u>	Preferred Stock _____
Other Equipment <u>\$ 100,000+</u>	Common Stock _____
Other Assets <u>0</u>	Retained Earnings _____
Total Assets <u>\$ 1,090,000</u>	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?	<u>X</u>	_____	_____
Have you been cited within the last three years by the Commission for violations of its rules or laws?	_____	_____	<u>X</u>
If yes, explain: <u>Lapses in insurance coverage</u>	_____		
Are you familiar with the state motor carrier safety rules?	<u>X</u>	_____	_____
Will management review the carrier's safety compliance status on a periodic basis?	<u>X</u>	_____	_____

NOTIFICATION AND REPORTING OF ACCIDENTS

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

Part 391 - QUALIFICATION OF DRIVERS

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

	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?	X		
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?	X		
Will you file records of duty status in a systematic manner?	X		
Will drivers be required to complete recaps of their records of duty status?	X		
Will dispatchers be aware of drivers' hours of service prior to trip?	X		
Will other independent records be compared to driver's records of duty status for accuracy?	X		
Will you have a system for recording hours of duty status on 100 mile radius drivers?	X		
Will you have a disciplinary policy for noncompliance with Part 395?	X		

PART 396 - INSPECTION, REPAIR AND MAINTENANCE

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

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 Tukwila, Washington, 09/17/03
(City or Town) (Month/Day/Year)

Checker Transportation Company, Inc
(Name of Applicant)

By [Signature] president
(Signature)

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

09/17/03 Tukwila, WA
(Date and Place)

[Signature] president
(Signature)

ADDITIONAL LIST OF EQUIPMENT

<u>License No.</u>	<u>Year and Make</u>	<u>Serial Number</u>	<u>Seats</u>
A06093M	P/T Cruiser, 2001	3C8FY4BB81T664932	6
CHECKER9	Rolls Royce, 1984	SCAZN42A3ECX08939	8



DEPARTMENT OF LICENSING
MASTER LICENSE SERVICE

MASTER LICENSE RENEWAL APPLICATION

** DELINQUENCY NOTICE **

BUSINESS OWNER NAME & MAILING ADDRESS:

Please make corrections to the business name, mailing, or business address.

EXPIRATION DATE:

(To avoid penalty, payment and completed form must be submitted on or before the expiration date.) **05-31-2002**

OFFICE USE ONLY

01P - 400 - 731 - 0003

ALEXANDER MILMAN
10710 E MARGINAL WAY S
TUKWILA WA 98168

UNIFIED BUSINESS ID#: 601 292 004 1 2
BUSINESS FIRM NAME & LOCATION ADDRESS:
CHECKER LIMOUSINE
10710 E MARGINAL WAY S
TUKWILA WA 98168

COMPLETE THE BACK SIDE FOR LIQUOR, LOTTERY, OR PHONE SOLICITOR

LIMOUSINE CARRIER

LIMOUSINE VEHICLES * (9 X \$25.00)

1GNCM15Z3JB123111	SCAZN42A3ECX08939
1LNLM81W0TY661905	1LNLM81WOPY639795
WDBG443EXRA160547	1LNLM81W6TY705065
1LNLM81W4TY705078	1LNLM81W6TY695346
1LNFMB2W8WY687765	

	AMOUNT DUE	LATE CHARGE
\$ 40.00	\$ 20.00	
225.00	112.50	
225.00	0.00	
9.00	0.00	
\$ 499.00	\$ 132.50	

WSP LIMOUSINE VEHICLE INSPECTION (9 X \$25.00)
* ENCLOSE THE WSP INSPECTION REPORT FOR THIS YEAR FOR EACH LIMO VEHICLE BEING RENEWED.

* IF ADDING LIMO(S) YOU MUST ENCLOSE: COPIES OF THE VEHICLE REGISTRATION, WSP INSPECTION, PROOF OF INSURANCE, AND \$50.00 - FOR EACH VEHICLE.

RENEWAL APPLICATION FEE

The master license renewal fee was not received by the expiration date. Therefore, your master license is invalid. To reinstate it return this completed renewal form with the total due.

Total Due: \$ 631.50
Make check payable, in U.S. \$, to:
Washington State Treasurer

Requested By: 06-04-2003

UBI#:

601 292 004 001 0002

Check if either of the following occurred:

Change in ownership

Change in partnership

Return renewal application and payment to:

DEPARTMENT OF LICENSING
MASTER LICENSE SERVICE
PO BOX 9048
OLYMPIA WA 98507-9048

Phone: (360) 664-1414

~~YOUR NEW EXPIRATION DATE WILL BE: 05-31-2003~~

I certify under penalty of perjury under the laws of the State of Washington that I have read and understand the conditions and requirements described, and that the matters and things set forth on this renewal application, including any accompanying information, are true and correct.

X

Signature of Sole Proprietor, Partner, Officer of the Corporation, or LLC Member or Manager

Date & Place (City & County) Where Signed

Business Telephone Number

The Department of Licensing has a policy of providing equal access to its services. If you need special accommodation please call (360) 664-1400 or TTY (360) 586-2788.

[Legislature Home](#)[About Us](#)[E-Mail Lists](#)[Search](#)[Help](#)[RCW TITLES](#) >> [TITLE 46](#) >> [CHAPTER 46.04](#) >> SECTION 46.04.274[Print Version](#)[46.04.272](#) << 46.04.274 >> [46.04.276](#)**RCW 46.04.274****Limousine, etc.**

"Limousine" means a category of for hire, chauffeur-driven, unmetered, unmarked luxury motor vehicles that meets one of the following definitions:

(1) "Stretch limousine" means an automobile with a seating capacity of not more than twelve passengers in the rear seating area. The wheelbase has been factory or otherwise altered beyond the original manufacturer's specifications and meets standards of the United States department of transportation. The automobile is equipped with amenities in the rear seating area not normally found in passenger cars. These amenities may include, but are not limited to a television, musical sound system, telephone, ice storage, power-operated dividers, or additional interior lighting. The term "stretch limousine" excludes trucks, auto transportation companies, excursion buses, charter buses, minibuses, vehicles regulated under chapter [81.66](#) RCW, taxicabs, executive sedans, funeral home vehicles, station wagons, executive vans, vans, minivans, and courtesy vans.

(2) "Executive sedan" means a four-door sedan automobile having a seating capacity of not more than three passengers behind the driver and a minimum wheelbase of 114.5 inches. An executive sedan is equipped with standard factory amenities, and the wheelbase may not be altered. The term "executive sedan" excludes trucks, auto transportation companies, excursion buses, minibuses, charter buses, vehicles regulated under chapter [81.66](#) RCW, taxicabs, stretch limousines, funeral home vehicles, station wagons, executive vans, vans, minivans, and courtesy vans.

(3) "Executive van" means a van, minivan, or minibus having a seating capacity of not less than seven passengers and not more than fourteen passengers behind the driver. The term "executive van" excludes trucks, auto transportation companies, excursion buses, charter buses, vehicles regulated under chapter [81.66](#) RCW, taxicabs, stretch limousines, executive sedans, funeral home vehicles, station wagons, and courtesy vans.

(4) "Classic car" means a fine or distinctive, American or foreign automobile that is thirty years old or older.

[1996 c 87 § 2.]

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

Date: 09-30-2003 Staff: Linda Elhardt

TO: CHA079222
CHECKER TRANSPORTATION COMPANY, INC.
10710 E. MARGINAL WAY S.
TUKWILA, WA 98168

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.

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.

X You must remit regulatory fees for your vehicles. Please complete the form enclosed and return to our office with the correct payment.

**LAW OFFICES OF
OLEG E. ORDINARTSEV, PLLC
8840 152ND AVE NE
REDMOND, WA 98052**

TELEPHONE: (425) 885-2565

FACSIMILE: (425) 885-1914

October 1, 2003

Ms. Tami Schultz
WUTC
P.O. Box 47250
Olympia, WA 98504-7250

VIA FACSIMILE TRANSMITTAL AND U.S. MAIL

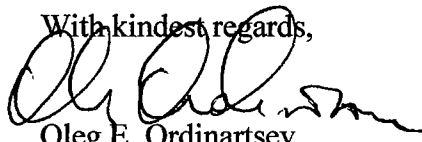
RE: Checker Transportation Company, Inc.

Dear Ms. Schultz:

Enclosed please find a copy of the insurance coverage for the above-stated client. According to Bell-Anderson Insurance, this certificate has already been provided to WUTC on September 17, 2003.

If you have any questions about this letter, or need additional information pertaining to my client's application, please feel free to contact me at your earliest convenience.

With kindest regards,



Oleg E. Ordinartsev
Attorney at Law

Cc: Alexander Milman

RECEIVED

OCT 02 2003

WASH. UT. & TP. COMM.

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
09/17/03

PRODUCER Bell-Anderson Ins. - Kent C/L P. O. Box 887 724 West Smith St. Kent, WA 98035-0887	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
	INSURERS AFFORDING COVERAGE	NAIC #
INSURED CHECKER TRANSPORTATION, INC. 10710 E. MARGINAL WAY, Seattle, WA 98168	INSURER A: American Casualty	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	

COVERAGES


THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
	<input type="checkbox"/> GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> GEN. AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Per occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$
A	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALLOWED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	BINDER228690	09/16/03	09/16/04	COMBINED SINGLE LIMIT (Per accident) \$1,050,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
	<input type="checkbox"/> EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				WC STATUTORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMITS
A	OTHER UM	BINDER228690	09/16/03	09/16/04	100,000

RECEIVED

OCT 02 2003
WASH. UT. & TP. COMM.

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

CERTIFICATE HOLDER WUTC PO BOX 47250 Olympia, WA 98504	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE 
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HOME



**Toll Free line (800)883-8314
(206)817-3600**

24 Hour Information & Reservation

Fax:(206)764-0938

E-Mail: checkertrans@earthlink.net

**10710 E. Marginal Way So.
Seattle, WA 98168**

Coming Soon

Call 206-817-3600 for Rates





HOME



Toll Free line (800)883-8314
(206)817-3600

24 Hour Information & Reservation
Fax:(206)764-0938

E-Mail: checkertrans@earthlink.net
10710 E. Marginal Way So.
Seattle, WA 98168

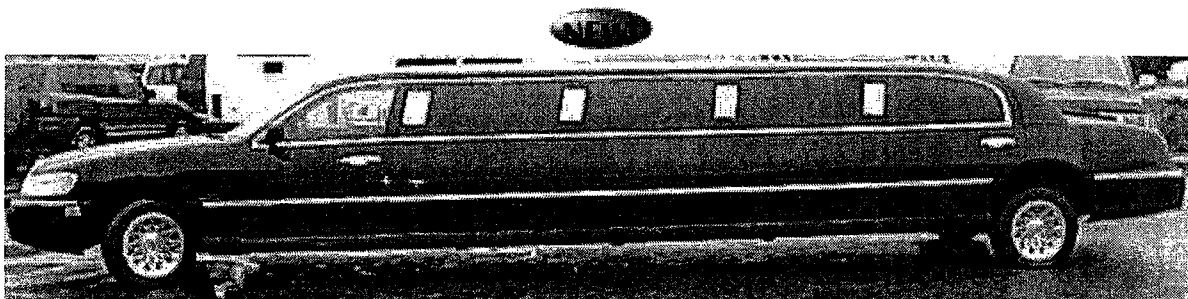


Checker Limousines

Check out these pricing specials!!! Friday, all day,
Luxury, Comfort and Professionalism



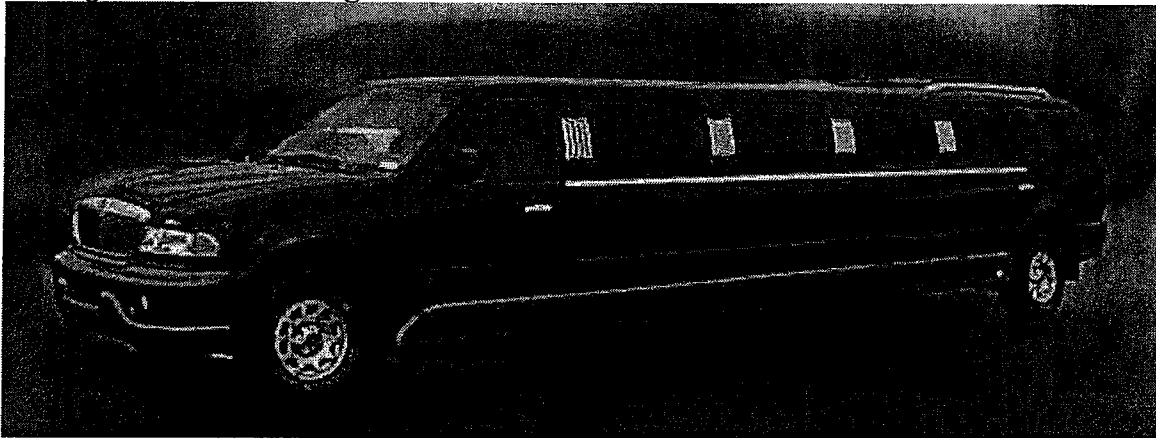
Checker Limousines is proud to present our Brand New for 2002 special edition PT
CRUISER!!! Only one in the state of Washington. It features custom
interior lighting, Flat Screen TV, VCR, DVD and CD players.



And welcome to another Brand New for 2002 addition to the Checker Limousine
fleet, the ONLY, TRUE, 12 passenger Limo in the state of Washington!!! A full 147"
of cruising comfort and luxury for all your special occasions. Another custom

coach, by Royal Coaches. It features 2 TVs, and VCR and CD players

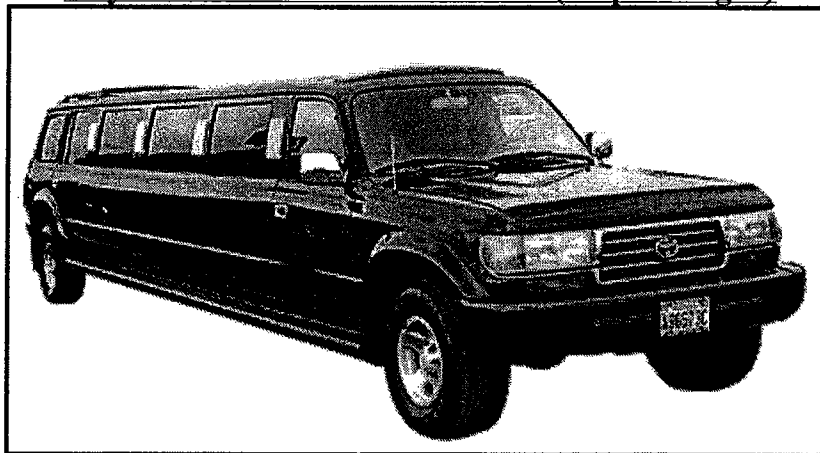
The only limousine company in Seattle to provide Super Stretch
16 Passenger Lincoln Navigator Limousine service.



The only limousine company in Seattle to provide a Super Stretch
Lincoln Navigator (22passenger) Limousine service.



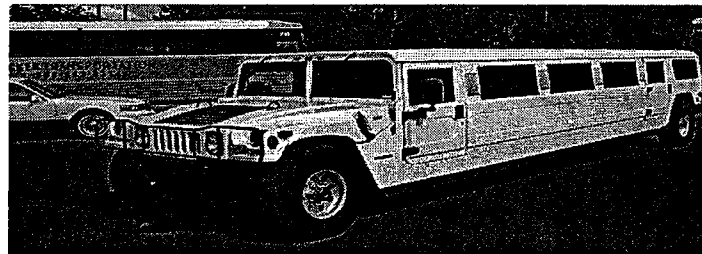
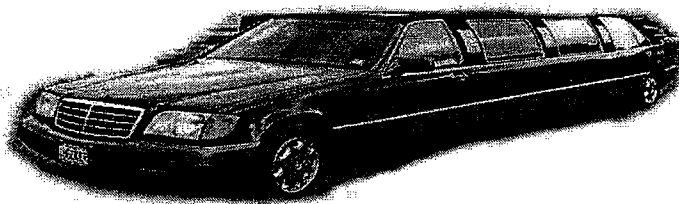
We are Also proud to offer you a Super Stretch
Toyota Landcruiser Limousine (14 passenger)



How about adding more class in a Super Stretch
Rolls Royce Limousine(10 passenger)



Our list of Limousine fleet goes on!!!
Super Stretch Mercedes Limousine Super Stretch Hummer Limousine



Click on images above to see what's inside!!!

CHECKER LIMOUSINE IS PROUD TO OFFER YOU

- Professionally trained drivers
- 24-hour radio dispatched services
- Experienced management by Master Chauffeurs
- Sedan and Limousine drivers properly attired in professional uniform
- Two types of services to suit your needs: Standard and Contract
- The biggest and newest fleet in Seattle area
- Bodyguard services available upon request



**We are offering the newest Stretch and Superstretch
Price list for Limousine Services**

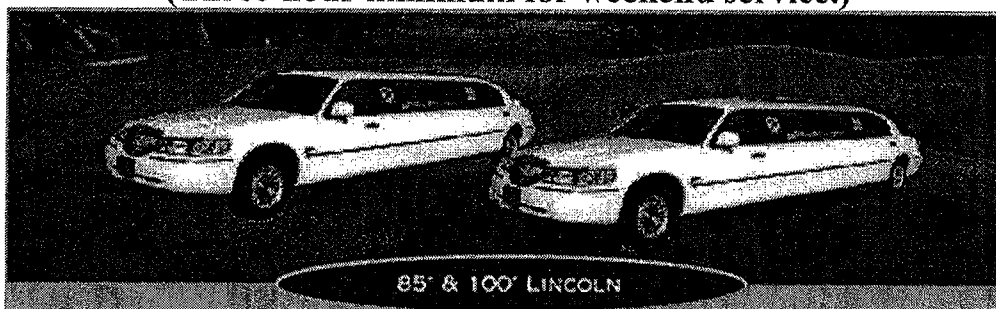


Price list for Express Towncar Service to/from SeaTac International Airport



Price List for Bus and Van Service

**Prices are subject to availability. All Trips are subject to add 20% driver gratuity.
(Three-hour minimum for weekend service.)**



**Please Click on the Picture of the Limousine to See the Inside
For Contract Services, and Corporate Rates please call the staff of Checker
Limousine at (206)817-3600. For any additional services your guests may need
during their stay in Seattle, such as limousines, sedans, vans, cabs, and extra drivers.**

Our limousines offer Color TV, VCR, Stereo's, Intercom Systems, Mood/Neon Lighting, Privacy Partitions, Full Bar. Quality and service is the foundation of Checker Limousine. It is reflected in the efforts of our employees and the character of our company. You will step into a spotless, impeccably maintained vehicle, driven by a courteous professional.



Toll Free line (800) 883-8314

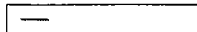
Local calls (206) 817-3600

24 Hour Information & Reservation Fax:(206)764-0938

E-mail:Checkertrans@earthlink.net

Local Office: 10710 E. Marginal Way So. Seattle, WA 98168

Back to Main Page



Last updated April 3, 2000



file

STATE OF WASHINGTON

WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION

1300 S. Evergreen Park Dr. S.W., P.O. Box 47250 • Olympia, Washington 98504-7250
(360) 664-1160 • TTY (360) 586-8203

October 20, 2003

Mr. Oleg E. Ordinartsev
8840 - 152nd Ave. NE
Redmond, WA 98052

Re: Checker Transportation Company, Inc.

Dear Mr. Ordinartsev:

This letter is regarding the passenger charter certificate application filed with the Washington Utilities and Transportation Commission in the name of Checker Transportation Company, Inc. by your client Alex Milman.

It appears that the vehicles listed by your client in his application for a passenger charter certificate are limousines. Limousines that operate in Washington State are subject to regulation by the Washington State Department of Licensing under the provisions of Chapter 46.72A RCW.

If the vehicles Mr. Milman plans to operate are in fact limousines as defined in RCW 46.04.274, then the operation of those vehicles would fall under the jurisdiction of the Department of Licensing and not the Washington Utilities and Transportation Commission. Mr. Milman should contact the Department of Licensing to properly licence his vehicles and register as a limousine carrier.

The Commission is dismissing Checker Transportation Company, Inc.'s pending application for a passenger charter certificate and will refund the \$150.00 application fee.

If you have any questions or concerns, please contact Linda Elhardt, Transportation Specialist at 360-664-1227 or Bonnie L. Allen, Regulatory Analyst at 360-664-1226.

Sincerely,

Carole J. Washburn
Executive Secretary



VENDOR NAME AND ADDRESS CHECKER TRANSPORTATION COMPANY, INC. 10710 E. MARGINAL WAY S. TUKWILA, WA 98168	AGENCY NUMBER 2150	LOCATION CODE
AGENCY P.R. OR AUTHORIZATION NUMBER REFUND		
AGENCY NAME AND LOCATION UTILITIES AND TRANSP. COMM. 1300 S. EVERGREEN PK DRIVE S.W. P.O. BOX 47250 OLYMPIA, WA 98504-7250		
FEDERAL I.D. NO. OR SOCIAL SECURITY NO. (FOR REPORTING PERSONAL SERVICES CONTRACT PAYMENTS TO I.R.S.)	RECEIVED BY BUSINESS OFFICE	DATE RECEIVED

USE SPACE BELOW AS A WORKSHEET TO DEVELOP OR EXPLAIN THE GOODS OR SERVICES PURCHASED

STAPLE INVOICES ON BACK

REVENUE REFUND

RECEPTION OR FIELD RECEIPT NO. 0000825 DATED 9-22-03

Refund of application fees; application has been dismissed.

PREPARED BY Linda Elhardt <i>LE</i>			TELEPHONE NUMBER			DATE 10-22-03			AGENCY APPROVAL <i>Bela Kepski</i>				DATE <i>10/23/03</i>			
DOC. DATE		PMT DUE DATE		CURRENT DOC. NO.		REF. DOC. NO.		VENDOR NUMBER VOD1		VENDOR MESSAGE			USE TAX	UBI NUMBER		
REF DOC SUF	TRANS CODE	M O D	FUND	MASTER INDEX APPN INDEX	MASTER INDEX PROGRAM INDEX	SUB. OBJ	SUB SUB. OBJECT	ORG INDEX	WORK CLASS ALLOC	COUNTY BUDGET UNIT	CITY/ TOWN MOS	PROJECT	SUB PROJ	PROJ PHAS	AMOUNT	INVOICE NUMBER
	198		111			02	68								\$150.00	REFUND
ACCOUNTING APPROVAL FOR PAYMENT										DATE		\$150.00		WARRANT NUMBER		