

NAME CHANGE

WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION

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

CH-352

APPLICATION FOR CHARTER BUS/EXCURSION SERVICE CERTIFICATE

Fee: \$150.00

Docket # TE-031772

111 0268 232 01	0002469	CID	30667	CHA	79228
111 0268 232 02	150.00	DATE	10/30/03	SAFETY INSP	JE
111 0268 232 03				INS/BOND	JE
111 0268			stamps - JE		

THIS APPLICATION IS FOR:

(Check One Only)  CHARTER BUS CERTIFICATE  EXCURSION SERVICE CERTIFICATE

NAME OF APPLICANT George H. Taber Sr

D/B/A- "THE DUTCHMAN"

MAILING ADDRESS SE 64 Lynch Road  
Shelton WA  
98584

PHYSICAL ADDRESS SE 64 Lynch Road  
Shelton WA  
98584

BUSINESS TELEPHONE NUMBER 360 427-8914

FAX NUMBER 360 427-3566

UBI # 601-647-286

E-MAIL IMDDTCAUN@AOL

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:

CH 352 ES 85

EQUIPMENT LIST:

LICENSE NUMBER	YEAR AND MAKE OF VEHICLE	SERIAL NUMBER (VEHICLE IDENTIFICATION NUMBER)	SEATING CAPACITY
<u>90751 PR</u>	<u>1988 TMC 102A3</u>	<u>1TU FCH6A5JR 006826</u>	<u>47PX</u>

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

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 Shelton, Washington, 10/30/03  
(City or Town) (Month/Day/Year)

George H. Tober Sr  
(Name of applicant)

By: [Signature]  
(Signature)

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

10/30/03 Shelton  
(Date and Place)

[Signature]  
(Signature)

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

Date: 11-04-2003 Staff: Linda Elhardt

TO: CHA079228  
TOBER, GEORGE H., SR.  
"THE DUTCHMAN"  
SE 64 LYNCH RD.  
SHELTON, WA 98584

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

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.