

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

ES-85

APPLICATION FOR CHARTER BUS/EXCURSION SERVICE CERTIFICATE

Fee: \$150.00

Docket # TE-031773

111 0268 232 01	0002470	30667	CHA	79229
111 0268 232 02	150.00	DATE 10/30/03	SAFETY INSP	JL
111 0268 232 03			INS/BOND	JL
111 0268		Stamps - JL		

THIS APPLICATION IS FOR:

(Check One Only) CHARTER BUS CERTIFICATE EXCURSION SERVICE CERTIFICATE

NAME OF APPLICANT George H. Tober 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 # 601-647-289 E-MAIL 1mddutchman@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
90751PR	1988 TMC 102A3	1TUFC46A5	JR006826 47A

DESCRIBE OPERATIONS (Territory) CHARTER BUS COMPANY

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 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: Lege H. Johnson Sr.
(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)

Lege H. Johnson Sr.
(Signature)

UNIFORM DRIVER/VEHICLE INSPECTION REPORT

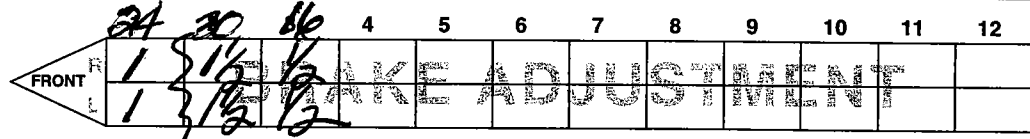
1147850

PERSONNEL NO. J526 DIST / DET _____ LEVEL: 1 _____ 2 _____ 3 _____ 4 _____ 5 X

GENERAL				HAZARDOUS MATERIALS			
DATE <u>10 29 03</u>	TIME (MILITARY) BEGUN <u>0830</u>	TIME (MILITARY) FINISHED <u>0910</u>	HAZARD CLASS / DIVISION NO. _____				
LOCATION: SR/MP <u>TERMINAL</u>		SCALEHOUSE NO. _____	CNTY CODE <u>14</u>	REPORTABLE QTY? Y N	HAZARDOUS WASTE? Y N		
CARRIER NAME (Include DBA when applicable) <u>(360) 487-8914</u>				CARRIER <u>CH-352/ES-85</u>			
ADDRESS <u>DECHMAN TOURS & CHARTERS, LLC.</u>							
<u>5E 64 LUNCH ROAD</u>							
CITY <u>SHEKON</u>	STATE <u>WA</u>	ZIP CODE <u>98584</u>	INTERSTATE <u>(YES) NO</u>	DOT NO. <u>570323</u>	ICC NO. <u>281041</u>		

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 <u>SAME</u>			G.V.W. <u>47-PASS</u>	PBT RATE	
UNIT	TYPE	YEAR/MAKE	CO. UNIT NO.	LICENSE NO. / VIN NO.	STATE
1	<u>BU</u>	<u>88/MCI</u>	<u>#848</u>	<u>90751PR</u>	<u>WA</u>
2					
3					
4					



* This bus is the same bus that will be used under George H. Jorden Sr. d/b/a "The Dutchman" and will be "OK" for new apps.

CFR	VIOLATIONS	D	1	2	3	4	Unit # O/S	Complied
396.13	ARMREST BROKEN TRSIDE		W					
396.13	SEAT POSITIONS #28 36 39 and 35							
393.20	CHACE #2 OUTSIDE AIR BAG SUSPENSION DEFLATED		W					1 J526
396.3A	ABC AIR LEAK IN AREA AROUND COMPRESSOR ASSEMBLY (PASSES DROP TEST)		W					J526
393.9	NUMEROUS OVERHEAD WIRTS ABOVE AISLE FNOP		W					

CVSA DECALS UNIT 1 9162021 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 _____ OFFICER SIGNATURE John Macomber

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: CHA079229
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.