

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-181

APPLICATION FOR CHARTER BUS/EXCURSION SERVICE CERTIFICATE

Fee: \$150.00

Docket # TE-031792

111 0268 232 01	CID <u>41947</u>	CHA <u>79231</u>
111 0268 232 02 <u>150.00</u>	DATE <u>11-4-03</u>	<u>SAFETY INSP</u> <u>JS</u>
111 0268 232 03	0002636	INS/BOND <u>JS</u>
111 0268	<u>Stamps - JS</u>	

THIS APPLICATION IS FOR:

(Check One Only) CHARTER BUS CERTIFICATE EXCURSION SERVICE CERTIFICATE

NAME OF APPLICANT THOMAS J. + LINDA K COOK

D/B/A- Silvercity Charter & TOURS

MAILING ADDRESS PO BOX 689
Silverdale WA 98381
98383

PHYSICAL ADDRESS 9135 STEELE CREEK LOOP NE
Bremerton WA 98311

BUSINESS TELEPHONE NUMBER (360) 308 0546

FAX NUMBER (360) 337 1138

UBI# 601-061-709

E-MAIL SilvercityWA@aol.com

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:

THOMAS J. COOK

LINDA K. COOK

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>91155 PR</u>	<u>88 MCI</u>	<u>1M8FDM9A1JPO</u>	<u>47</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 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?.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Will you file records of duty status in systematic manner?.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Will drivers be required to complete recaps of their records of duty status?.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Will dispatchers be aware of drivers' hours of service prior to trip?.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Will other independent records be compared to drivers records of duty status for accuracy?.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Will you have a system for recording hours of duty status on 100 mile radius drivers?.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Will you have a disciplinary policy for noncompliance with Part 395?.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

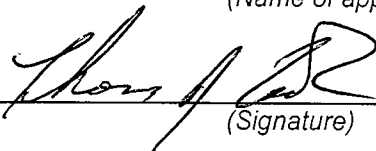
PART 396 - INSPECTION, REPAIR AND MAINTENANCE

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

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: Olympia, Washington, Nov 4 2003
(City or Town) (Month/Day/Year)

THOMAS J. COOK
(Name of applicant)

By: 
(Signature)

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

(Date and Place)

(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: 11-05-2003 Staff: Linda Elhardt

TO: CHA079231
COOK, THOMAS J. & LINDA K.
SILVER CITY CHARTER & TOURS
P.O. BOX 689
SILVERDALE, WA 98383

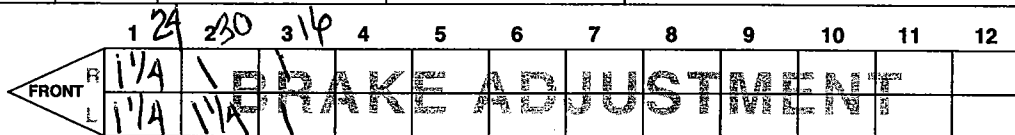
Return this document with the completed/corrected items listed below for prompt processing of your application for operating authority.

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.

UNIFORM DRIVER/VEHICLE INSPECTION REPORT

1147917

PERSONNEL NO. <u>J531</u>	DIST / DET	LEVEL: 1 _____ 2 _____ 3 _____ 4 _____ 5 <u>X</u>			
GENERAL			HAZARDOUS MATERIALS		
DATE <u>11.05.03</u>	TIME (MILITARY) BEGUN <u>13:00</u>	TIME (MILITARY) FINISHED <u>13:10</u>	HAZARD CLASS / DIVISION NO.		
LOCATION: SR/MP <u>Puyallup</u>	SCALEHOUSE NO.	CNTY CODE <u>27</u>	REPORTABLE QTY? Y N	HAZARDOUS WASTE? Y N	
CARRIER			PLACARD REQUIRED? Y N	CARGO TANKS? Y N	
CARRIER NAME (Include DBA when applicable) <u>Silver City Charter & Tours</u>					
ADDRESS <u>P O Box 689</u>					
CITY <u>Silverdale</u>	STATE <u>WA</u>	ZIP CODE <u>98383</u>	INTERSTATE YES <input type="radio"/> NO <input checked="" type="radio"/>	DOT NO.	ICC NO.
DRIVER					
DRIVER NAME			LICENSE NO.	STATE	EXP. YEAR
DATE OF BIRTH	MED. CERT. Y N WAIVER Y N	SHIPPER NAME		SHIPPING NO.	
VEHICLE					
REGISTERED OWNER NAME/ADDRESS <u>same</u>			G.V.W. <u>37,800</u>	PBT RATE	
UNIT	TYPE	YEAR/MAKE	CO. UNIT NO.	LICENSE NO. / VIN NO.	STATE
1	<u>BUS</u>	<u>88 MCI</u>	<u>102</u>	<u>91159PR</u>	<u>WA</u>
2					
3					
4					



CFR	VIOLATIONS	D	1	2	3	4	Unit #s O/S	Complied
393.9	Center ID light/front inop		✓					J534
393.9	Left back-up light inop		✓					J534
393.95A	Fire extinguisher discharged		✓					J534

CVSA DECALS UNIT 1 <u>9762063</u>	UNIT 2	UNIT 3	UNIT 4	NOIC NO.
DRIVER SIGNATURE 		OFFICER SIGNATURE 		

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