

**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

*Transfer*

**APPLICATION FOR CHARTER BUS/EXCURSION SERVICE CERTIFICATE**

Fee: \$150.00

*Docket # TE-031872*

111 0268 232 01	CID	41980	GHA	79234
111 0268 232 02	DATE	11/13/03	SAFETY INSP	
111 0268 232 03			INS/BOND	<i>221</i>
111 0268		<b>0002996</b>		

THIS APPLICATION IS FOR:

(Check One Only)  CHARTER BUS CERTIFICATE  EXCURSION SERVICE CERTIFICATE

NAME OF APPLICANT CUSA PRTS, LLC; KBUS Holdings, LLC

D/B/A: Powder River Transportation Services

MAILING ADDRESS P.O. Box 218  
Gillette, WY.  
82717

PHYSICAL ADDRESS 1700 E. Hwy 14-16  
Gillette, WY.  
82717

BUSINESS TELEPHONE NUMBER (307) 682-0960 FAX NUMBER (307) 682-4422

URL # 602-324-762 E-MAIL petter.grytness@coschusa.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:

N/A

IF APPLICANT HOLDS ANY OTHER CERTIFICATE OR PERMIT WITH THE COMMISSION, LIST PERMIT NUMBERS:

CH-348

EQUIPMENT LIST:

LICENSE NUMBER	YEAR AND MAKE OF VEHICLE	SERIAL NUMBER (VEHICLE IDENTIFICATION NUMBER)	SEATING CAPACITY
<u>8111 / Wyoming</u>	<u>2001 Dodge B3500 Van</u>	<u>2B5WB35Z91K505931</u>	<u>15</u>
<u>7588 / Wyoming</u>	<u>2001 Dodge B3500 Van</u>	<u>2B5WB35221K531254</u>	<u>15</u>
<u>7669 / Wyoming</u>	<u>2002 Dodge B3500 Van</u>	<u>2B5WB35Z42K103039</u>	<u>15</u>
<u>7671 / Wyoming</u>	<u>2001 Dodge B3500 Van</u>	<u>2B5WB35Z71K548387</u>	<u>15</u>

*Our Vehicle Number:*

6465  
6512  
6516  
6518  
6539  
6541  
6542  
6556

DESCRIBE OPERATIONS (Territory) Providing transportation services to Montana Rail Link employees in Washington, Idaho and Montana

**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 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 391.317?	<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 396 - 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 396?.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

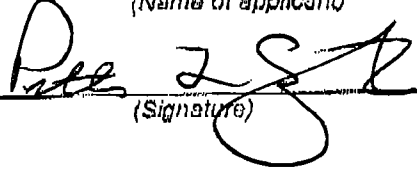
**PART 396 - INSPECTION, REPAIR AND MAINTENANCE**

	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

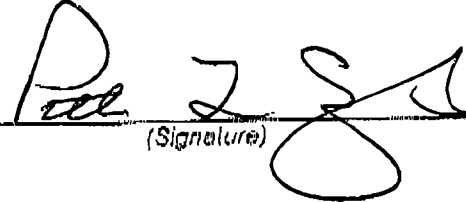
Dated at: Gillette, <sup>Wyoming</sup> Washington, November 13, 2003  
(City or Town) (Month/Day/Year)

Petter L. Grytness  
(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.

11/13/03 Gillette, WY.  
(Date and Place)

  
(Signature)

# MARSH

Chantella G. Mitchell  
Insurance Assistant  
Marsh USA Inc.  
1000 Louisiana Street  
Suite 4000  
Houston, TX 77002-5008  
Chantella.g.mitchell@marsh.com

## Fax

To:	<b>Tina Leipski</b>	From:	Chantella Mitchell
Date:	November 10, 2003	Fax:	713 654 0518
Organization:	Washington Utilities	Phone:	713 427 0656
Fax:	306-586-1181	Pages:	3
Phone:			
Subject:	<b>CERTIFICATE OF INSURANCE &amp; FORM E</b>		

Tina,

Please see the attached certificate and form E per your request.  
Should you have any questions, or need additional information please contact Petter Grytness with CUSA@307-682-0960

Thank you

Chantella Mitchell

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\*\*\* ERROR TX REPORT \*\*\*  
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TX FUNCTION WAS NOT COMPLETED

TX/RX NO 1224  
CONNECTION TEL 913065861181  
SUBADDRESS  
CONNECTION ID  
ST. TIME 11/10 18:05  
USAGE T 00'00  
PGS. SENT 0  
RESULT NG #018 BUSY/NO SIGNAL

MARSH

Chantella G. Mitchell  
Insurance Assistant  
Marsh USA Inc.  
1000 Louisiana Street  
Suite 4000  
Houston, TX 77002-5008  
Chantella.g.mitchell@marsh.com

Fax

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Chantella Mitchell

FAX: CH-  
307-682-4422