

# 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

*1st amended  
prop. app.*

## APPLICATION FOR CHARTER BUS/EXCURSION SERVICE CERTIFICATE

**Fee: \$150.00**

111 0268 232 01	66-	CID	34392	CHA	79246
111 0268 232 02	150-	DATE	12/22/03	SAFETY INSP	LL
111 0268 232 03				INS/BOND	LL
111 0268		Docket # TE-032127		Reg fees - LL	

THIS APPLICATION IS FOR:

(Check One Only)  CHARTER BUS CERTIFICATE  EXCURSION SERVICE CERTIFICATE

NAME OF APPLICANT Checker Transportation, Inc.

CH-395

D/B/A Kelley's Transportation

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

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

BUSINESS TELEPHONE NUMBER (206) 622-1234

FAX NUMBER (206) 885-1914

UBI # 601 761 400

E-MAIL \_\_\_\_\_

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:

Mr. Alexander Milman, President 100%

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
✓ A89553B	1994 Ford	1FBJS31H8RHA37398	14
✓ CHEKR10	1996 Toyota LCRSW	JT3HJ85J4T0114561	16
✓ CHEKER4	1998 Lincoln Navigator	5LMFU28L5WLJ01785	16
✓ CHEKER8	1998 Lincoln Navigator	5LMFU28L5WLJ06923	16
545LBG	1995 AmGen H1	137YA8431SE168189	16

**WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION**

**RECEIVED**

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

DEC 22 2003

WASH. UT. & TP. COMM.

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

**0004693**

**Fee: \$150.00**

111 0268 232 01	CID	34392	CHA	79246
111 0268 232 02	DATE	12/22/03	<del>SAFETY INSP</del>	
111 0268 232 03			<del>INSIDERS</del>	<del>X</del>
111 0268	Docket # TE-032127		Reg. Fees - 1/2	

THIS APPLICATION IS FOR:

(Check One Only)  **CHARTER BUS CERTIFICATE**     EXCURSION SERVICE CERTIFICATE

NAME OF APPLICANT Checker Transportation Company, Inc.

D/B/A- \_\_\_\_\_

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

BUSINESS TELEPHONE NUMBER (206) 622-1234    FAX NUMBER (425) 885-1914

UBI # 601 761 400    E-MAIL \_\_\_\_\_

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:

Mr. Alexander Milman, President    100% of common stock

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
CHECKER 6	1998 Lincoln Town Car	1LNFM82WXWY720538	N/A
CHECKER 10	1996 Toyota LCRSW	JT3HJ85J4T0114561	N/A
CHECKER 8	1998 Lincoln Navigator	5LMFU28L5WLJ01785	N/A
500 PVP	2003 Hummer H2	5GRGN23U63H124403	N/A
CHECKER 4	1998 Lincoln Navigator	5LMFU28L5WLJ06923	N/A
557 REW	2000 Lincoln Town Car	1LNHM81W8YY908035	N/A

*all 16 pages*

**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 it rules or laws?	___	___	<u>X</u>

If Yes, explain: \_\_\_\_\_

Are you familiar with the state motor carrier safety rules?.....	<u>X</u>	___	___
Will management review the carrier' 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>	___	___
Will you verify that physicians completing medical certifications are knowledgeable about the instructions for performing and recording driver physical examinations?.....	<u>X</u>	___	___
Will you review the results of the health history and physical examination?.....	<u>X</u>	___	___
Will you have a system established that will ensure drivers= operating licenses remain current?.....	<u>X</u>	___	___
Will you have a system established that will ensure drivers= annual reviews and annual record of violations remain current?.....	<u>X</u>	___	___
Will you comply with the road test provisions of Section 391.31?.....	<u>X</u>	___	___
Can you maintain and produce complete driver qualification files on drivers?.....	<u>X</u>	___	___

**PART 392 - DRIVING OF MOTOR VEHICLES**

	YES	NO	N/A
Do you have established procedures concerning the use of alcohol and drugs?.....	<u>X</u>	___	___
Do you have a policy for monitoring speed?.....	<u>X</u>	___	___

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

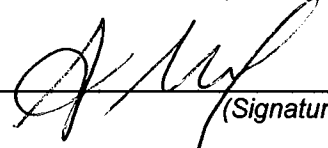
**PART 396 - INSPECTION, REPAIR AND MAINTENANCE**

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

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

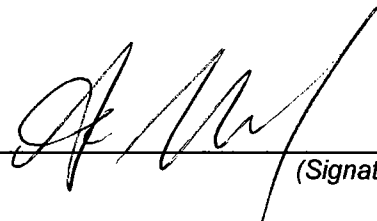
Dated at:  Tukwila, WA , Washington,  December 2, 2003   
(City or Town) (Month/Day/Year)

Alexander Milman, President   
(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.

12/02/2003; Tukwila, WA   
(Date and Place)

   
(Signature)

**LAW OFFICE OF OLEG ORDINARTSEV, PLLC**

**8840 152<sup>ND</sup> AVE. N.E.**

**REDMOND, WA 98052**

**TELEPHONE: (425) 885-2565**

**FACSIMILE: (425) 885-1914**

**FACSIMILE TRANSMITTAL SHEET**

TO: <b>Linda</b>	FROM: <b>Oleg E. Ordinartsev</b>
COMPANY: <b>WUTC</b>	DATE: <b>4/13/2004</b>
FAX NUMBER: <b>(360) 586-1181</b>	TOTAL NO. OF PAGES INCLUDING COVER: <b>2</b>
PHONE NUMBER: <b>(360) 664-1222</b>	ORIGINAL WILL BE MAILED: <b>No</b>
RE: <b>Checker Transportation</b>	YOUR REFERENCE NUMBER:

URGENT     FOR REVIEW     PLEASE REPLY

NOTES/COMMENTS:

**NOTICE:** Information contained in this communication is privileged and/or confidential, intended only for the individual/entity named above. If reader of this cover page is NOT intended recipient, you are hereby notified that any dissemination, distribution, or copying of this information is strictly prohibited. If you have received this facsimile transmittal in error, please immediately notify the sender by telephone (425) 885-2565, and return this facsimile transmittal to the above address via U.S. Mail. Thank you.

34392

**LAW OFFICE OF OLEG E. ORDINARTSEV, P.L.L.C.**

**8840 152<sup>ND</sup> AVE. N.E.  
REDMOND, WA 98052  
TELEPHONE: (425) 885-2565  
FACSIMILE: (425) 885-1914**

**RECEIVED  
APR 07 2004  
WASH. UT. & TP. COMM.**

April 5, 2004

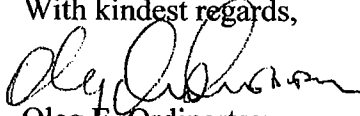
Ms. Carolyn Caruso  
WUTC  
P.O. Box 47250  
Olympia, WA 98504-7250

RE: Checker Transportation Company, Inc.  
UBI # 601 761 400  
Previous WUTC #395

Dear Ms. Caruso:

I am writing this letter to confirm that all corrections/improvements/repairs which were found during the CVSA inspection of my client's vehicles have been completed. My client is waiting for another inspection appointment, if it is necessary. Please, have the inspector contact Mr. Alexander Milman at (206) 391-5454 at his earliest convenience.

Since on or about March 19, 2004 our office forwarded to WUTC the "Form E", it appears that the afore-mentioned inspection is the only thing which is delaying my client's application. If my client's understanding of the issue is incorrect, please contact the undersigned immediately.

With kindest regards,  
  
Oleg E. Ordinartsev

cc: Tom McLaughlin

**LAW OFFICE OF OLEG E. ORDINARTSEV, P.L.L.C.**

**8840 152<sup>ND</sup> AVE. N.E.**

**REDMOND, WA 98052**

**TELEPHONE: (425) 885-2565**

**FACSIMILE: (425) 885-1914**

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FEB 13 2004

WASH. UT. & TP. COMM.

February 10, 2004

WUTC

P.O. Box 47250

Olympia, WA 98504-7250

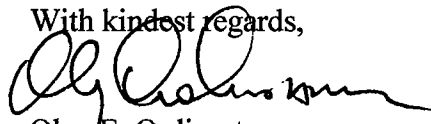
RE: Checker Transportation Company, Inc.  
UBI # 601 761 400  
Previous WUTC #395

Dear Sir or Madam:

I am writing this letter to inquire about the status of application filed by the above-stated company with the Washington Utilities and Transportation Commission on or about December 4, 2003. At this point, my client has not been contacted to schedule an inspection of his vehicles.

Please contact the undersigned and/or Mr. Alexander Milman (206-391-5454), if any additional information is necessary in order to process Checker's application.

With kindest regards,



Oleg E. Ordinartsev  
Attorney at Law

2/17/04  
Called + left a  
message, we sent  
write for letter  
dated 12/23/03 re:  
inspection + insur.

2/18  
Rec. message  
from atty. He said  
his client never  
rec. the write for  
letter. I faxed a  
copy today - LE

**LAW OFFICE OF OLEG E. ORDINARTSEV, P.L.L.C.**

**8840 152<sup>ND</sup> AVE. N.E.**

**REDMOND, WA 98052**

**TELEPHONE: (425) 885-2565**

**FACSIMILE: (425) 885-1914**

March 19, 2004

WUTC

P.O. Box 47250

Olympia, WA 98504-7250

**VIA FACIMILE TRANSMITTAL AND U.S. MAIL**

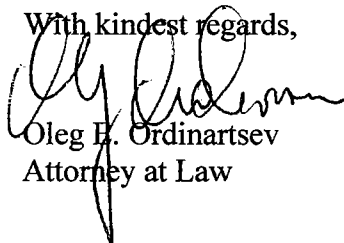
RE: Checker Transportation Company, Inc.  
UBI # 601 761 400  
Previous WUTC #395

Dear Sir or Madam:

Enclosed please find a copy of "Form E" for the above-stated client. I am aware that the initial inspection of my client's vehicles have already taken place. Any corrections/changes which were required by the WUTC inspector have been accomplished.

Please contact the undersigned and/or Mr. Alexander Milman (206-391-5454) and advise how soon another appointment may be scheduled.

With kindest regards,



Oleg E. Ordinartsev  
Attorney at Law



Form E  
**UNIFORM MOTOR CARRIER BODILY INJURY AND PROPERTY  
DAMAGE LIABILITY CERTIFICATE OF INSURANCE**

(Executed in Triplicate)

Filed with WUTC (hereinafter called Commission)  
(Name of Commission)

This is to certify, that the AMERICAN CASUALTY COMPANY OF READING, PA.  
(Name of Company)  
(hereinafter called Company) of C.N.A. PLAZA CHICAGO, IL. 60685  
(Home Office Address of Company)

has issued to CHECKER TRANSPORTATION, INC., DBA: KELLY'S TRANSPORTATION  
of 10710 E. MARGINAL WAY., S. TUKWILA, WA. 98168  
(Address of Motor Carrier)

a policy or policies of insurance effective from 2/19/04 12:01 A.M. standard time at the address of the insured stated in said policy or policies and continuing until canceled as provided herein, which, by attachment of the Uniform Motor Carrier Bodily Injury and Property Damage Liability Insurance Endorsement, has or have been amended to provide automobile bodily injury and property damage liability insurance covering the obligations imposed upon such motor carrier by the provisions of the motor carrier law of the State in which the Commission has jurisdiction or regulations promulgated in accordance therewith.

Whenever requested, the Company agrees to furnish the Commission a duplicate original of said policy or policies and all endorsements thereon.

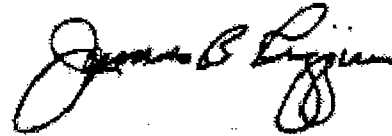
~~This certificate and the endorsement described herein may not be canceled without cancellation of the policy to which it is attached.~~  
Such cancellation may be effected by the Company or the insured giving thirty (30) days' notice in writing to the State Commission, such thirty (30) days' notice to commence to run from the date notice is actually received in the office of the Commission.

Countersigned at 6443 SW Beaverton-Hillsdale Hwy Suite 350 Portland OR 97221-4210  
(Street Address) (City) (State) (Zip Code)

this 19<sup>TH</sup> Day of MARCH 20 04

Insurance Company File No.

BUA223646868  
(Policy Number)



Authorized Company Representative

WP-MC 1633 (9/97)

RECEIVED  
MAR 22 2004  
WASH. UT. & TP. COMM.

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

Date: 12-23-2003 Staff: Linda Elhardt

TO: CHA079246  
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.

- pd.*
- You must remit regulatory fees for your vehicles. Please complete the form enclosed and return to our office with the correct payment.
  - 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.
  - We also need the seating capacity information for the vehicles that you have listed on your charter application.

UNIFORM DRIVER/VEHICLE INSPECTION REPORT

1020617

PERSONNEL NO. J534 DIST / DET \_\_\_\_\_ LEVEL: 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_ 5 X

GENERAL			HAZARDOUS MATERIALS	
DATE <u>02.24.04</u>	TIME (MILITARY) BEGUN <u>10:30</u>	TIME (MILITARY) FINISHED <u>10:42</u>	HAZARD CLASS / DIVISION NO. _____	
LOCATION: SR/MP <u>Tukwila</u>	SCALEHOUSE NO. _____	CNTY CODE <u>17</u>	REPORTABLE QTY? Y N	HAZARDOUS WASTE? Y N
CARRIER <u>(206) 391-2228</u>			PLACARD REQUIRED? Y N	CARGO TANKS? Y N

CARRIER NAME (Include DBA when applicable)  
Checker Transportation Co., Inc

ADDRESS  
10710 E. Marginal Way S

CITY Tukwila STATE WA ZIP CODE 98168 INTER-STATE YES  NO  DOT NO. \_\_\_\_\_ ICC NO. \_\_\_\_\_

**DRIVER**

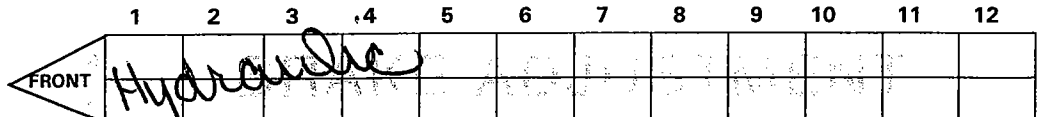
DRIVER NAME \_\_\_\_\_ LICENSE NO. \_\_\_\_\_ STATE \_\_\_\_\_ EXP. YEAR \_\_\_\_\_

DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_ MED. CERT. Y N SHIPPER NAME \_\_\_\_\_ SHIPPING NO. \_\_\_\_\_  
WAIVER Y N

**VEHICLE** 16 Pass

REGISTERED OWNER NAME/ADDRESS Stewart, Mark Gregory G.V.W. \_\_\_\_\_ PBT RATE \_\_\_\_\_

UNIT	TYPE	YEAR/MAKE	CO. UNIT NO.	LICENSE NO. / VIN NO.	STATE
1	<u>VAN</u>	<u>95 AMGEN</u>	<u>H1</u>	<u>5A5LBG / SE168189</u>	<u>WA</u>
2					
3					
4					



CFR	VIOLATIONS	D	1	2	3	4	Unit #s O/S	Complied
<u>393.9</u>	<u>Right ID Light rear inop.</u>		<input checked="" type="checkbox"/>					
<u>393.9</u>	<u>Center ID light front inop</u>		<input checked="" type="checkbox"/>					
<u>393.95A</u>	<u>Fire Extinguisher not mounted</u>		<input checked="" type="checkbox"/>					
<u>393.41</u>	<u>Parking brake inop</u>		<input checked="" type="checkbox"/>					

CVSA DECALS UNIT 1 \_\_\_\_\_ UNIT 2 \_\_\_\_\_ UNIT 3 \_\_\_\_\_ UNIT 4 \_\_\_\_\_ NOIC NO. \_\_\_\_\_

DRIVER SIGNATURE \_\_\_\_\_

OFFICER SIGNATURE Staudsen

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

**UNIFORM DRIVER/VEHICLE INSPECTION REPORT**

1020621

PERSONNEL NO. 1534 DIST / DET  LEVEL: 1      2      3      4      5 X

GENERAL			HAZARDOUS MATERIALS		
DATE <u>02/24/04</u>	TIME (MILITARY) BEGUN <u>11:27</u>	TIME (MILITARY) FINISHED <u>11:38</u>	HAZARD CLASS / DIVISION NO. <u>          </u>		
LOCATION: SR/MP <u>Tukwila</u>		SCALEHOUSE NO. / CNTY CODE <u>17</u>	REPORTABLE QTY? Y N	HAZARDOUS WASTE? Y N	
			PLACARD REQUIRED? Y N	CARGO TANKS? Y N	

**CARRIER**

CARRIER NAME (Include DBA when applicable)  
Checker Transportation Co., Inc

ADDRESS  
10710 E Marginal Way S

CITY Tukwila STATE WA ZIP CODE 98168 INTERSTATE YES  NO  DOT NO.  ICC NO.

**DRIVER**

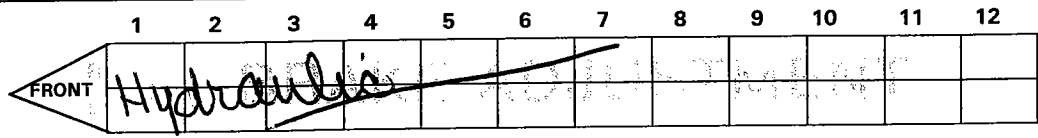
DRIVER NAME  LICENSE NO.  STATE  EXP. YEAR

DATE OF BIRTH  MED. CERT. Y N  WAIVER Y N  SHIPPER NAME  SHIPPING NO.

**VEHICLE**

REGISTERED OWNER NAME/ADDRESS Checker Transp Inc dba G.V.W. 9100 PBT RATE

UNIT	TYPE	YEAR/MAKE	CO. UNIT NO.	LICENSE NO. / VIN NO.	STATE
1	<u>Van</u>	<u>94 FORD</u>	<u>5</u>	<u>A89553B/H8RHA37398</u>	<u>WA</u>
2					
3					
4					



CFR	VIOLATIONS	D	1	2	3	4	Unit # O/S	Complied
393.95A	Fire extinguisher not mounted		✓					
393.89	Drive shaft protection needed		✓					
393.209D	Tie rod left side excess movement		✓					
393.95 F	Missing one reflector		✓					

CVSA DECALS UNIT 1  UNIT 2  UNIT 3  UNIT 4  NOIC NO.

DRIVER SIGNATURE [Signature]

OFFICER SIGNATURE [Signature]

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

Washington State Patrol *WUTC* (CH 395) **UNIFORM DRIVER/VEHICLE INSPECTION REPORT**

APP Special Project

1020618

PERSONNEL NO. *1531* DIST / DET \_\_\_\_\_ LEVEL: 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_ 5 **X**

GENERAL				HAZARDOUS MATERIALS			
DATE <i>02/24/04</i>	TIME (MILITARY) BEGUN <i>10:50</i>	TIME (MILITARY) FINISHED <i>11:00</i>	HAZARD CLASS / DIVISION NO. _____				
LOCATION: SR/MP <i>Tukwila</i>	SCALEHOUSE NO.	CNTY CODE <i>17</i>	REPORTABLE QTY? Y N	HAZARDOUS WASTE? Y N	PLACARD REQUIRED? Y N CARGO TANKS? Y N		

CARRIER *(206) 391-2228*

CARRIER NAME (Include DBA when applicable)  
*Checker Transportation Co., Inc*

ADDRESS  
*10710 E Marginal Way S*

CITY *Tukwila* STATE *WA* ZIP CODE *98168* INTERSTATE YES  NO  DOT NO. \_\_\_\_\_ ICC NO. \_\_\_\_\_

DRIVER

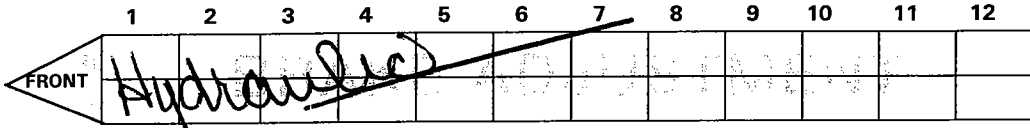
DRIVER NAME \_\_\_\_\_ LICENSE NO. \_\_\_\_\_ STATE \_\_\_\_\_ EXP. YEAR \_\_\_\_\_

DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_ MED. CERT. Y N SHIPPER NAME \_\_\_\_\_ SHIPPING NO. \_\_\_\_\_  
WAIVER Y N

VEHICLE *16 Pass*

REGISTERED OWNER NAME/ADDRESS \_\_\_\_\_ G.V.W. \_\_\_\_\_ PBT RATE \_\_\_\_\_  
*Checker Transp dba Checker Limo 7200*

UNIT	TYPE	YEAR/MAKE	CO. UNIT NO.	LICENSE NO. / VIN NO.	STATE
1	<i>Van</i>	<i>98 Linc</i>	<i>8</i>	<i>CHEXERS / 15WJ01785</i>	<i>5LMFU28</i>
2					
3					
4					



CFR	VIOLATIONS	D	1	2	3	4	Unit #s O/S	Complied
<i>393.95A</i>	<i>Fire extinguisher not mounted</i>		<input checked="" type="checkbox"/>					

CVSA DECALS UNIT 1 UNIT 2 UNIT 3 UNIT 4 NOIC NO. \_\_\_\_\_

DRIVER SIGNATURE \_\_\_\_\_

OFFICER SIGNATURE *T. 02/4*

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

UNIFORM DRIVER/VEHICLE INSPECTION REPORT

1020619

PERSONNEL NO. 1534 DIST / DET LEVEL: 1 2 3 4 5 X

GENERAL HAZARDOUS MATERIALS DATE 02/24/02 TIME (MILITARY) BEGUN 11:02 FINISHED 11:12 HAZARD CLASS / DIVISION NO. REPORTABLE QTY? Y N HAZARDOUS WASTE? Y N LOCATION: SR/MP Tukwila SCALEHOUSE NO. CNTY CODE 17 PLACARD REQUIRED? Y N CARGO TANKS? Y N

CARRIER (206) CARRIER NAME (Include DBA when applicable) Checker Transportation Co., Inc ADDRESS 10710 E. Marginal Way S CITY Tukwila STATE WA ZIP CODE 98168 INTERSTATE YES NO DOT NO. ICC NO.

DRIVER DRIVER NAME LICENSE NO. STATE EXP. YEAR DATE OF BIRTH MED. CERT. Y N SHIPPER NAME SHIPPING NO. WAIVER Y N

VEHICLE 16 Pass REGISTERED OWNER NAME/ADDRESS Checker Trans Inc dba Checker Limo 7200 G.V.W. PBT RATE UNIT TYPE YEAR/MAKE CO. UNIT NO. LICENSE NO. / VIN NO. 5LME1128 STATE UNIT 1 Van 98 Linc 4 Checker 4 L5WL106923

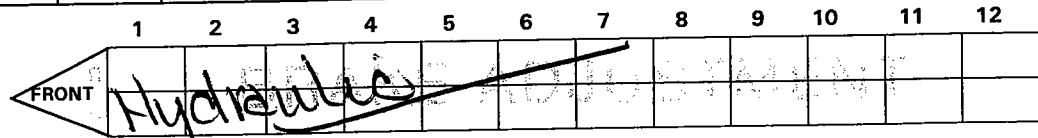


Table with columns: CFR, VIOLATIONS, D, 1, 2, 3, 4, Unit #s O/S, Complied. Row 1: 393.95A, Fire extinguisher not mounted, D, 1 (checked).

CVSA DECALS UNIT 1 UNIT 2 UNIT 3 UNIT 4 NOIC NO. DRIVER SIGNATURE OFFICER SIGNATURE Spaulsen

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

UNIFORM DRIVER/VEHICLE INSPECTION REPORT

1020620

PERSONNEL NO. 1531 DIST / DET \_\_\_\_\_ LEVEL: 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_ 5 X

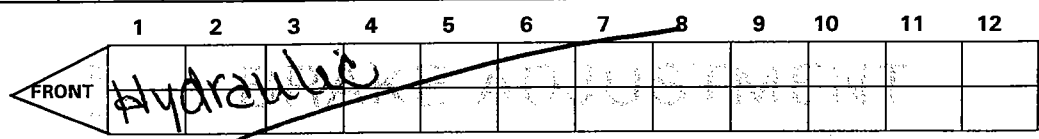
GENERAL				HAZARDOUS MATERIALS			
DATE <u>02/24/04</u>	TIME (MILITARY) BEGUN <u>11:15</u>	TIME (MILITARY) FINISHED <u>11:25</u>	HAZARD CLASS / DIVISION NO. _____	REPORTABLE QTY? Y N	HAZARDOUS WASTE? Y N	PLACARD REQUIRED? Y N	CARGO TANKS? Y N
LOCATION: SR/MP <u>Tukwila</u>		SCALEHOUSE NO. / CNTY CODE <u>117</u>					

CARRIER (206)  
CARRIER NAME (Include DBA when applicable)  
Checker Transportation Co., Inc  
ADDRESS  
10710 E. Marginal Way S  
CITY Tukwila STATE WA ZIP CODE 98168 INTERSTATE YES  NO  DOT NO. \_\_\_\_\_ ICC NO. \_\_\_\_\_

DRIVER  
DRIVER NAME \_\_\_\_\_ LICENSE NO. \_\_\_\_\_ STATE \_\_\_\_\_ EXP. YEAR \_\_\_\_\_  
DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_ MED. CERT. Y N SHIPPER NAME \_\_\_\_\_ SHIPPING NO. \_\_\_\_\_  
WAIVER Y N

VEHICLE 16 Pass  
REGISTERED OWNER NAME/ADDRESS  
Checkered Trans dba Checker Lines G.V.W. 6470 PBT RATE \_\_\_\_\_

UNIT	TYPE	YEAR/MAKE	CO. UNIT NO.	LICENSE NO. / VIN NO.	STATE
1	<u>Van</u>	<u>96</u>	<u>10</u>	<u>CHEKR10 / 0114561</u>	<u>WA</u>
2					
3					
4					



CFR	VIOLATIONS	D	1	2	3	4	Unit #s O/S	Complied
<u>393.89</u>	<u>Drive shaft protection needed @ 4 locations</u>		<input checked="" type="checkbox"/>					
<u>393.41</u>	<u>Parking brake out of adjust</u>		<input checked="" type="checkbox"/>					
<u>393.95A</u>	<u>Fire extinguisher not mounted</u>		<input checked="" type="checkbox"/>					

CVSA DECALS UNIT 1 \_\_\_\_\_ 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.

UNIFORM DRIVER/VEHICLE INSPECTION REPORT

1020616

PERSONNEL NO. 1531 DIST / DET

LEVEL: 1 2 3 4 5

GENERAL HAZARDOUS MATERIALS

DATE 02.24.04 TIME (MILITARY) BEGUN 10:10 FINISHED 10:27 HAZARD CLASS / DIVISION NO. LOCATION: SR/MP Tukwila SCALEHOUSE NO. / CNTY CODE 17 REPORTABLE QTY? Y N HAZARDOUS WASTE? Y N PLACARD REQUIRED? Y N CARGO TANKS? Y N

CARRIER (206)391-2228

CARRIER NAME (Include DBA when applicable) Checker Transportation Co., Inc.

ADDRESS 10710 E. Marginal Way S

CITY Tukwila STATE WA ZIP CODE 98168 INTERSTATE YES NO DOT NO. ICC NO.

DRIVER

DRIVER NAME LICENSE NO. STATE EXP. YEAR

DATE OF BIRTH MED. CERT. Y N SHIPPER NAME SHIPPING NO. WAIVER Y N

VEHICLE 18 Passen

REGISTERED OWNER NAME/ADDRESS Checker Auto Sales G.V.W. 10,880 PBT RATE

Table with columns: UNIT, TYPE, YEAR/MAKE, CO. UNIT NO., LICENSE NO. / VIN NO. 5GRGN231WA8

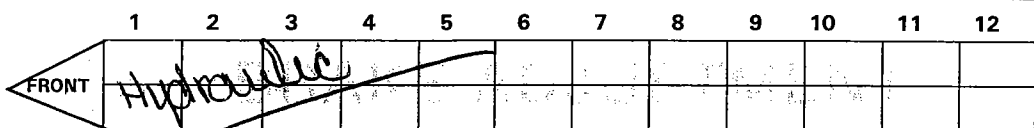


Table with columns: CFR, VIOLATIONS, D, 1, 2, 3, 4, Unit # O/S, Complied. Row 1: 393.95A FIRE extinguisher not mounted

CVSA DECALS UNIT 1 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