

\$190.00

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FEB 09 2004  
WASH. UT. & TP. COMM.

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

APPLICATION FOR CHARTER BUS/EXCURSION SERVICE CERTIFICATE

Fee: \$150.00

CH-463

111 0268 232 01	CID	42325	CHA	79250
111 0268 232 02	DATE	2/9/04	SAFETY INSP	Yes
111 0268 232 03	Req fees -	Yes	INS/BOND	Yes
111 0268		0005648	Docket #	TE-040190

THIS APPLICATION IS FOR:

(Check One Only)  CHARTER BUS CERTIFICATE  EXCURSION SERVICE CERTIFICATE

NAME OF APPLICANT FICORP, Inc

D/B/A- Portland Motorcoaches and Prestige Custom Tours

MAILING ADDRESS 1660 SW Bertha Blvd PORTLAND OR 97219  
PHYSICAL ADDRESS 1660 SW Bertha Blvd PORTLAND OR 97219

BUSINESS TELEPHONE NUMBER (503) 236-1046 FAX NUMBER (503) 236 1060

UBI # 601 653 589 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:

DEL CASTEEL, ADMINISTRATOR

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
YAPV397	1998 MCI	1M8TRMPA310P 060235	56
YAPR408	1982 MCI	1M84CM8A9EP03 7376	49
YAPR407	1980 MCI	S15388	47
YAPU139	1989 MCI	1TUGCH8A7KR 007317	47

DESCRIBE OPERATIONS (Territory) CHARTER Bus Operations in  
Pacific Northwest

**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 391.31?	<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: Portland, OREGON, Jan 29 2004  
(City or Town)                      ~~Washington~~                      (Month/Day/Year)

FICORP INC.  
(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.

Jan 29 2004  
(Date and Place)

[Signature]  
(Signature)

# INSURANCE BINDER

ISSUE DATE 12/29/2003

THIS BINDER IS A TEMPORARY INSURANCE CONTRACT, SUBJECT TO THE CONDITIONS SHOWN BELOW.

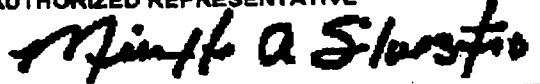
<b>PRODUCER</b> AMERICAN HIGHWAYS INSURANCE AGENCY 3250 INTERSTATE DR. RICHFIELD OH 44286-9000		<b>COMPANY</b> National Interstate Insurance Company		<b>BINDER NO.</b> 00703	
<b>INSURED</b> FI CORP. DBA: PRESTIGE CUSTOM TOURS AND PORTLAND MOTOR COACHES 2419 NE BROADWAY PORTLAND OR 97232-		<b>EFFECTIVE</b>		<b>EXPIRATION</b>	
		DATE 12/28/2003	TIME 12:01 AM	DATE 02/28/2004	TIME 12:01 AM

COVERAGES		LIMITS			
TYPE OF INSURANCE	COVERAGES/FORMS	AMOUNT	DEDUCTIBLE	COINSUR.	
<b>PROPERTY CAUSES OF LOSS</b> <input type="checkbox"/> _____ <input type="checkbox"/> _____					
<b>GENERAL LIABILITY</b>  <input checked="" type="checkbox"/> Owner's & Contractor's Prot.		General Aggregate		\$1,000,000.00	
		Products-Comp/Op Aggregate			
		Personal & Adv. Injury		\$1,000,000.00	
		Each Occurrence		\$1,000,000.00	
		Fire Damage (Per person)			
<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> Any Auto <input checked="" type="checkbox"/> All Owned Autos <input checked="" type="checkbox"/> Scheduled Autos <input checked="" type="checkbox"/> Hired Autos <input checked="" type="checkbox"/> Non-Owned Autos		Med. Expense (Per person)			
		Combined Single Limit		\$5,000,000.00	
		Bodily Injury (Per person)			
		Bodily Injury (Per accident)			
		Property Damage			
		Medical Payments			
		Personal Injury Protection			
<b>AUTOMOBILE PHYSICAL DAMAGE</b> <input checked="" type="checkbox"/> Collision <input checked="" type="checkbox"/> Other Than Collision	<input checked="" type="checkbox"/> All Vehicles Deductible \$5,000.00 Deductible \$5,000.00	<input checked="" type="checkbox"/> Actual Cash Value <input checked="" type="checkbox"/> Stated Amount <input checked="" type="checkbox"/> Other			
	<b>EXCESS LIABILITY</b> <input checked="" type="checkbox"/> Umbrella Form <input checked="" type="checkbox"/> Other Than Umbrella Form		Each Occurrence Aggregate Self Insured Retention		
		<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>		Each Accident Disease - Policy Limit Disease - Each Employee	

**SPECIAL CONDITIONS / OTHER COVERAGES**

**CONDITIONS**  
 This Company binds the kind(s) of insurance above. The insurance is subject to the terms, conditions and limitations of the policy(ies) in current use by the Company. This binder may be cancelled by the insured by surrender of this binder or by written notice to the Company stating when cancellation will be effective. This binder may be cancelled by the Company by notice to the insured in accordance with the policy conditions. This binder is cancelled when replaced by a policy. If this binder is not replaced by a policy, the Company is entitled to charge a premium for the binder according to the Rules and Rates in use by the Company.

**APPLICABLE IN NEVADA**  
 Any person who refuses to accept a binder which provides coverage of less than \$1,000,000.00 when proof is required: (A) Shall be fined not more than \$500.00, and (B) is liable to the party presenting the binder as proof of insurance for actual damages sustained therefrom.

**AUTHORIZED REPRESENTATIVE**  


# ANNUAL VEHICLE INSPECTION REPORT

VEHICLE HISTORY RECORD	
REPORT NUMBER	FLEET UNIT NUMBER
	939
DATE <span style="font-size: 1.2em;">10-19-03</span>	

MOTOR CARRIER OPERATOR <i>Portland Motor Coach</i>	INSPECTOR'S NAME (PRINT OR TYPE) <i>DENNIS GAY</i>
ADDRESS <i>1660 SW BERTHA BLVD</i>	THIS INSPECTOR MEETS THE QUALIFICATION REQUIREMENTS IN SECTION 396.19. <input checked="" type="checkbox"/> YES
CITY, STATE, ZIP CODE <i>Portland Oregon 97219</i>	VEHICLE IDENTIFICATION (✓) AND COMPLETE <input checked="" type="checkbox"/> LIC. PLATE NO. <input type="checkbox"/> VIN <input type="checkbox"/> OTHER <i>YAPR 408</i>
VEHICLE TYPE <input type="checkbox"/> TRACTOR <input type="checkbox"/> TRAILER <input type="checkbox"/> TRUCK <input checked="" type="checkbox"/> (OTHER) <i>BUS</i>	INSPECTION AGENCY/LOCATION (OPTIONAL)

## VEHICLE COMPONENTS INSPECTED

OK	NEEDS REPAIR	REPAIRED DATE	ITEM	OK	NEEDS REPAIR	REPAIRED DATE	ITEM	OK	NEEDS REPAIR	REPAIRED DATE	ITEM
X			1. BRAKE SYSTEM	X			4. FUEL SYSTEM	X			9. FRAME
X			a. Service Brakes	X			a. Visible leak	X			a. Frame Members
X			b. Parking Brake System	X			b. Fuel tank filler cap missing	X			b. Tire and Wheel Clearance
X			c. Brake Drums or Rotors	X			c. Fuel tank securely attached	X			c. Adjustable Axle Assemblies (Sliding Subframes)
X			d. Brake Hose	X			5. LIGHTING DEVICES				10. TIRES
X			e. Brake Tubing				All lighting devices and reflectors required by Section 393 shall be operable.	X			a. Tires on any steering axle of a power unit.
X			f. Low Pressure Warning Device				6. SAFE LOADING	X			b. All other tires.
X			g. Tractor Protection Valve				a. Part(s) of vehicle or condition of loading such that the spare tire or any part of the load or dunnage can fall onto the roadway.	X			11. WHEELS AND RIMS
X			h. Air Compressor				b. Protection against shifting cargo	X			a. Lock or Side Ring
N/A			i. Electric Brakes	N/A			7. STEERING MECHANISM	X			b. Wheels and Rims
N/A			j. Hydraulic Brakes	N/A			a. Steering Wheel Free Play	X			c. Fasteners
N/A			k. Vacuum Systems	N/A			b. Steering Column	X			d. Welds
			2. COUPLING DEVICES				c. Front Axle Beam and All Steering Components Other Than Steering Column	X			12. WINDSHIELD GLAZING
			a. Fifth Wheels				d. Steering Gear Box	X			Requirements and exceptions as stated pertaining to any crack, discoloration or vision reducing matter (reference 393.60 for exceptions)
			b. Pintle Hooks				e. Pitman Arm	X			13. WINDSHIELD WIPERS
			c. Drawbar/Towbar Eye				f. Power Steering				Any power unit that has an inoperative wiper, or missing or damaged parts that render it ineffective.
			d. Drawbar/Towbar Tongue				g. Ball and Socket Joints				List any other condition which may prevent safe operation of this vehicle.     
			e. Safety Devices				h. Tie Rods and Drag Links				
			f. Saddle-Mounts				i. Nuts				
X			3. EXHAUST SYSTEM				j. Steering System				
			a. Any exhaust system determined to be leaking at a point forward of or directly below the driver/sleeper compartment.	X			8. SUSPENSION				
			b. A bus exhaust system leaking or discharging to the atmosphere in violation of standards (1), (2) or (3).	X			a. Any U-bolt(s), spring hanger(s), or other axle positioning part(s) cracked, broken, loose or missing resulting in shifting of an axle from its normal position.				
			c. No part of the exhaust system of any motor vehicle shall be so located as would be likely to result in burning, charring, or damaging the electrical wiring, the fuel supply, or any combustible part of the motor vehicle.	X			b. Spring Assembly				
				X			c. Torque, Radius or Tracking Components.				

INSTRUCTIONS: MARK COLUMN ENTRIES TO VERIFY INSPECTION:  OK,  NEEDS REPAIR,  IF ITEMS DO NOT APPLY, \_\_\_\_\_ REPAIRED DATE

**CERTIFICATION: THIS VEHICLE HAS PASSED ALL THE INSPECTION ITEMS FOR THE ANNUAL VEHICLE INSPECTION REPORT IN ACCORDANCE WITH 49 CFR 396.**

# ANNUAL VEHICLE INSPECTION REPORT

VEHICLE HISTORY RECORD	
REPORT NUMBER	FLEET UNIT NUMBER
	934
DATE	10-19-03

MOTOR CARRIER OPERATOR  
**Portland Motor Coach**

ADDRESS  
**1660 SW Bertha Blw ~~97219~~**

CITY, STATE, ZIP CODE  
**Portland OREGON 97219**

VEHICLE TYPE  TRACTOR  TRAILER  TRUCK  
 (OTHER) **BUS**

INSPECTOR'S NAME (PRINT OR TYPE)  
**DENNIS GAY**

THIS INSPECTOR MEETS THE QUALIFICATION REQUIREMENTS IN SECTION 396.19.  
 YES

VEHICLE IDENTIFICATION (✓) AND COMPLETE  LIC. PLATE NO.  VIN  OTHER  
**VAPR 407**

INSPECTION AGENCY/LOCATION (OPTIONAL)

## VEHICLE COMPONENTS INSPECTED

OK	NEEDS REPAIR	REPAIRED DATE	ITEM	OK	NEEDS REPAIR	REPAIRED DATE	ITEM	OK	NEEDS REPAIR	REPAIRED DATE	ITEM	
X			1. BRAKE SYSTEM a. Service Brakes b. Parking Brake System c. Brake Drums or Rotors d. Brake Hose e. Brake Tubing f. Low Pressure Warning Device g. Tractor Protection Valve h. Air Compressor i. Electric Brakes j. Hydraulic Brakes k. Vacuum Systems		X		4. FUEL SYSTEM a. Visible leak b. Fuel tank filler cap missing c. Fuel tank securely attached	X			9. FRAME a. Frame Members b. Tire and Wheel Clearance c. Adjustable Axle Assemblies (Sliding Subframes)	
X				X				X				
X				X				X				
X					X		5. LIGHTING DEVICES All lighting devices and reflectors required by Section 393 shall be operable.	X			10. TIRES a. Tires on any steering axle of a power unit. b. All other tires.	
X				X				X				
X					N/A		6. SAFE LOADING a. Part(s) of vehicle or condition of loading such that the spare tire or any part of the load or dunnage can fall onto the roadway. b. Protection against shifting cargo	X			11. WHEELS AND RIMS a. Lock or Side Ring b. Wheels and Rims c. Fasteners d. Welds	
N/A				N/A				X				
N/A				2. COUPLING DEVICES a. Fifth Wheels b. Pintle Hooks c. Drawbar/Towbar Eye d. Drawbar/Towbar Tongue e. Safety Devices f. Saddle-Mounts	N/A		7. STEERING MECHANISM a. Steering Wheel Free Play b. Steering Column c. Front Axle Beam and All Steering Components Other Than Steering Column d. Steering Gear Box e. Pitman Arm f. Power Steering g. Ball and Socket Joints h. Tie Rods and Drag Links i. Nuts j. Steering System	X			12. WINDSHIELD GLAZING Requirements and exceptions as stated pertaining to any crack, discoloration or vision reducing matter (reference 393.60 for exceptions)	
N/A					N/A				X			
N/A						X		13. WINDSHIELD WIPERS Any power unit that has an inoperative wiper, or missing or damaged parts that render it ineffective.	X			List any other condition which may prevent safe operation of this vehicle. <b>(Fuel lid leak REPAIRED CABINET)</b> <b>AIR LEAK Shut down REPAIRED</b>
N/A						X			X			
X			3. EXHAUST SYSTEM a. Any exhaust system determined to be leaking at a point forward of or directly below the driver/sleeper compartment. b. A bus exhaust system leaking or discharging to the atmosphere in violation of standards (1), (2) or (3). c. No part of the exhaust system of any motor vehicle shall be so located as would be likely to result in burning, charring, or damaging the electrical wiring, the fuel supply, or any combustible part of the motor vehicle.		X		8. SUSPENSION a. Any U-bolt(s), spring hanger(s), or other axle positioning part(s) cracked, broken, loose or missing resulting in shifting of an axle from its normal position. b. Spring Assembly c. Torque, Radius or Tracking Components.	X				
X					X				X			
X				X				X				
X				X				X				

INSTRUCTIONS: MARK COLUMN ENTRIES TO VERIFY INSPECTION:   X   OK,   X   NEEDS REPAIR,   NA   IF ITEMS DO NOT APPLY. \_\_\_\_\_ REPAIRED DATE

**CERTIFICATION: THIS VEHICLE HAS PASSED ALL THE INSPECTION ITEMS FOR THE ANNUAL VEHICLE INSPECTION REPORT IN ACCORDANCE WITH 49 CFR 396.**

# ANNUAL VEHICLE INSPECTION REPORT

VEHICLE HISTORY RECORD	
REPORT NUMBER	FLEET UNIT NUMBER
	891
DATE <span style="font-size: 1.5em;">9/18/02</span>	

MOTOR CARRIER OPERATOR	INSPECTOR'S NAME (PRINT OR TYPE) <span style="font-size: 1.2em;">Brian Reid</span>
ADDRESS	THIS INSPECTOR MEETS THE QUALIFICATION REQUIREMENTS IN SECTION 396.19. <input checked="" type="checkbox"/> YES
CITY, STATE, ZIP CODE	VEHICLE IDENTIFICATION (✓) AND COMPLETE LIC. PLATE NO. <input checked="" type="checkbox"/> VIN <input type="checkbox"/> OTHER <span style="font-size: 1.2em;">YAPU 139</span>
VEHICLE TYPE <input type="checkbox"/> TRACTOR <input type="checkbox"/> TRAILER <input type="checkbox"/> TRUCK <input checked="" type="checkbox"/> (OTHER) <span style="font-size: 1.2em;">Bus</span>	INSPECTION AGENCY/LOCATION (OPTIONAL)

## VEHICLE COMPONENTS INSPECTED

OK	NEEDS REPAIR	REPAIRED DATE	ITEM	OK	NEEDS REPAIR	REPAIRED DATE	ITEM	OK	NEEDS REPAIR	REPAIRED DATE	ITEM
			<b>1. BRAKE SYSTEM</b>				<b>4. FUEL SYSTEM</b>				<b>9. FRAME</b>
		<span style="font-size: 1.2em;">9-20</span>	a. Service Brakes				a. Visible leak				a. Frame Members
			b. Parking Brake System				b. Fuel tank filler cap missing				b. Tire and Wheel Clearance
		<span style="font-size: 1.2em;">9-20</span>	c. Brake Drums or Rotors				c. Fuel tank securely attached			<span style="font-size: 1.2em;">NA</span>	c. Adjustable Axle Assemblies (Sliding Subframes)
			d. Brake Hose								
			e. Brake Tubing				<b>5. LIGHTING DEVICES</b>				<b>10. TIRES</b>
		<span style="font-size: 1.2em;">9-20</span>	f. Low Pressure Warning Device			<span style="font-size: 1.2em;">9-20</span>	All lighting devices and reflectors required by Section 393 shall be operable.				a. Tires on any steering axle of a power unit.
			g. Tractor Protection Valve								b. All other tires.
		<span style="font-size: 1.2em;">NA</span>	h. Air Compressor				<b>6. SAFE LOADING</b>				<b>11. WHEELS AND RIMS</b>
			i. Electric Brakes				a. Part(s) of vehicle or condition of loading such that the spare tire or any part of the load or dunnage can fall onto the roadway.				a. Lock or Side Ring
			j. Hydraulic Brakes				b. Protection against shifting cargo				b. Wheels and Rims
		<span style="font-size: 1.2em;">NA</span>	k. Vacuum Systems								c. Fasteners
			<b>2. COUPLING DEVICES</b>				<b>7. STEERING MECHANISM</b>				d. Welds
			a. Fifth Wheels				a. Steering Wheel Free Play				<b>12. WINDSHIELD GLAZING</b>
			b. Pintle Hooks				b. Steering Column				Requirements and exceptions as stated pertaining to any crack, discoloration or vision reducing matter (reference 393.60 for exceptions)
			c. Drawbar/Towbar Eye				c. Front Axle Beam and All Steering Components Other Than Steering Column				<b>13. WINDSHIELD WIPERS</b>
		<span style="font-size: 1.2em;">NA</span>	d. Drawbar/Towbar Tongue				d. Steering Gear Box				Any power unit that has an inoperative wiper, or missing or damaged parts that render it ineffective.
			e. Safety Devices				e. Pitman Arm				List any other condition which may prevent safe operation of this vehicle.
			f. Saddle-Mounts				f. Power Steering				
			<b>3. EXHAUST SYSTEM</b>				g. Ball and Socket Joints				
			a. Any exhaust system determined to be leaking at a point forward of or directly below the driver/sleeper compartment.				h. Tie Rods and Drag Links				
			b. A bus exhaust system leaking or discharging to the atmosphere in violation of standards (1), (2) or (3).				i. Nuts				
			c. No part of the exhaust system of any motor vehicle shall be so located as would be likely to result in burning, charring, or damaging the electrical wiring, the fuel supply, or any combustible part of the motor vehicle.				j. Steering System				
							<b>8. SUSPENSION</b>				
							a. Any U-bolt(s), spring hanger(s), or other axle positioning part(s) cracked, broken, loose or missing resulting in shifting of an axle from its normal position.				
							b. Spring Assembly				
							c. Torque, Radius or Tracking Components.				

INSTRUCTIONS: MARK COLUMN ENTRIES TO VERIFY INSPECTION:  OK,  NEEDS REPAIR,  NA IF ITEMS DO NOT APPLY, \_\_\_\_\_ REPAIRED DATE

CERTIFICATION: THIS VEHICLE HAS PASSED ALL THE INSPECTION ITEMS FOR THE ANNUAL VEHICLE INSPECTION REPORT IN ACCORDANCE WITH 49 CFR 396.

DUPLICATE

# ANNUAL VEHICLE INSPECTION REPORT

VEHICLE HISTORY RECORD	
REPORT NUMBER	FLEET UNIT NUMBER
	980
DATE <span style="font-size: 1.2em;">10-19-03</span>	

MOTOR CARRIER OPERATOR <i>Portland Motor Coach</i>	INSPECTOR'S NAME (PRINT OR TYPE) <i>DENNIS GAY</i>
ADDRESS <i>1660 SW Bertha Blvd</i>	THIS INSPECTOR MEETS THE QUALIFICATION REQUIREMENTS IN SECTION 396.19. <input checked="" type="checkbox"/> YES
CITY, STATE, ZIP CODE <i>Portland Oregon 97219</i>	VEHICLE IDENTIFICATION (✓) AND COMPLETE LIC. PLATE NO. <input checked="" type="checkbox"/> VIN <input type="checkbox"/> OTHER <i>VAPV397</i>
VEHICLE TYPE <input type="checkbox"/> TRACTOR <input type="checkbox"/> TRAILER <input type="checkbox"/> TRUCK <input checked="" type="checkbox"/> (OTHER) <i>BUS</i>	INSPECTION AGENCY/LOCATION (OPTIONAL)

## VEHICLE COMPONENTS INSPECTED

OK	NEEDS REPAIR	REPAIRED DATE	ITEM	OK	NEEDS REPAIR	REPAIRED DATE	ITEM	OK	NEEDS REPAIR	REPAIRED DATE	ITEM
<input checked="" type="checkbox"/>			1. BRAKE SYSTEM	<input checked="" type="checkbox"/>			4. FUEL SYSTEM	<input checked="" type="checkbox"/>			9. FRAME
<input checked="" type="checkbox"/>			a. Service Brakes	<input checked="" type="checkbox"/>			a. Visible leak	<input checked="" type="checkbox"/>			a. Frame Members
<input checked="" type="checkbox"/>			b. Parking Brake System	<input checked="" type="checkbox"/>			b. Fuel tank filler cap missing	<input checked="" type="checkbox"/>			b. Tire and Wheel Clearance
<input checked="" type="checkbox"/>			c. Brake Drums or Rotors	<input checked="" type="checkbox"/>			c. Fuel tank securely attached	<input checked="" type="checkbox"/>			c. Adjustable Axle Assemblies (Sliding Subframes)
<input checked="" type="checkbox"/>			d. Brake Hose	<input checked="" type="checkbox"/>			5. LIGHTING DEVICES All lighting devices and reflectors required by Section 393 shall be operable.	<input checked="" type="checkbox"/>			10. TIRES a. Tires on any steering axle of a power unit. b. All other tires.
<input checked="" type="checkbox"/>			e. Brake Tubing	<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			f. Low Pressure Warning Device	<input checked="" type="checkbox"/>			6. SAFE LOADING a. Part(s) of vehicle or condition of loading such that the spare tire or any part of the load or dunnage can fall onto the roadway. b. Protection against shifting cargo	<input checked="" type="checkbox"/>			11. WHEELS AND RIMS a. Lock or Side Ring b. Wheels and Rims c. Fasteners d. Welds
<input checked="" type="checkbox"/>			g. Tractor Protection Valve	<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			h. Air Compressor	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>				
<input checked="" type="checkbox"/>			i. Electric Brakes	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>				
<input checked="" type="checkbox"/>			j. Hydraulic Brakes	<input checked="" type="checkbox"/>			7. STEERING MECHANISM a. Steering Wheel Free Play b. Steering Column c. Front Axle Beam and All Steering Components Other Than Steering Column d. Steering Gear Box e. Pitman Arm f. Power Steering g. Ball and Socket Joints h. Tie Rods and Drag Links i. Nuts j. Steering System	<input checked="" type="checkbox"/>			12. WINDSHIELD GLAZING Requirements and exceptions as stated pertaining to any crack, discoloration or vision reducing matter (reference 393.60 for exceptions)
<input checked="" type="checkbox"/>			k. Vacuum Systems	<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			2. COUPLING DEVICES	<input checked="" type="checkbox"/>			8. SUSPENSION a. Any U-bolt(s), spring hanger(s), or other axle positioning part(s) cracked, broken, loose or missing resulting in shifting of an axle from its normal position. b. Spring Assembly c. Torque, Radius or Tracking Components.	<input checked="" type="checkbox"/>			13. WINDSHIELD WIPERS Any power unit that has an inoperative wiper, or missing or damaged parts that render it ineffective.  List any other condition which may prevent safe operation of this vehicle.
<input checked="" type="checkbox"/>			a. Fifth Wheels	<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			b. Pintle Hooks	<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			c. Drawbar/Towbar Eye	<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			d. Drawbar/Towbar Tongue	<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			e. Safety Devices	<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			f. Saddle-Mounts	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>				
<input checked="" type="checkbox"/>			3. EXHAUST SYSTEM	<input checked="" type="checkbox"/>							
<input checked="" type="checkbox"/>			a. Any exhaust system determined to be leaking at a point forward of or directly below the driver/sleeper compartment.	<input checked="" type="checkbox"/>							
<input checked="" type="checkbox"/>			b. A bus exhaust system leaking or discharging to the atmosphere in violation of standards (1), (2) or (3).	<input checked="" type="checkbox"/>							
<input checked="" type="checkbox"/>			c. No part of the exhaust system of any motor vehicle shall be so located as would be likely to result in burning, charring, or damaging the electrical wiring, the fuel supply, or any combustible part of the motor vehicle.	<input checked="" type="checkbox"/>							

INSTRUCTIONS: MARK COLUMN ENTRIES TO VERIFY INSPECTION:  OK,  NEEDS REPAIR,  IF ITEMS DO NOT APPLY. REPAIRED DATE

**CERTIFICATION: THIS VEHICLE HAS PASSED ALL THE INSPECTION ITEMS FOR THE ANNUAL VEHICLE INSPECTION REPORT IN ACCORDANCE WITH 49 CFR 396.**



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

Date: 08-12-2004 Staff: Linda Elhardt

TO: CHA079250  
FICORP, INC.  
PORTLAND MOTORCOACHES & PRESTEGE CUSTOM TOURS  
1660 SW BERTHA BLVD.  
PORTLAND, OR 97219

**Final Notice**  
**Date: 8/12/04** Initials LE

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

X On June 21, 2004, we sent you a letter requesting a Form E Certificate of Insurance. We still have not received the insurance. We need to receive the insurance by August 26, 2004, or your application will be dismissed. This letter will serve as the final notice.

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

Date: 06-21-2004 Staff: Linda Elhardt

TO: CHA079250  
FICORP, INC.  
PORTLAND MOTORCOACHES & PRESTEGE CUSTOM TOURS  
1660 SW BERTHA BLVD.  
PORTLAND, OR 97219

**Second Request**  
**Date: 6/21/04**  
**Initials** *LE*

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

X On February 11, 2004, we sent you a letter requesting a Form E Certificate of Insurance and a safety inspection of your vehicles. As of this date, we still have not received the insurance and your vehicles have not been inspected. Please contact your insurance agent and request a Form E. Also, you need to contact Carolyn Caruso at (360) 664-1244 for an appointment to have your vehicles inspected.

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

Date: 02-11-2004 Staff: Linda Elhardt

TO: CHA079250  
FICORP, INC.  
PORTLAND MOTORCOACHES & PRESTEGE CUSTOM TOURS  
1660 SW BERTHA BLVD.  
PORTLAND, OR 97219

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

- 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.

# ROUTING SLIP

ASSIGNMENT NO.: 104172 MOTCAR NO.: 42325 PERMIT: CHA079230

CARRIER NAME: FICORP, Inc

INVESTIGATOR(S): Tom McVaugh DATE: 8-5-04

RECOMMENDATION: Close & File. ETA & Vehicle  
Inspection conducted on this new  
Charter Bus Applicant.

# of Vehicle Inspections:	3
# of Defective Vehicles:	2
# of DOS Vehicles:	0
# of CUSA Decals Issued:	1

\* Interstate records shows this carrier is cancelled (Insurance)  
Should carrier be rechecked? CR in future for Rating

REVIEWED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

FINAL RECOMMENDATION BY: \_\_\_\_\_ DATE: \_\_\_\_\_

OTHER INFORMATION: \_\_\_\_\_

UNIFORM DRIVER/VEHICLE INSPECTION REPORT

1151136

PERSONNEL NO. J531 DIST / DET \_\_\_\_\_ LEVEL: 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_ 5 X

GENERAL				HAZARDOUS MATERIALS			
DATE <u>08.04.04</u>	TIME (MILITARY) BEGUN <u>11:15</u>	TIME (MILITARY) FINISHED _____	HAZARD CLASS / DIVISION NO. _____	REPORTABLE QTY? Y N	HAZARDOUS WASTE? Y N	PLACARD REQUIRED? Y N	CARGO TANKS? Y N
LOCATION, SR/MP <u>PORTLAND OR</u>		SCALEHOUSE NO. _____	CNTY CODE _____				
CARRIER							
CARRIER NAME (Include DBA when applicable) <u>FICORP INC dba PRESTIGE CUSTOM TOURS</u>							
ADDRESS <u>1716 NE 24TH AVE</u>							
CITY <u>PORTLAND</u>	STATE <u>OR</u>	ZIP CODE <u>97212</u>	INTERSTATE <u>(YES)</u> NO	DOT NO. <u>742817</u>	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>FICORP INC</u>				G.V.W. <u>52000</u>	PBT RATE _____		
UNIT	TYPE	YEAR/MAKE	CO. UNIT NO.	LICENSE NO. / VIN NO.		STATE	
1	<u>BU</u>	<u>97 PREU</u>	<u>301</u>	<u>7AP4616</u>		<u>OR</u>	
2							
3							
4							

34 30 20 4 5 6 7 8 9 10 11 12

FRONT 1 1/2 1 1/2 1 1/2 1 1/2 1 1/2 1 1/2 1 1/2 1 1/2 1 1/2 1 1/2 1 1/2 1 1/2

1 3/4 1 1/2 1 1/2 1 1/2 1 1/2 1 1/2 1 1/2 1 1/2 1 1/2 1 1/2 1 1/2 1 1/2

**WHAKE ADJUSTMENT**

CFR	VIOLATIONS	D	1	2	3	4	Unit #s O/S	Complied
<u>393.205</u>	<u>WHEEL LUG BROKEN, lot 10, LEFT DRIVE AXLR</u>		<u>X</u>					
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 \_\_\_\_\_

2PCL33492V026111

UNIFORM DRIVER/VEHICLE INSPECTION REPORT

1151135

PERSONNEL NO. J540 DIST / DET LEVEL: 1 2 3 4 5 X

GENERAL HAZARDOUS MATERIALS DATE 080404 TIME (MILITARY) 10 50 FINISHED 11 15 HAZARD CLASS / DIVISION NO. REPORTABLE QTY? Y N HAZARDOUS WASTE? Y N PLACARD REQUIRED? Y N CARGO TANKS? Y N

CARRIER CARRIER NAME (Include DBA when applicable) FICORP INC dba PORTLAND MOTORCOACHES ADDRESS 1660 SW BEETHA BLVD CITY PORTLAND OR STATE OR ZIP CODE 97219 INTERSTATE YES NO DOT NO. 742817 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 REGISTERED OWNER NAME/ADDRESS FICORP INC G.V.W. 3600 PBT RATE UNIT TYPE YEAR/MAKE CO. UNIT NO. LICENSE NO. / VIN NO. STATE 1 BU 80 MCI 866 7APX483 OR 2 3 4

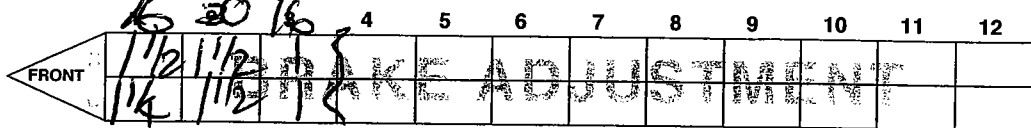


Table with columns: GFR, VIOLATIONS, D, 1, 2, 3, 4, Unit #s O/S, Complied. The table is mostly empty.

CVSA DECALS UNIT 1 11269327 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.

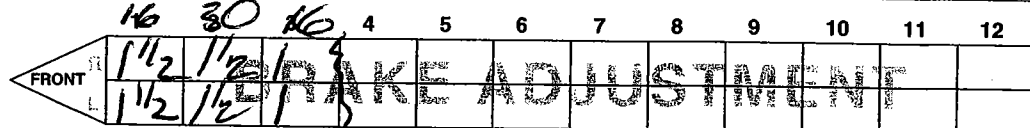
17UFCMCA SGR00585

UNIFORM DRIVER/VEHICLE INSPECTION REPORT

1151131

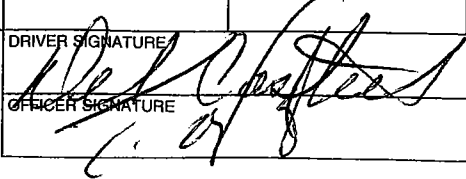
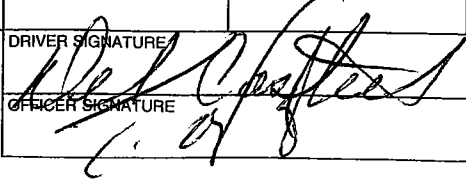
PERSONNEL NO. **J531** DIST / DET \_\_\_\_\_ LEVEL: 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_ 5 **X**

GENERAL				HAZARDOUS MATERIALS			
DATE <b>080404</b>	TIME (MILITARY) BEGUN <b>10:20</b>	TIME (MILITARY) FINISHED <b>10:50</b>	HAZARD CLASS / DIVISION NO.	REPORTABLE QTY? Y <input type="checkbox"/> N <input type="checkbox"/>	HAZARDOUS WASTE? Y <input type="checkbox"/> N <input type="checkbox"/>	PLACARD REQUIRED? Y <input type="checkbox"/> N <input type="checkbox"/>	CARGO TANKS? Y <input type="checkbox"/> N <input type="checkbox"/>
LOCATION: SR/MP <b>PORTLAND OR</b>			SCALEHOUSE NO.	CNTY CODE			
CARRIER							
CARRIER NAME (Include DBA when applicable) <b>FICORP INC dba PORTLAND MOTORCOACHES</b>							
ADDRESS <b>1660 SW BERTHA BLVD</b>							
CITY <b>PORTLAND</b>	STATE <b>OR</b>	ZIP CODE <b>97219</b>	INTERSTATE YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	DOT NO. <b>742817</b>	ICC NO.		
DRIVER							
DRIVER NAME				LICENSE NO.	STATE	EXP. YEAR	
DATE OF BIRTH	MED. CERT. Y <input type="checkbox"/> N <input type="checkbox"/>	SHIPPER NAME			SHIPPING NO.		
WAIVER Y <input type="checkbox"/> N <input type="checkbox"/>							
VEHICLE							
REGISTERED OWNER NAME/ADDRESS <b>FICORP INC</b>				G.V.W. <b>36000</b>	PBT RATE		
UNIT	TYPE	YEAR/MAKE	CO. UNIT NO.	LICENSE NO. / VIN NO.		STATE	
1	<b>BU</b>	<b>89 mcl</b>	<b>891</b>	<b>YAPU139</b>		<b>OR</b>	
2							
3							
4							



CFR	VIOLATIONS	D	1	2	3	4	Unit #s O/S	Complied
393.9	RIGHT REAR TAIL LAMP INOPERATIVE		X					
393.9	BACKUP LAMPS INOPERATIVE		X					
393.9	LEFT REAR MARKER CLEARANCE LAMP INOPERATIVE		X					
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  


11UGCH8A7KR007317  
APR INT  
CAR 0136187-02

Washington Utilities and Transportation Commission  
Fax Transmittal



DATE: 2-11-04

Fax Number: (503) 236-1060

TO:

Name: Del Casteel

Telephone:

Company:

Section:

FROM:

Name: Linda

Section: Transportation

Telephone: (360) 664-1227 Fax (360) 586-1181

Number of pages including this cover sheet: 3

Comment:

Please charge the remainder -  
\$4.00 to your credit card  
so we can process the  
regulatory fee. Thank you -



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

Date: 02-11-2004 Staff: Linda Elhardt

TO: CHA079250  
FICORP, INC.  
PORTLAND MOTORCOACHES & PRESTEGE CUSTOM TOURS  
1660 SW BERTHA BLVD.  
PORTLAND, OR 97219

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.
  
- X 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.

# ANNUAL VEHICLE INSPECTION REPORT

VEHICLE HISTORY RECORD	
REPORT NUMBER	FLEET UNIT NUMBER
	891
DATE	9/18/02

MOTOR CARRIER OPERATOR	INSPECTOR'S NAME (PRINT OR TYPE) <i>Brian Reid</i>
ADDRESS	THIS INSPECTOR MEETS THE QUALIFICATION REQUIREMENTS IN SECTION 396.19. <input checked="" type="checkbox"/> YES
CITY, STATE, ZIP CODE	VEHICLE IDENTIFICATION (✓) AND COMPLETE LIC. PLATE NO. <input checked="" type="checkbox"/> VIN <input type="checkbox"/> OTHER <i>YAPU 139</i>
VEHICLE TYPE <input type="checkbox"/> TRACTOR <input type="checkbox"/> TRAILER <input type="checkbox"/> TRUCK <input checked="" type="checkbox"/> (OTHER) <i>Bus</i>	INSPECTION AGENCY/LOCATION (OPTIONAL)

## VEHICLE COMPONENTS INSPECTED

OK	NEEDS REPAIR	REPAIRED DATE	ITEM	OK	NEEDS REPAIR	REPAIRED DATE	ITEM	OK	NEEDS REPAIR	REPAIRED DATE	ITEM
			<b>1. BRAKE SYSTEM</b>				<b>4. FUEL SYSTEM</b>				<b>9. FRAME</b>
		<i>9-20</i>	a. Service Brakes				a. Visible leak				a. Frame Members
			b. Parking Brake System				b. Fuel tank filler cap missing				b. Tire and Wheel Clearance
		<i>9-20</i>	c. Brake Drums or Rotors				c. Fuel tank securely attached			<i>NA</i>	c. Adjustable Axle Assemblies (Sliding Subframes)
			d. Brake Hose								
			e. Brake Tubing				<b>5. LIGHTING DEVICES</b>				<b>10. TIRES</b>
		<i>9-20</i>	f. Low Pressure Warning Device			<i>9-20</i>	All lighting devices and reflectors required by Section 393 shall be operable.				a. Tires on any steering axle of a power unit.
			g. Tractor Protection Valve								b. All other tires.
		<i>NA</i>	h. Air Compressor				<b>6. SAFE LOADING</b>				<b>11. WHEELS AND RIMS</b>
			i. Electric Brakes				a. Part(s) of vehicle or condition of loading such that the spare tire or any part of the load or dunnage can fall onto the roadway.				a. Lock or Side Ring
		<i>NA</i>	j. Hydraulic Brakes				b. Protection against shifting cargo				b. Wheels and Rims
		<i>NA</i>	k. Vacuum Systems								c. Fasteners
											d. Welds
			<b>2. COUPLING DEVICES</b>				<b>7. STEERING MECHANISM</b>				<b>12. WINDSHIELD GLAZING</b>
			a. Fifth Wheels				a. Steering Wheel Free Play				Requirements and exceptions as stated pertaining to any crack, discoloration or vision reducing matter (reference 393.60 for exceptions)
			b. Pintle Hooks				b. Steering Column				
			c. Drawbar/Towbar Eye				c. Front Axle Beam and All Steering Components Other Than Steering Column				<b>13. WINDSHIELD WIPERS</b>
		<i>NA</i>	d. Drawbar/Towbar Tongue				d. Steering Gear Box				Any power unit that has an inoperative wiper, or missing or damaged parts that render it ineffective.
			e. Safety Devices				e. Pitman Arm				
			f. Saddle-Mounts				f. Power Steering				List any other condition which may prevent safe operation of this vehicle.
							g. Ball and Socket Joints				
			<b>3. EXHAUST SYSTEM</b>				h. Tie Rods and Drag Links				
			a. Any exhaust system determined to be leaking at a point forward of or directly below the driver/sleeper compartment.				i. Nuts				
			b. A bus exhaust system leaking or discharging to the atmosphere in violation of standards (1), (2) or (3).				j. Steering System				
			c. No part of the exhaust system of any motor vehicle shall be so located as would be likely to result in burning, charring, or damaging the electrical wiring, the fuel supply, or any combustible part of the motor vehicle.								
							<b>8. SUSPENSION</b>				
							a. Any U-bolt(s), spring hanger(s), or other axle positioning part(s) cracked, broken, loose or missing resulting in shifting of an axle from its normal position.				
							b. Spring Assembly				
							c. Torque, Radius or Tracking Components.				

INSTRUCTIONS: MARK COLUMN ENTRIES TO VERIFY INSPECTION:  OK,  NEEDS REPAIR,  NA IF ITEMS DO NOT APPLY, \_\_\_\_\_ REPAIRED DATE

CERTIFICATION: THIS VEHICLE HAS PASSED ALL THE INSPECTION ITEMS FOR THE ANNUAL VEHICLE INSPECTION REPORT IN ACCORDANCE WITH 49 CFR 396.

# ANNUAL VEHICLE INSPECTION REPORT

VEHICLE HISTORY RECORD	
REPORT NUMBER	FLEET UNIT NUMBER
	980
DATE <span style="font-size: 1.2em;">10-19-03</span>	

MOTOR CARRIER OPERATOR <i>Portland Motor Coach</i>	INSPECTOR'S NAME (PRINT OR TYPE) <i>DENNIS GAY</i>
ADDRESS <i>1660 SW Bertha Blv</i>	THIS INSPECTOR MEETS THE QUALIFICATION REQUIREMENTS IN SECTION 396.19. <input checked="" type="checkbox"/> YES
CITY, STATE, ZIP CODE <i>Portland Oregon 97219</i>	VEHICLE IDENTIFICATION (✓) AND COMPLETE <input checked="" type="checkbox"/> LIC. PLATE NO. <input type="checkbox"/> VIN <input type="checkbox"/> OTHER <i>VAPV397</i>
VEHICLE TYPE <input type="checkbox"/> TRACTOR <input type="checkbox"/> TRAILER <input type="checkbox"/> TRUCK <input checked="" type="checkbox"/> (OTHER) <i>BUS</i>	INSPECTION AGENCY/LOCATION (OPTIONAL)

VEHICLE COMPONENTS INSPECTED												
OK	NEEDS REPAIR	REPAIRED DATE	ITEM	OK	NEEDS REPAIR	REPAIRED DATE	ITEM	OK	NEEDS REPAIR	REPAIRED DATE	ITEM	
X			1. BRAKE SYSTEM a. Service Brakes b. Parking Brake System c. Brake Drums or Rotors d. Brake Hose e. Brake Tubing f. Low Pressure Warning Device g. Tractor Protection Valve h. Air Compressor i. Electric Brakes j. Hydraulic Brakes k. Vacuum Systems	X			4. FUEL SYSTEM a. Visible leak b. Fuel tank filler cap missing c. Fuel tank securely attached	X			9. FRAME a. Frame Members b. Tire and Wheel Clearance c. Adjustable Axle Assemblies (Sliding Subframes)	
F				X				X				
X				X				X				
X				X				NA				
X					X			5. LIGHTING DEVICES All lighting devices and reflectors required by Section 393 shall be operable.	X			10. TIRES a. Tires on any steering axle of a power unit. b. All other tires.
X				X			X					
F					NA			6. SAFE LOADING a. Part(s) of vehicle or condition of loading such that the spare tire or any part of the load or dunnage can fall onto the roadway. b. Protection against shifting cargo	X			11. WHEELS AND RIMS a. Lock or Side Ring b. Wheels and Rims c. Fasteners d. Welds
NA					NA		X					
NA					NA		X					
NA					NA		X					
NA				2. COUPLING DEVICES a. Fifth Wheels b. Pintle Hooks c. Drawbar/Towbar Eye d. Drawbar/Towbar Tongue e. Safety Devices f. Saddle-Mounts	NA			7. STEERING MECHANISM a. Steering Wheel Free Play b. Steering Column c. Front Axle Beam and All Steering Components Other Than Steering Column d. Steering Gear Box e. Pitman Arm f. Power Steering g. Ball and Socket Joints h. Tie Rods and Drag Links i. Nuts j. Steering System	X			12. WINDSHIELD GLAZING Requirements and exceptions as stated pertaining to any crack, discoloration or vision reducing matter (reference 393.60 for exceptions)
NA						NA			X			
NA						X			X			
NA						X			X			
X			3. EXHAUST SYSTEM a. Any exhaust system determined to be leaking at a point forward of or directly below the driver/sleeper compartment. b. A bus exhaust system leaking or discharging to the atmosphere in violation of standards (1), (2) or (3). c. No part of the exhaust system of any motor vehicle shall be so located as would be likely to result in burning, charring, or damaging the electrical wiring, the fuel supply, or any combustible part of the motor vehicle.	X			8. SUSPENSION a. Any U-bolt(s), spring hanger(s), or other axle positioning part(s) cracked, broken, loose or missing resulting in shifting of an axle from its normal position. b. Spring Assembly c. Torque, Radius or Tracking Components.	X			13. WINDSHIELD WIPERS Any power unit that has an inoperative wiper, or missing or damaged parts that render it ineffective.  List any other condition which may prevent safe operation of this vehicle.	
X				X				X				
X				X				X				
X				X				X				
X				X				X				
X				X				X				

INSTRUCTIONS: MARK COLUMN ENTRIES TO VERIFY INSPECTION:  OK,  NEEDS REPAIR,  NA IF ITEMS DO NOT APPLY, \_\_\_\_\_ REPAIRED DATE

**CERTIFICATION: THIS VEHICLE HAS PASSED ALL THE INSPECTION ITEMS FOR THE ANNUAL VEHICLE INSPECTION REPORT IN ACCORDANCE WITH 49 CFR 396.**

# ANNUAL VEHICLE INSPECTION REPORT

VEHICLE HISTORY RECORD	
REPORT NUMBER	FLEET UNIT NUMBER
	939
DATE	
10-19-03	

MOTOR CARRIER OPERATOR <b>Portland Motor Coach</b>	INSPECTOR'S NAME (PRINT OR TYPE) <b>DENNIS GAY</b>
ADDRESS <b>1660 SW BERTHA BLV</b>	THIS INSPECTOR MEETS THE QUALIFICATION REQUIREMENTS IN SECTION 396.19. <input checked="" type="checkbox"/> YES
CITY, STATE, ZIP CODE <b>Portland Oregon 97219</b>	VEHICLE IDENTIFICATION (✓) AND COMPLETE <input checked="" type="checkbox"/> LIC. PLATE NO. <input type="checkbox"/> VIN <input type="checkbox"/> OTHER <b>YAPR 408</b>
VEHICLE TYPE <input type="checkbox"/> TRACTOR <input type="checkbox"/> TRAILER <input type="checkbox"/> TRUCK <input checked="" type="checkbox"/> (OTHER) <b>Bus</b>	INSPECTION AGENCY/LOCATION (OPTIONAL)

VEHICLE COMPONENTS INSPECTED											
OK	NEEDS REPAIR	REPAIRED DATE	ITEM	OK	NEEDS REPAIR	REPAIRED DATE	ITEM	OK	NEEDS REPAIR	REPAIRED DATE	ITEM
X			1. BRAKE SYSTEM	X			4. FUEL SYSTEM	X			9. FRAME
X			a. Service Brakes	X			a. Visible leak	X			a. Frame Members
X			b. Parking Brake System	X			b. Fuel tank filler cap missing	X			b. Tire and Wheel Clearance
X			c. Brake Drums or Rotors	X			c. Fuel tank securely attached	X			c. Adjustable Axle Assemblies (Sliding Subframes)
X			d. Brake Hose	X				N/A			
X			e. Brake Tubing				5. LIGHTING DEVICES	X			10. TIRES
X			f. Low Pressure Warning Device				All lighting devices and reflectors required by Section 393 shall be operable.	X			a. Tires on any steering axle of a power unit.
X			g. Tractor Protection Valve					X			b. All other tires.
X			h. Air Compressor				6. SAFE LOADING	X			11. WHEELS AND RIMS
N/A			i. Electric Brakes	N/A			a. Part(s) of vehicle or condition of loading such that the spare tire or any part of the load or dunnage can fall onto the roadway.	X			a. Lock or Side Ring
N/A			j. Hydraulic Brakes	N/A			b. Protection against shifting cargo	X			b. Wheels and Rims
N/A			k. Vacuum Systems	N/A				X			c. Fasteners
N/A				N/A			7. STEERING MECHANISM	X			d. Welds
N/A			2. COUPLING DEVICES	N/A			a. Steering Wheel Free Play	X			12. WINDSHIELD GLAZING
N/A			a. Fifth Wheels	N/A			b. Steering Column	X			Requirements and exceptions as stated pertaining to any crack, discoloration or vision reducing matter (reference 393.60 for exceptions)
N/A			b. Pintle Hooks	N/A			c. Front Axle Beam and All Steering Components Other Than Steering Column	X			13. WINDSHIELD WIPERS
N/A			c. Drawbar/Towbar Eye	N/A			d. Steering Gear Box	X			Any power unit that has an inoperative wiper, or missing or damaged parts that render it ineffective.
N/A			d. Drawbar/Towbar Tongue	X			e. Pitman Arm	X			List any other condition which may prevent safe operation of this vehicle.
N/A			e. Safety Devices	X			f. Power Steering				
N/A			f. Saddle-Mounts	X			g. Ball and Socket Joints				
X			3. EXHAUST SYSTEM	X			h. Tie Rods and Drag Links				
X			a. Any exhaust system determined to be leaking at a point forward of or directly below the driver/sleeper compartment.	X			i. Nuts				
X			b. A bus exhaust system leaking or discharging to the atmosphere in violation of standards (1), (2) or (3).	X			j. Steering System				
X			c. No part of the exhaust system of any motor vehicle shall be so located as would be likely to result in burning, charring, or damaging the electrical wiring, the fuel supply, or any combustible part of the motor vehicle.	X			8. SUSPENSION				
X				X			a. Any U-bolt(s), spring hanger(s), or other axle positioning part(s) cracked, broken, loose or missing resulting in shifting of an axle from its normal position.				
				X			b. Spring Assembly				
				X			c. Torque, Radius or Tracking Components.				

INSTRUCTIONS: MARK COLUMN ENTRIES TO VERIFY INSPECTION:  OK,  NEEDS REPAIR,  IF ITEMS DO NOT APPLY, \_\_\_\_\_ REPAIRED DATE

CERTIFICATION: THIS VEHICLE HAS PASSED ALL THE INSPECTION ITEMS FOR THE ANNUAL VEHICLE INSPECTION REPORT IN ACCORDANCE WITH 49 CFR 396.

# ANNUAL VEHICLE INSPECTION REPORT

VEHICLE HISTORY RECORD	
REPORT NUMBER	FLEET UNIT NUMBER
	934
DATE	
10-19-03	

MOTOR CARRIER OPERATOR <b>Portland Motor Coach</b>	INSPECTOR'S NAME (PRINT OR TYPE) <b>DENNIS GAY</b>
ADDRESS <b>1660 SW Bertha Blvd <del>97219</del></b>	THIS INSPECTOR MEETS THE QUALIFICATION REQUIREMENTS IN SECTION 396.19. <input checked="" type="checkbox"/> YES
CITY, STATE, ZIP CODE <b>Portland Oregon 97219</b>	VEHICLE IDENTIFICATION (✓) AND COMPLETE <input checked="" type="checkbox"/> LIC. PLATE NO. <input type="checkbox"/> VIN <input type="checkbox"/> OTHER <b>VAPR 407</b>
VEHICLE TYPE <input type="checkbox"/> TRACTOR <input type="checkbox"/> TRAILER <input type="checkbox"/> TRUCK <input checked="" type="checkbox"/> (OTHER) <b>Bus</b>	INSPECTION AGENCY/LOCATION (OPTIONAL)

## VEHICLE COMPONENTS INSPECTED

OK	NEEDS REPAIR	REPAIRED DATE	ITEM	OK	NEEDS REPAIR	REPAIRED DATE	ITEM	OK	NEEDS REPAIR	REPAIRED DATE	ITEM
X			<b>1. BRAKE SYSTEM</b>		X		<b>4. FUEL SYSTEM</b>	X			<b>9. FRAME</b>
X			a. Service Brakes	X			a. Visible leak	X			a. Frame Members
X			b. Parking Brake System	X			b. Fuel tank filler cap missing	X			b. Tire and Wheel Clearance
X			c. Brake Drums or Rotors	X			c. Fuel tank securely attached	X			c. Adjustable Axle Assemblies (Sliding Subframes)
X			d. Brake Hose	X			<b>5. LIGHTING DEVICES</b> All lighting devices and reflectors required by Section 393 shall be operable.				<b>10. TIRES</b> a. Tires on any steering axle of a power unit. b. All other tires.
X			e. Brake Tubing	X							
X			f. Low Pressure Warning Device	X			<b>6. SAFE LOADING</b> a. Part(s) of vehicle or condition of loading such that the spare tire or any part of the load or dunnage can fall onto the roadway. b. Protection against shifting cargo	X			<b>11. WHEELS AND RIMS</b> a. Lock or Side Ring b. Wheels and Rims c. Fasteners d. Welds
X			g. Tractor Protection Valve	X							
X			h. Air Compressor				<b>7. STEERING MECHANISM</b> a. Steering Wheel Free Play b. Steering Column c. Front Axle Beam and All Steering Components Other Than Steering Column d. Steering Gear Box e. Pitman Arm f. Power Steering g. Ball and Socket Joints h. Tie Rods and Drag Links i. Nuts j. Steering System	X			<b>12. WINDSHIELD GLAZING</b> Requirements and exceptions as stated pertaining to any crack, discoloration or vision reducing matter (reference 393.60 for exceptions)
N/A			i. Electric Brakes								
N/A			j. Hydraulic Brakes				<b>13. WINDSHIELD WIPERS</b> Any power unit that has an inoperative wiper, or missing or damaged parts that render it ineffective.				List any other condition which may prevent safe operation of this vehicle.  <b>(Fuel lid leak)</b> <b>REPAIRED CABINET</b> <b>Air Leak shut down REPAIRED</b> <b>MMA</b>
N/A			k. Vacuum Systems								
			<b>2. COUPLING DEVICES</b>				<b>8. SUSPENSION</b> a. Any U-bolt(s), spring hanger(s), or other axle positioning part(s) cracked, broken, loose or missing resulting in shifting of an axle from its normal position. b. Spring Assembly c. Torque, Radius or Tracking Components.				
			a. Fifth Wheels								
			b. Pintle Hooks								
			c. Drawbar/Towbar Eye								
			d. Drawbar/Towbar Tongue								
			e. Safety Devices								
			f. Saddle-Mounts								
			<b>3. EXHAUST SYSTEM</b>								
X			a. Any exhaust system determined to be leaking at a point forward of or directly below the driver/sleeper compartment.	X							
X			b. A bus exhaust system leaking or discharging to the atmosphere in violation of standards (1), (2) or (3).	X							
X			c. No part of the exhaust system of any motor vehicle shall be so located as would be likely to result in burning, charring, or damaging the electrical wiring, the fuel supply, or any combustible part of the motor vehicle.	X							

INSTRUCTIONS: MARK COLUMN ENTRIES TO VERIFY INSPECTION:  OK,  NEEDS REPAIR, **NA** IF ITEMS DO NOT APPLY, \_\_\_\_\_ REPAIRED DATE

**CERTIFICATION: THIS VEHICLE HAS PASSED ALL THE INSPECTION ITEMS FOR THE ANNUAL VEHICLE INSPECTION REPORT IN ACCORDANCE WITH 49 CFR 396.**

ORIGINAL

# INSURANCE BINDER

ISSUE DATE 12/22/2003


THIS BINDER IS A TEMPORARY INSURANCE CONTRACT, SUBJECT TO THE CONDITIONS SHOWN BELOW.

<b>PRODUCER</b> AMERICAN HIGHWAYS INSURANCE AGENCY 3250 INTERSTATE DR. RICHFIELD OH 44286-9000		<b>COMPANY</b> National Interstate Insurance Company		<b>BINDER NO.</b> 00703	
<b>INSURED</b> FI CORP DBA: PRESTIGE CUSTOM TOURS 2419 NE BROADWAY PORTLAND OR 97232-		<b>EFFECTIVE</b>		<b>EXPIRATION</b>	
		DATE 12/28/2003	TIME 12:01 AM	DATE 02/28/2004	TIME 12:01 AM

COVERAGES		LIMITS		
TYPE OF INSURANCE	COVERAGES/FORMS	AMOUNT	DEDUCTIBLE	COINSUR.
PROPERTY CAUSES OF LOSS <input type="checkbox"/> _____ <input type="checkbox"/> _____	RECEIVED FEB 23 2004 WASH. UT. & TP. COMM.	General Aggregate		\$1,000,000.00
GENERAL LIABILITY <input type="checkbox"/> Owner's & Contractor's Prot.		Products-Comp/Op Aggregate		
AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> Any Auto <input type="checkbox"/> All Owned Autos <input type="checkbox"/> Scheduled Autos <input type="checkbox"/> Hired Autos <input type="checkbox"/> Non-Owned Autos		Personal & Adv. Injury		\$1,000,000.00
		Each Occurrence		\$1,000,000.00
		Fire Damage (Per person)		
		Med. Expense (Per person)		
		Combined Single Limit		\$5,000,000.00
		Bodily Injury (Per person)		
		Bodily Injury (Per accident)		
		Property Damage		
AUTOMOBILE PHYSICAL DAMAGE <input checked="" type="checkbox"/> Collision <input checked="" type="checkbox"/> Other Than Collision	<input checked="" type="checkbox"/> All Vehicles Deductible \$5,000.00 Deductible \$5,000.00	Actual Cash Value Stated Amount Other		
EXCESS LIABILITY <input checked="" type="checkbox"/> Umbrella Form <input type="checkbox"/> Other Than Umbrella Form		Each Occurrence Aggregate Self Insured Retention		
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		Each Accident Disease - Policy Limit Disease - Each Employee		

**SPECIAL CONDITIONS / OTHER COVERAGES**

**CONDITIONS**  
 This Company binds the kind(s) of insurance above. The insurance is subject to the terms, conditions and limitations of the policy(ies) in current use by the Company. This binder may be cancelled by the insured by surrender of this binder or by written notice to the Company stating when cancellation will be effective. This binder may be cancelled by the Company by notice to the insured in accordance with the policy conditions. This binder is cancelled when replaced by a policy. If this binder is not replaced by a policy, the Company is entitled to charge a premium for the binder according to the Rules and Rates in use by the Company.

<b>APPLICABLE IN NEVADA</b> Any person who refuses to accept a binder which provides coverage of less than \$1,000,000.00 when proof is required: (A) Shall be fined not more than \$500.00, and (B) is liable to the party presenting the binder as proof of insurance for actual damages sustained therefrom.	<b>AUTHORIZED REPRESENTATIVE</b> 
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