

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

111 0268 232 01	CID <u>42341</u>	CHA <u>79256</u>
111 0268 232 02 150.00	DATE <u>2/12/04</u>	SAFETY INSP <u>JE</u>
111 0268 232 03 11-	0005708	INS/BOND <u>JE</u>
111 0268	<u>Reg, fees - JE</u>	<u>Docket # TE-040269</u>

THIS APPLICATION IS FOR:

(Check One Only) CHARTER BUS CERTIFICATE EXCURSION SERVICE CERTIFICATE

NAME OF APPLICANT ~~DAVID D. NIMMO~~ CH-459

D/B/A- CAPTAIN Nimmo's CHARTERS LLC D.N.

MAILING ADDRESS 5509 32nd Ct. S.E. LACEY WA - 98503 PHYSICAL ADDRESS SAME

BUSINESS TELEPHONE NUMBER (360) 491-2552 FAX NUMBER () _____

UBI # ~~60249075~~ 602-369-419 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:

David Nimmo Jr. 50% — Linda C Nimmo 50%

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

EQUIPMENT LIST:

LICENSE NUMBER	YEAR AND MAKE OF VEHICLE	SERIAL NUMBER (VEHICLE IDENTIFICATION NUMBER)	SEATING CAPACITY
<u>292423</u>	<u>1988 M.C.I.</u>	<u>1M8GDM9A9JP042411</u>	<u>49</u>

DESCRIBE OPERATIONS (Territory)

In the state of WA,

SAFETY COMPLIANCE REVIEW AND QUESTIONNAIRE:

GENERAL

	YES	NO	N/A
Do you have a copy of the laws and rules relating to passenger charter and excursion service carriers?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you been cited within the last three years by the Commission for violations of it rules or laws?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

If Yes, explain: _____

Are you familiar with the state motor carrier safety rules?.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Will management review the carrier's compliance status on a periodic basis?.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NOTIFICATION AND REPORTING OF ACCIDENTS

	YES	NO	N/A
Are you familiar with the Commission accident reporting rule?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Will you take any action against drivers involved in preventable accidents?.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PART 391 - QUALIFICATION OF DRIVERS

	YES	NO	N/A
Do you have written hiring policies/procedures that are being followed when hiring new drivers?.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are oral interviews conducted with new drivers to verify information submitted on their applications?.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Will you have a system established to ensure drivers' medical certificates remain current?.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Will you verify that physicians completing medical certifications are knowledgeable about the instructions for performing and recording driver physical examinations?.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Will you review the results of the health history and physical examination?.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Will you have a system established that will ensure drivers' operating licenses remain current?.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Will you have a system established that will ensure drivers' annual reviews and annual record of violations remain current?.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Will you comply with the road test provisions of Section 391.31?.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can you maintain and produce complete driver qualification files on drivers?.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PART 392 - DRIVING OF MOTOR VEHICLES

	YES	NO	N/A
Do you have established procedures concerning the use of alcohol and drugs?.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a policy for monitoring speed?.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PART 395 - HOURS OF SERVICE OF DRIVERS

	YES	NO	N/A
Can you explain the hours of service limitations, i.e., 10, 15, 60 in 7, 70 in 8?.....	✓	_____	_____
Will you file records of duty status in systematic manner?.....	✓	_____	_____
Will drivers be required to complete recaps of their records of duty status?.....	✓	_____	_____
Will dispatchers be aware of drivers' hours of service prior to trip?.....	✓	_____	_____
Will other independent records be compared to drivers records of duty status for accuracy?.....	✓	_____	_____
Will you have a system for recording hours of duty status on 100 mile radius drivers?.....	✓	_____	_____
Will you have a disciplinary policy for noncompliance with Part 395?.....	✓	_____	_____

PART 396 - INSPECTION, REPAIR AND MAINTENANCE

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

THE UNDERSIGNED APPLICANT REQUESTS THAT THE WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION MAKE ITS ORDER GRANTING A CERTIFICATE TO OPERATE AS A CHARTER PARTY OR EXCURSION SERVICE CARRIER AS PROVIDED FOR IN RCW 81.70 AND WAC 480-40

Dated at: Olympia, Washington, 2-12-04
(City or Town) (Month/Day/Year)

DAVID Nimmo SR
(Name of applicant)

By: David Nimmo Sr.
(Signature)

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

2-12-04
(Date and Place)

David Nimmo Sr.
(Signature)

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

Date: 02-18-2004 Staff: Linda Elhardt

TO: CHA079256
NIMMO, DAVID & LINDA
CAPTAIN NIMMO'S CHARTERS
5509 - 32ND CT. S.E.
LACEY, WA 98503

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.

UNIFORM DRIVER/VEHICLE INSPECTION REPORT

1148152

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

GENERAL	HAZARDOUS MATERIALS
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DATE <u>02/02/04</u>	TIME (MILITARY) <u>0830</u>	TIME (MILITARY) <u>0900</u>	HAZARD CLASS / DIVISION NO. _____
LOCATION: SR/MP <u>TERMINAL</u>	BEGUN <u>0830</u>	FINISHED <u>0900</u>	REPORTABLE QTY? Y N HAZARDOUS WASTE? Y N
<u>(360) 427-8914</u>	SCALEHOUSE NO. _____	CNTY CODE <u>14</u>	PLACARD REQUIRED? Y N CARGO TANKS? Y N

CARRIER

CARRIER NAME (Include DBA when applicable) TOBER, GEORGE H., SR. THE DITCHMAN

ADDRESS SE 64 LYNCH ROAD

CITY <u>SHELTON</u>	STATE <u>WA</u>	ZIP CODE <u>98584</u>	INTERSTATE <u>ES</u> NO _____	DOT NO. <u>570323</u>	ICC NO. <u>281041</u>
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DRIVER

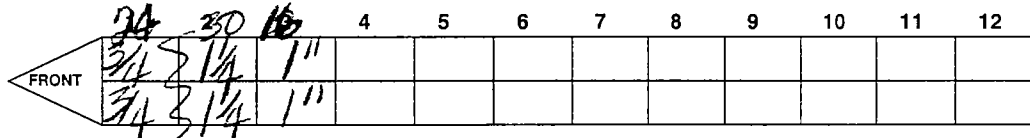
DRIVER NAME _____	LICENSE NO. _____	STATE _____	EXP. YEAR _____
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DATE OF BIRTH _____	MED. CERT. Y N _____	SHIPPER NAME _____	SHIPPING NO. _____
	WAIVER Y N _____		

VEHICLE

REGISTERED OWNER NAME/ADDRESS <u>SAME</u>	G.V.W. <u>49-PASS</u>	PBT RATE _____
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UNIT	TYPE	YEAR/MAKE	CO. UNIT NO.	LICENSE NO. / VIN NO.	STATE
1	<u>BU</u>	<u>88/MCI</u>	<u>#2</u>	<u>93342PR</u>	<u>WA</u>
2					
3					
4					



CFR	VIOLATIONS	D	1	2	3	4	Unit #s O/S	Complied
<u>340.244</u>	<u>FAILED TO DISPLAY USDOT</u>		<u>W</u>					
<u>#570323</u>	<u>AND LEGAL NAME AND/OR TRADE NAME</u>							
<u>342.2</u>	<u>FAILED TO DISPLAY CH352 AND ES85</u>		<u>W</u>					
<u>NUMBERS</u>								

CVSA DECALS: UNIT 1 <u>10169000</u>	UNIT 2 _____	UNIT 3 _____	UNIT 4 _____	NOIC NO. _____
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DRIVER SIGNATURE David Thomas Jr.

OFFICER SIGNATURE Dean H. [Signature]

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