

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

RECEIVED

MAR 11 2004

WASH. UT. & TP. COMM.

APPLICATION FOR CHARTER BUS/EXCURSION SERVICE CERTIFICATE

Fee: \$150.00

111 0268 232 01	CID	42441	CHA	79263
111 0268 232 02	DATE	3-11-04	SAFETY INSP	JS
111 0268 232 03			INS/BOND	
111 0268	0006026	Docket # TE-040470	Reg fees	JS

THIS APPLICATION IS FOR:

(Check One Only) CHARTER BUS CERTIFICATE EXCURSION SERVICE CERTIFICATE

NAME OF APPLICANT Calvin Johnston

D/B/A- ELITE CHARTERS Inc

MAILING ADDRESS P.O. Box 271
College Place, WA 99324

PHYSICAL ADDRESS 1174 S.E. SENICVIEW DR
College Place, WA 99324

BUSINESS TELEPHONE NUMBER (509) 522-2288 FAX NUMBER (509) 522-2288

UBI # 602-364-110 E-MAIL ELITE CHARTERS @ YAHOO.COM

IF APPLICANT IS A CORPORATION, LIST NAME, TITLES, AND PERCENTAGE OF STOCK OF PRINCIPAL SHAREHOLDERS. IF APPLICANT IS A PARTNERSHIP, LIST NAMES, ADDRESSES, AND PERCENTAGE OF INTEREST OF ALL PERSONS HAVING AN EQUITY IN THE BUSINESSES:

Calvin Johnston co-owner 50%
Jill Whittington co-owner 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>Y636525</u>	<u>1994 Prevost</u>	<u>2P9H33408R1001023</u>	<u>50</u>

DESCRIBE OPERATIONS (Territory) ALL WASHINGTON STATE

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> </u>	<u>X</u>	<u> </u>
Have you been cited within the last three years by the Commission for violations of it rules or laws?	<u> </u>	<u>X</u>	<u> </u>

If Yes, explain: _____

Are you familiar with the state motor carrier safety rules?.....	<u>X</u>	<u> </u>	<u> </u>
Will management review the carrier's compliance status on a periodic basis?.....	<u>X</u>	<u> </u>	<u> </u>

NOTIFICATION AND REPORTING OF ACCIDENTS

	YES	NO	N/A
Are you familiar with the Commission accident reporting rule?	<u>X</u>	<u> </u>	<u> </u>
Will you take any action against drivers involved in preventable accidents?.....	<u>X</u>	<u> </u>	<u> </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>	<u> </u>	<u> </u>
Are oral interviews conducted with new drivers to verify information submitted on their applications?.	<u>X</u>	<u> </u>	<u> </u>
Will you have a system established to ensure drivers' medical certificates remain current?... ..	<u>X</u>	<u> </u>	<u> </u>
Will you verify that physicians completing medical certifications are knowledgeable about the instructions for performing and recording driver physical examinations?.....	<u>X</u>	<u> </u>	<u> </u>
Will you review the results of the health history and physical examination?.....	<u>X</u>	<u> </u>	<u> </u>
Will you have a system established that will ensure drivers' operating licenses remain current?.....	<u>X</u>	<u> </u>	<u> </u>
Will you have a system established that will ensure drivers' annual reviews and annual record of violations remain current?.....	<u>X</u>	<u> </u>	<u> </u>
Will you comply with the road test provisions of Section 391.31?.....	<u>X</u>	<u> </u>	<u> </u>
Can you maintain and produce complete driver qualification files on drivers?.....	<u>X</u>	<u> </u>	<u> </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>	<u> </u>	<u> </u>
Do you have a policy for monitoring speed?.....	<u>X</u>	<u> </u>	<u> </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: College Place, Washington, 3/2/04
(City or Town) (Month/Day/Year)

Calvin Johnston
(Name of applicant)

By: Cal Jahn
(Signature)

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

MARCH 2, 2004
(Date and Place)

Cal Jahn
(Signature)

WASHINGTON



UTILITIES AND TRANSPORTATION COMMISSION

PASSENGER CHARTER/EXCURSION SERVICE

CARRIER OF PASSENGERS 2004 REGULATORY FEE

RECEIVED

PHONE 360-664-1222 FAX 360-586-1181

MAY 19 2004

WASH. UT. & TP. COMM.

1300 South Evergreen Park Drive SW PO Box 47250 Olympia, WA 98504-7250

The UTC has a policy of providing equal access to its services. If you need special accommodations, please call 360-664-1133 or TTY 360-586-8203.

INSTRUCTIONS:

- 1. Complete both sides of the form.
2. Include payment of the \$11.00 per vehicle fee. If submitting by mail, DO NOT SEND CASH. Payment may be made by check, money order, or credit card.
3. This receipt for regulatory fees paid will expire December 31, 2004.
4. This receipt must be kept at your principal place of business, subject to inspection by Commission personnel.

Form section for applicant information and commission use only. Includes fields for Applicant Name (Calvin Johnston), d/b/a (Elite Charters, Inc), Reception Number (0007218), and Carrier ID (42441).

Mailing Address section. Includes Street/PO Box (P.O. Box 271, 1174 Senicview Dr), City, State/Zip (College Place, WA 99324), Telephone (509 522-2288), FAX, and E-mail.

Payment information section. Includes 'TYPE OF PAYMENT - DO NOT SEND CASH IN THE MAIL - Important new information: The WUTC now accepts credit card payments!' and checkboxes for Check, Money Order, AMEX, DISCOVER, VISA, and MASTER CARD.

Regulatory Fees section. Includes 'REGULATORY FEES:' and a checked box for 'Number of Vehicles: 1 X \$11.00 Fee = \$ 11.00'. Also includes a signature line for Calvin Johnston dated 5/4/04.

Commission Approval section. Includes 'FOR COMMISSION APPROVAL ONLY:' and a statement: 'By signature below, this authorizes the above named passenger charter or excursion service certificate holder to operate vehicles for which fees have been paid, over the public roadways of Washington State.' Includes fields for Customer Service Representative and Date.

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: CHA079263
ELITE CHARTERS, INC.
P.O. BOX 271
COLLEGE PLACE, WA 99324

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: CHA079263
ELITE CHARTERS, INC.
P.O. BOX 271
COLLEGE PLACE, WA 99324

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 March 11, 2004, we sent you a letter requesting a Form E Certificate of Insurance. As of this date, we still have not received the insurance. Please contact your insurance agent and request the insurance so that we may process your charter bus application.

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

Date: 03-11-2004 Staff: Linda Elhardt

TO: CHA079263
ELITE CHARTERS, INC.
P.O. BOX 271
COLLEGE PLACE, WA 99324

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

- 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.