

TE-040964

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  
MAY 26 2004  
WASH. UT. & TP. COMM.

APPLICATION FOR CHARTER BUS/EXCURSION SERVICE CERTIFICATE

Fee: \$150.00

CH-461

111 0268 232 01	0007346	CID	42759	CHA	79283
111 0268 232 02	150.00	DATE	5/26/04	SAFETY INSP	Yes
111 0268 232 03	11-			INS/BOND	Yes
111 0268		Docket # TE-040964 Reg. fees - Yes			

THIS APPLICATION IS FOR:

(Check One Only)  CHARTER BUS CERTIFICATE  EXCURSION SERVICE CERTIFICATE

NAME OF APPLICANT CARMEN BRUCE SACCO

D/B/A S.U.V. TOURS, LLC

MAILING ADDRESS 6900 W. 6TH AVE. KENNEWICK, WA 99336-9512 PHYSICAL ADDRESS 6900 W. 6TH AVE. KENNEWICK, WA 99336-9512

BUSINESS TELEPHONE NUMBER (509) 783-7060 FAX NUMBER ( ) \_\_\_\_\_

UBI # 602-389-092 ✓ E-MAIL carmensacco@charter.net

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:

CARMEN BRUCE SACCO & DENISE L. SACCO - OWNERS

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
A16340U	2003 FORD VAN	1FB55315X3HB47148	15

DESCRIBE OPERATIONS (Territory) TRANSPORTING PEOPLE FOR WINE TASTING TOURS  
IN EASTERN WASHINGTON

**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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Are oral interviews conducted with new drivers to verify information submitted on their applications?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Will you have a system established to ensure drivers' medical certificates remain current?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Will you verify that physicians completing medical certifications are knowledgeable about the instructions for performing and recording driver physical examinations?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Will you review the results of the health history and physical examination?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Will you have a system established that will ensure drivers' operating licenses remain current?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Will you have a system established that will ensure drivers' annual reviews and annual record of violations remain current?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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: KENNEWICK, Washington, MAY 21, 2004  
(City or Town) (Month/Day/Year)

CARMEN BRUCE SACCO  
(Name of applicant)

By: Carmen Bruce Sacco  
(Signature)

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

5/21/2004, KENNEWICK, WA  
(Date and Place)

Carmen Bruce Sacco  
(Signature)



**WASHINGTON STATE PATROL**  
Uniform Limousine Vehicle Inspection

**L - 740-04-09**

Personnel No. X740	Dist./Detachment 10/62	CVSA# N/A	Fail
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**GENERAL**

Date 05/13/04	Time (Military) Start 1415	Time (Military) Finish 1445	Initial Inspection X	Re-Inspection
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Location: SR/MP WSP	Detachment Office KENNEWICK	Terminal	County Code 03
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**CARRIER**

Carrier Name (include DBA when applicable)  
**CARMEN B. & DENISE L. SACCO dba S U V TOURS LLC**

Address  
**6900 W 6<sup>TH</sup> AVE**

City KENNEWICK	State WA	ZIP Code 99336	Interstate <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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**DRIVER**

Driver Name CARMEN B. SACCO	DOB 08/29/1950	License No. SACCOCB505N9	State WA	Exp. Year 2006
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**VEHICLE**

Registered Owner CARMEN & DENISE SACCO	Stretch Limo	Exec. Sedan	Exec. Van X	Classic Car
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Year/Make 2003 / FORD	License No. A16340U	VIN No. 1FBSS31SX3HB47148	State WA
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A - Lights/Signal System	Pass	Fail	D - Steering/Suspension	Pass	Fail	I - Body Components	Pass	Fail
1. Headlamps	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1. Steering Wheel Play	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1. Doors/Locks	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Hazard/Warning System	<input checked="" type="checkbox"/>	<input type="checkbox"/>	2. Steering Components	<input checked="" type="checkbox"/>	<input type="checkbox"/>	2. Floor	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Stop Lamps	<input checked="" type="checkbox"/>	<input type="checkbox"/>	3. Suspension	<input checked="" type="checkbox"/>	<input type="checkbox"/>	3. Seats	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Turn Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	E - Wheel System	Pass	Fail	4. Front Hood Latch	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. License Lamp	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1. Tires, Spare	<input checked="" type="checkbox"/>	<input type="checkbox"/>	5. Trunk Latch	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Clearance/Side Marker	<input checked="" type="checkbox"/>	<input type="checkbox"/>	2. Wheels	<input checked="" type="checkbox"/>	<input type="checkbox"/>	6. Seat Belts	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Horn	<input checked="" type="checkbox"/>	<input type="checkbox"/>	3. Lugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	7. Bumpers	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Interior Lamp	<input checked="" type="checkbox"/>	<input type="checkbox"/>	4. Hubcaps	<input checked="" type="checkbox"/>	<input type="checkbox"/>	8. Paint Condition	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	F - Exhaust System	Pass	Fail	9. Body Condition	<input checked="" type="checkbox"/>	<input type="checkbox"/>
B - Visibility	Pass	Fail	1. Muffler	<input checked="" type="checkbox"/>	<input type="checkbox"/>	J - Interior Cond/Cleanliness	Pass	Fail
1. Windshield	<input checked="" type="checkbox"/>	<input type="checkbox"/>	2. Connection Leaks	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1. Seats	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Wipers/Washers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	G - Fuel System	Pass	Fail	2. Carpet	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Side/Rear Windows	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1. Fuel Leaks	<input checked="" type="checkbox"/>	<input type="checkbox"/>	3. Headliner	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Defrost/Defogger	<input checked="" type="checkbox"/>	<input type="checkbox"/>	2. Fuel Caps	<input checked="" type="checkbox"/>	<input type="checkbox"/>	4. Door Panels	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Tinting	<input checked="" type="checkbox"/>	<input type="checkbox"/>	H - Safety Equipment	Pass	Fail	5. Trunk	<input checked="" type="checkbox"/>	<input type="checkbox"/>
C - Brake System	Pass	Fail	1. Fuses/Triangles	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	6. Amenities	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1. Master Cylinder Fluid	<input checked="" type="checkbox"/>	<input type="checkbox"/>	2. First Aid Kit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
2. Pedal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Comments					
3. Lines/Fittings	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Left first aid kit and road reflectors at home will bring by office to show items are in					
4. Functional Brake Test	<input checked="" type="checkbox"/>	<input type="checkbox"/>	vehicle. tcw					
5. Emergency Brake	<input checked="" type="checkbox"/>	<input type="checkbox"/>						
	<input type="checkbox"/>	<input type="checkbox"/>						
	<input type="checkbox"/>	<input type="checkbox"/>						
	<input type="checkbox"/>	<input type="checkbox"/>						

Driver/Carrier's Signature *Carmen Bruce Sacco* 13 May 04

Officers' Signature *Thomas C. Moore*