

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

JUN 23 2004

WASH. UT. & TP. COMM.

APPLICATION FOR CHARTER BUS/EXCURSION SERVICE CERTIFICATE

Fee: \$150.00

111 0268 232 01	CID	36073	CHA	79286
111 0268 232 02	DATE	6-23-04	SAFETY INSP	
111 0268 232 03		0007667	INS/BOND	LS
111 0268	(Docket # TE-041132)		Reg. fees - LS	

THIS APPLICATION IS FOR:

(Check One Only)

CHARTER BUS CERTIFICATE  EXCURSION SERVICE CERTIFICATE *reinstatement* *CH-414*

NAME OF APPLICANT American Cabulance, INC

D/B/A American Cabulance

MAILING ADDRESS PO Box 13156  
Hill Creek, WA  
98082

PHYSICAL ADDRESS 13924 Meadow Rd  
Everett, WA 98209

BUSINESS TELEPHONE NUMBER (253) 741-3444

FAX NUMBER (253) 741-8434

UBI # 601 684 605

E-MAIL res@dgm@gte.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:  
Priscilla A Bunch - 100% President All offices

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>SEE Attached List</u>			

DESCRIBE OPERATIONS (Territory) transporting individuals with special needs  
King, Snohomish & surrounding territories

**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 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 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?..... <u>GPS in All vehicles</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

VAN#	YEAR	MAKE	VIN#	LIC/PLT	SEATING CONFIG.	VAN SIZE
12	1997	FORD SUPER WAG	1FBJS31L9VHA16459	410HPS	10 passenger	FULL
13	1997	DODGE VAN	1B4GP44R9VB421735	151HZM	8 passenger	MINI
14	1997	DODGE VAN	1B4GP44R2VB435962	345JDE	8 passenger	MINI
20	1998	PLYMOUTH VAN	1P4GP44G3WB502762	000YAI	8 passenger	MINI
21	1998	DODGE VAN	2B4GP44G5WR731317	359JIJ	8 passenger	MINI
22	1998	DODGE VAN	1B4GP44G8WB700027	879JLI	8 passenger	MINI
35	1999	DODGE VAN	2B5WB25ZXK523194	349KLF	10 passenger	FULL
38	1999	PLYMOUTH VAN	1P4GP44L4XB601038	503NME	8 passenger	MINI
30	1999	DODGE VAN	1B4GP44GXXB544607	198JXU	8 passenger	MINI
31	1999	DODGE VAN	1B4GP44GXXB546339	608KAH	8 passenger	MINI
32	1999	FORD VAN	1FTNE2426XHA14592	A16018F	10 passenger	FULL
34	1999	DODGE VAN	1B4GP44G9XB599128	207LPE	8 passenger	MINI
36	1999	FORD VAN	1FBSS31L5XHA73720	558MQG	10 passenger	FULL
37	1999	DODGE VAN	1B4GP44GXXB599123	571LFC	8 passenger	MINI
33	1999	DODGE VAN	2B4GP44G6XR397851	586KFH	8 passenger	MINI
40	2002	DODGE VAN	1B4GP24372B622786	570NRB	8 passenger	MINI
41	2002	FORD VAN	1FTNE242X2HA90356	095PCM	10 passenger	FULL
42	2002	FORD VAN	1FTNE24202HA90365	096PCM	10 passenger	FULL
50	2003	FORD VAN	1FTNE24203HB53725	491REU	10 passenger	FULL
51	2003	FORD VAN	1FTNE24243HB53727	492REU	10 passenger	FULL
52	2003	FORD VAN	1FTNE24253HB85442	A93057S	10 passenger	FULL
53	2003	FORD VAN	1FTNE24273HB85443	A93058S	10 passenger	FULL
54	2003	FORD VAN	1FTNE24213GB90377	245RYL	10 passenger	FULL
55	2003	FORD VAN	1FTNE24253HB90379	247RYL	10 passenger	FULL
56	2003	FORD VAN	1FTNE24213HB90380	246RYL	10 passenger	FULL
60	2004	FORD VAN	1FTNE24W34HA02611	574SG1	10 passenger	FULL
61	2004	FORD VAN	1FTNE24W54HA02626	575SG1	10 passenger	FULL

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: Everett, Washington, 06/23/04  
(City or Town) (Month/Day/Year) American Cabulance  
by Russella Burch INC  
(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.

06/22/04  
(Date and Place)  
Russella Burch  
(Signature)

WASHINGTON



UTILITIES AND TRANSPORTATION COMMISSION

PASSENGER CHARTER/EXCURSION SERVICE CARRIER OF PASSENGERS 2004 REGULATORY FEE

TOLL FREE 1-888-606-9566 => PHONE 360-664-1222 FAX 360-586-1181 or 360-586-1118

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

RECEIVED JAN 06 2004 WASH. UT. & TP. COMM.

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.

CH- 414 ES- ICC/MC DOT
Applicant Name American Cabulance, INC
d/b/a American Cabulance

FOR COMMISSION USE ONLY
Reception Number 0005121
111 0268 232 01 275.00 111 0268
Carrier ID 36073

MAILING ADDRESS: Box 13156
Street/PO Box
City, State/Zip Mill Creek, wa 98082
Telephone (425) 741-2444 FAX 425-741-8434 E-mail

TYPE OF PAYMENT - DO NOT SEND CASH IN THE MAIL - Important new information: The WUTC now accepts credit card payments!
[X] Check \_\_\_ Money Order
Charge to: [ ] AMEX [ ] DISCOVER [ ] VISA [ ] MASTER CARD
Card Number: Expiration Date Month Year

Table with 12 columns, some containing 'X' marks.

REGULATORY FEES:
[X] Number of Vehicles: 25 X \$11.00 Fee = \$ 275.00
[ ] I hereby declare that the authority is no longer being used and is hereby surrendered to the Commission for cancellation.
Signature [Signature] Date 12-29-03

FOR COMMISSION APPROVAL ONLY:
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.
[Signature] Date 1/13/04
Customer Service Representative
Compliance Issues: [Signature]

WUTC

Check Number: 14851

Check Date: Jun 21, 2004

Duplicate

Check Amount: \$150.00

Discount Taken

Amount Paid

150.00

Item to be Paid - Description

Licenses Expense

AMERICAN CABULANCE INC  
PRISCILLA BUNCH

18924 MEADOW RD EVERETT WA 98206  
PO BOX 18156 MILL CREEK WA 98012

US BANK  
24 HOUR BANKING  
800 US BANKS  
1-800-1250-3426

DATE 14851

Jun 21, 2004

AMOUNT  
\$ 150.00

Memorandum

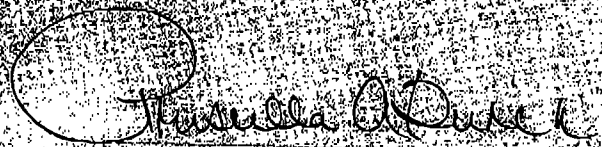
One Hundred Fifty and 00/100 Dollars

PAY  
TO THE  
ORDER  
OF

WUTC

PO BOX 77230

OLYMPIA WA 98501-7230



AUTHORIZED SIGNATURE

⑆000051⑆ ⑆1485000⑆ ⑆05⑆ ⑆335518⑆ ⑆180⑆