

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

0007802

Fee: \$150.00

111 0268 232 01	11.00	CID	42917	CHA	79290
111 0268 232 02	150.00	DATE	7/6/04	SAFETY INSP	
111 0268 232 03				INS/BOND	
111 0268	Docket # TE-041210 Reg fees - 22				

THIS APPLICATION IS FOR:

(Check One Only) CHARTER BUS CERTIFICATE EXCURSION SERVICE CERTIFICATE

NAME OF APPLICANT Sani Mahama Maurice

D/B/A Express One

MAILING ADDRESS 3251 S. 176th St # 101
Seatac, WA 98188

PHYSICAL ADDRESS 3251 S. 176th Street
#101 Seatac, WA 98188

BUSINESS TELEPHONE NUMBER (206) 356 3919

FAX NUMBER (206) 243-3295

UBI # 601-938-365

E-MAIL SANIMAUROU@hotmial.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:
N/A

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

EQUIPMENT LIST:

LICENSE NUMBER	YEAR AND MAKE OF VEHICLE	SERIAL NUMBER (VEHICLE IDENTIFICATION NUMBER)	SEATING CAPACITY
<u>A95916U</u>	<u>1995 FORD</u>	<u>1FBJS31H35HA98096</u>	<u>15 passengers</u>

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?.....	<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: Seatac, Washington, 07-04-2004
(City or Town) (Month/Day/Year)

Jani Mahama Maurou
(Name of applicant)

By: Jani M. Maurou
(Signature)

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

07-04-2004 Seatac
(Date and Place)

Jani M. Maurou
(Signature)



UTILITIES AND TRANSPORTATION COMMISSION

PASSENGER CHARTER/EXCURSION SERVICE CARRIER OF PASSENGERS 2004 REGULATORY FEE

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

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.

CH- ES- ICC/MC DOT

FOR COMMISSION USE ONLY

Applicant Name SANI MAHAMA MAUROU

Reception Number

111 0268 232 01 111 0268

d/b/a Express Ones

Carrier ID

MAILING ADDRESS:

Street/PO Box 3251 South 176TH STREET SUITE 101

City, State/Zip SEATAC, WASHINGTON 98188-4444

Telephone 206-356-3919 FAX 206-243-3295 E-mail SANIMAUROU@hotmail.com

TYPE OF PAYMENT - DO NOT SEND CASH IN THE MAIL - Important new information: The WUTC now accepts credit card payments!

Check Money Order

Charge to: AMEX DISCOVER VISA MASTER CARD

Card Number:

Expiration Date Month Year

XX XX XX

REGULATORY FEES:

Number of Vehicles: 1 X \$11.00 Fee = \$ 11.00

I hereby declare that the authority is no longer being used and is hereby surrendered to the Commission for cancellation.

Signature [Handwritten Signature]

Date 07-04-04

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.

Customer Service Representative

Date

Compliance Issues:

Please complete the following:

Current Insurance Company: GEICO

Policy #: 4018618985

Any recordable accidents in 2003: N/A

If yes, how many recordable accidents: N/A

(Please indicate total recordable accidents for all passenger charter or excursion service operations involved in both intrastate and interstate operations.)

Accident Definition: An accident is defined as an occurrence involving a commercial motor vehicle on a public road in intrastate or interstate commerce which results in one or more of the following:

1. A fatality,
2. Injury to a person requiring immediate treatment away from the scene of the accident, or
3. Disabling damage to a vehicle requiring it to be towed from the accident scene.

What were the total operating miles for the year 2003 (year to date)? 300

(Please list total operating miles involving passenger charter or excursion service in intrastate and/or interstate transportation involving a commercial vehicle.)

I certify that the information provided on the front and back of this document is true and correct, I am authorized to execute and file this document, and that all information on file is current and valid.

Signature Sam M. Marston Title Sole Proprietor

Date July the 4th 2004

For questions or comments regarding accident reporting requirements, please contact:

Tom McVaugh, MCLE Special Investigator
(360) 664-1237
Email: tmcvaugh@wutc.wa.gov

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

Date: 04-05-2005 Staff: Linda Elhardt

CHA079290
MAUROU, SANI MAHAMA
EXPRESS ONES
3251 S. 176TH STREET, #101
SEATAC, WA 98188

Final Notice
Date: 4/5/05 **Initials** LE

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

X On December 8, 2004, we sent you a second request regarding insurance and a safety inspection of your vehicle. As of this date, we still have not received the Form E certificate of insurance or a copy of the safety inspection. This letter will serve as the FINAL NOTICE. If we don't receive this information by April 19, 2005, your application will be dismissed.

Docket# TE-041210
~~MV# 156746~~

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

Date: 12-08-2004 Staff: Linda Elhardt

CHA079290
MAUROU, SANI MAHAMA
EXPRESS ONES
3251 S. 176TH STREET, #101
SEATAC, WA 98188

Second Request
Date: 12/8/04
Initials: LE

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

X On July 7, 2004, we sent you a letter requesting a safety inspection and insurance. As of this date, we still have not received this information. Please contact Carolyn Caruso at (360) 664-1244 to make an appointment for your vehicle inspection. You need to also contact your insurance agent and request a Form E certificate of insurance so that we may process your charter 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: 07-07-2004 Staff: Linda Elhardt

TO: CHA079290
MAUROU, SANI MAHAMA
EXPRESS ONES
3251 S. 176TH STREET, #101
SEATAC, WA 98188

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.