

*Name change*

**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**

OCT 15 2004

WASH. UT. & TP. COMM.

**APPLICATION FOR CHARTER BUS/EXCURSION SERVICE CERTIFICATE**

**Fee: \$150.00**

111 0268 232 01	CID	43276	CHA	79315
111 0268 232 02	DATE	10/15/04	SAFETY INSP	—
111 0268 232 03		0008720	INS/BOND	24
111 0268		TE-041852	Reg. fees-	24

**THIS APPLICATION IS FOR:**

(Check One Only)  CHARTER BUS CERTIFICATE  EXCURSION SERVICE CERTIFICATE

NAME OF APPLICANT Kelley's Transportation, Inc.

*CH-395*

D/B/A \_\_\_\_\_

MAILING ADDRESS 11022 E. Marginal Way S.  
Tukwila, WA 98168

PHYSICAL ADDRESS 11022 E. Marginal Way S.  
Tukwila, WA 98168

BUSINESS TELEPHONE NUMBER (206) 391-5454

FAX NUMBER (206) 764-0938

UBI # 602 379 068 ✓

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:

Alexander Milman, President 100%

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
A89553B	1994 Ford	1FBJS31H8RHA37398	14
CHEKR10	1996 Toyota LCRSW	JT3HJ85J4T0114561	16
CHEKER4	1988 Lincoln Navigator	5LMFU28L5WLJ01785	16
CHEKER8	1988 Lincoln Navigator	5LMFU28L5WLJ06923	16
545LBG	1995 AmGen H1	137YA8431SE168189	16

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

If Yes, explain: \_\_\_\_\_

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

**NOTIFICATION AND REPORTING OF ACCIDENTS**

	YES	NO	N/A
Are you familiar with the Commission accident reporting rule? .....	<u>X</u>	___	___
Will you take any action against drivers involved in preventable accidents?.....	<u>X</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>	___	___
Are oral interviews conducted with new drivers to verify information submitted on their applications?.	<u>X</u>	___	___
Will you have a system established to ensure drivers= medical certificates remain current?... ..	<u>X</u>	___	___
Will you verify that physicians completing medical certifications are knowledgeable about the instructions for performing and recording driver physical examinations?.....	___	___	<u>X</u>
Will you review the results of the health history and physical examination?.....	<u>X</u>	___	___
Will you have a system established that will ensure drivers= operating licenses remain current?.....	<u>X</u>	___	___
Will you have a system established that will ensure drivers= annual reviews and annual record of violations remain current?.....	<u>X</u>	___	___
Will you comply with the road test provisions of Section 391.31?.....	<u>X</u>	___	___
Can you maintain and produce complete driver qualification files on drivers?.....	<u>X</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>	___	___
Do you have a policy for monitoring speed?.....	<u>X</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>Y</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>Y</u>	_____	_____
Will you have a disciplinary policy for noncompliance with Part 395?.....	<u>X</u>	_____	_____

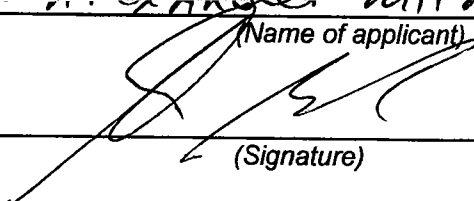
**PART 396 - INSPECTION, REPAIR AND MAINTENANCE**

	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

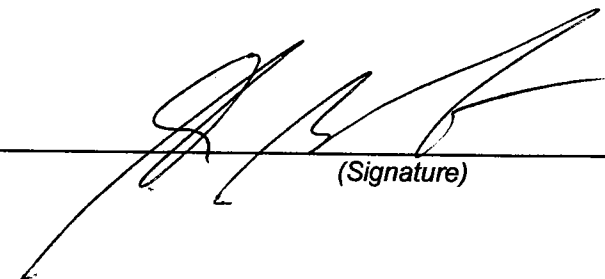
Dated at: Tukwila, Washington, 10/8/2004  
(City or Town) (Month/Day/Year)

Alexander Milman  
(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.

October 8, 2004, Tukwila  
(Date and Place)

  
(Signature)