

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

Fee: \$150.00

111 0268 232 01	CID <u>43351</u>	CHA <u>79326</u>
111 0268 232 02 150.00	DATE <u>11-12-04</u>	SAFETY INSP <u>Yes</u>
111 0268 232 03	<u>Reg fees - Yes</u>	INS/BOND <u>Yes</u>
111 0268	0008922	Docket # <u>TE-072020</u>

THIS APPLICATION IS FOR:

(Check One Only)

CHARTER BUS CERTIFICATE EXCURSION SERVICE CERTIFICATE

CH-469

NAME OF APPLICANT ETCETERA ENGINEERING, TRANSPORTATION & ALLIED SVCS INC.

D/B/A UWEM A. USORO AND GLORIA J. USORO

MAILING ADDRESS P.O. Box 46150
SEATTLE, WA, 98146

PHYSICAL ADDRESS 10607 19TH AVE SW
SEATTLE, WA 98146

BUSINESS TELEPHONE NUMBER 206 764-0856

FAX NUMBER 206 764-1069

UBI # 602 281 914

E-MAIL usoroua@comcast.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 INTERESTS OF ALL PERSONS HAVING AN EQUITY IN THE BUSINESSES:

UWEM A. USORO (director) 50% , Gloria J Usoro (operator) 50% .

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

None

EQUIPMENT LIST:

LICENSE NUMBER	YEAR AND MAKE OF VEHICLE	SERIAL NUMBER (VEHICLE IDENTIFICATION NUMBER)	SEATING CAPACITY
<u>A26808W</u>	<u>1996 Eldorado Bus</u>	<u>1FDKE30F85HC12323</u>	<u>20</u>

DESCRIBE OPERATIONS (Territory) State of 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 its rules or laws?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If Yes, explain:			<input checked="" type="checkbox"/>

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?.....	___	___	___
Will you file records of duty status in systematic manner?.....	X	___	___
Will drivers be required to complete recaps of their records of duty status?.....	X	___	___
Will dispatchers be aware of drivers= hours of service prior to trip?.....	X	___	___
Will other independent records be compared to drivers records of duty status for accuracy?.....	X	___	___
Will you have a system for recording hours of duty status on 100 mile radius drivers?.....	X	___	___
Will you have a disciplinary policy for noncompliance with Part 395?.....	X	___	___

PART 396 - INSPECTION, REPAIR AND MAINTENANCE

	YES	NO	N/A
Will you have written procedures explaining a systematic, periodic maintenance program?.....	X	___	___
Will you periodically review maintenance records for all equipment?.....	X	___	___
Will you comply with the vehicle inspection procedure?.....	X	___	___
Will you train drivers to perform pre-trip inspections?.....	X	___	___
Will you maintain the prior three months vehicle inspection reports on a vehicle?.....	X	___	___
Will you maintain a complete maintenance file on all vehicles?.....	X	___	___

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-)

Dated at: Seattle, Washington, 11/10/04
(City or Town) (Month/Day/Year)

UWEM A. USORO
(Name of applicant)

By: [Signature]
(Signature)

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

11/10/04 Seattle
(Date and Place)

[Signature]
(Signature)



FAX COVER

Date

To: IN UTC

From: Uwem Usoro

Fax: (360) 586-1161

FAX: (206) 764-1069

Phone: (360) 664-1222

Phone: (206) 764-0856

Total pages (including cover):

4

Re: Application for Charter/Excursion Service Certificate

Urgent For Review Please Comment Please Reply Please Recycle

For Information Per your request

Attached is our company application for charter bus/Excursion Service Certificate. I have schedule appointment to come in with the vehicle on Friday 11/12/04. The registration fee and insurance form will be brought in on the day to finalize the process. Thanks for your patient

Uwem Usoro
ETC Transportation, Seattle
(206) 764-0856

FM-002

MASTER LICENSE SERVICE
BUSINESS ENTITY INQUIRY

11/12/04
10:32:31

INQR UTL024P1

UBI: 602 281 914 001 0001
Type: PROFIT CORPORATION

State of Inc: WA
Date of Inc: 03 27 2003 Corp Status: A

Loc Status: A

Owner Name: ETCETERA ENGINEERING, TRANSPORTATION AND ALLIED SERVICES INC

Reg. Agent: UWEM A USORO

Reg. Address: 10007 19TH AVE SW
P O BOX 46158
SEATTLE WA 98146

Exp. Date: 03 31 2005

Total Shares authzd:

Total Shares issued:

Firm Name : ETCETERA ENGINEERING, TRANSPORTATION & ALLIED SVS

Loc: 10007 19TH AVE SW
SEATTLE WA 98146

Mail: PO BOX 46158

SEATTLE WA 98146

Phone: (206) 763-4300

Registered Tradenames for this UBI? Yes

RFI: No NSF: No

Location First Activity: 08 01 2001

RFP: No Withhold: No

Last License Issue: 06 22 2004

TRANSFER: _____ {Press <ENTER> for Endorsements List}

Enter-PF1---PF2---PF3---PF4---PF5---PF6---PF7---PF8---PF9---PF10--PF11--PF12---

GLIST APLST UBIQ SERV TRDU INQA

INQR MMENU

[HOME](#)[CORPORATIONS MENU](#)**CORPORATIONS DIVISION - REGISTRATION DATA SEARCH****ETCETERA ENGINEERING, TRANSPORTATION AND ALLIED SERVICES INC**

UBI Number	602 281 914
Category	Regular Corporation
Profit/Nonprofit	Profit
Active/Inactive	Active
State of Incorporation	WA
Date of Incorporation	03/27/2003
License Expiration Date	03/31/2005
Registered Agent Information	
Agent Name	UWEM A USORO
Address	10007 19TH AVE SW P O BOX 46158
City	SEATTLE
State	WA
ZIP	98146
Special Address Information	
Address	
City	
State	
Zip	

[« Return to Search List](#)**Disclaimer**

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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- 469 ES- ICC/MC DOT

FOR COMMISSION USE ONLY

Applicant Name: Steven A. Usoro

Reception Number: 0C09801

d/b/a: Etcetera Engineering, Transportation and Allied Inc

111 0268 232 01 33.00 111 0268
Carrier ID: 43351

MAILING ADDRESS:

Street/PO Box: 10007 19th Ave SW
City, State/Zip: Seattle, WA 98146
Telephone: (206) 764-0856 FAX: (206) 764-1069 E-mail: usoroua@lorcas.net

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

REGULATORY FEES:

Number of Vehicles: 3 X \$11.00 Fee = \$ 33.00 #1025711

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

Signature: Steven A. Usoro Date: 3/28/05

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: S. Elhardt Date: 3/31/05
Customer Service Representative Date

Compliance Issues:

See Reverse

MEMORANDUM

November 12, 2004

Assignment No: 104312

Industry code: 232

To: Mark Halliday, Compliance supervisor.
Tina Leipski, Transportation Specialist

From: Ken Chapman, Transportation Specialist II

Subject: Etcetera Engineering, Transportation & Service Inc.
1007 19th Ave SW
Seattle Wa. 98146
(206) 764-0856
CHA 79326, MOT 43351

RE: Safety inspection new Charter – Excursion Service carrier.

I conducted a CVSA vehicle inspection at WUTC's Olympia office November 12.

- 1996 Eldora (Ford 350 series) van unit number 105, 20 passenger, GVWR 16,100 lbs. Vehicle failed initial inspection due to lack of proper driveshaft protection on the rear driveshaft. The protection device in use was improperly located on the short splined yolk portion of the driveshaft instead of the long splined portion of the driveshaft. The driveshaft would whip into the passenger floor area in the event of failure or disconnection at the splined connection.
- The driver also failed to have a CDL or a Medical Certificate.

Carrier was advised of the defects, provided a copy of CFR 49 393.89 and a copy of the safety guide. Carrier stated will correct defects and return next week. The bus is licensed. It is not marked yet as required.

Ken Chapman

MEMORANDUM

November 11, 2004

Assignment No: 000

Industry code: 230

To: Mark Halliday, Compliance supervisor.
Tina Leipski, Transportation Specialist

From: Ken Chapman, Transportation Specialist II

Subject: Etcetera Engineering, Transportation & Service Inc.
1007 19th Ave SW
Seattle Wa. 98146
(206) 764-0856
CHA 79326, MOT 43351

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Ken Chapman

UNIFORM DRIVER/VEHICLE INSPECTION REPORT

1175508

PERSONNEL NO. J532	DIST / DET —	LEVEL: 1 ___ 2 ___ 3 ___ 4 ___ 5 <u>X</u>				
GENERAL				HAZARDOUS MATERIALS		
DATE 11.12.04	TIME (MILITARY) BEGUN 14:38	TIME (MILITARY) FINISHED 15:15	HAZARD CLASS / DIVISION NO. _____			
LOCATION: SR/MP Olympia HQ	SCALEHOUSE NO.	CNTY CODE 34	REPORTABLE QTY? Y N	HAZARDOUS WASTE? Y N	PLACARD REQUIRED? Y N	
CARRIER 706-764-0856						
CARRIER NAME (Include DBA when applicable) Etretra Engineering TRANSPORTATION + SVE INC.						
ADDRESS 10007 19TH AVE SW.						
CITY Seattle	STATE WA	ZIP CODE 98146	INTERSTATE YES <input type="radio"/> NO <input checked="" type="radio"/>	DOT NO.	ICC NO.	
DRIVER						
DRIVER NAME USORO, WEM A			LICENSE NO. USORO WA 550D2	STATE WA	EXP. YEAR 06	
DATE OF BIRTH 03.22.45	MED. CERT. Y <input type="radio"/> N <input checked="" type="radio"/>	SHIPPER NAME —	SHIPPING NO. —			
VEHICLE						
REGISTERED OWNER NAME/ADDRESS WEM A USORO + GLORIA USORO			G.V.W. 16,100	PBT RATE 20		
UNIT	TYPE	YEAR/MAKE	CO. UNIT NO.	LICENSE NO. / VIN NO.	STATE	
1	BU	96 EL002	105	A26808W / 12323	WA	
2						
3						
4						

Hyd	NA	NA	3	4	5	6	7	8	9	10	11	12
FRONT	Disc	Drum										
	Disc	Drum										

CFR	VIOLATIONS	D	1	2	3	4	Unit #s O/S	Complied
393.20	L Rear Clearance Lamp Inoperative		X					
393.89	Rear Driveshaft Protector	X						
393.23A	NO Valid CDL - PASS Endorsement	X					X	
391.41A	No Valid medical Certificate Displayed	X						

CVSA DECALS	UNIT 1	UNIT 2	UNIT 3	UNIT 4	NOIC NO.
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Vehicle may not be operated until O/S defects noted above are repaired.
Driver may not drive until in compliance.

DRIVER SIGNATURE
W.A. Usoro

OFFICER SIGNATURE
Ken W. Cyman

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

Date: 03-11-2005 Staff: Linda Elhardt

CHA079326
ETCETERA ENGINEERING, TRANSPORTATION & ALTERNATIVE SERVICES INC.
PO BOX 46158
SEATTLE, WA 98146

Final Notice
Date: 3/11/05 **Initials** LE

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

- ✓ X On February 17, 2005, we sent you a letter requesting a Form E certificate of insurance and to pay the regulatory fee for your vehicles. As of this date, we still have not received this information. This letter will serve as the FINAL NOTICE. If we don't receive the insurance and regulatory fee by March 28, 2005, your application will be dismissed.

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

Date: 02-17-2005 Staff: Linda Elhardt

CHA079326
ETCETERA ENGINEERING, TRANSPORTATION & ALLIED SERVICES INC.
PO BOX 46158
SEATTLE, WA 98146

Second Request
Date: 2/17/05
Initials *LE*

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

X On November 15, 2004, we sent you a letter requesting a Form E certificate of insurance and to pay the regulatory fees for your vehicles. As of this date, we still have not received this information. Please contact your insurance agent and request the insurance as well as paying the regulatory fees for your vehicles.

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

Date: 11-15-2004 Staff: Linda Elhardt

TO: CHA079326
ETCETERA ENGINEERING, TRANSPORTATION & ALLIED SERVICES, INC.
PO BOX 46158
SEATTLE, WA 98146

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

X 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.

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.

FAX COVER

Date:

To: Linda Elhardt (WUTC) From: Uwem Usoro

Fax: 360-586-1181 Fax: (206) 764-0856

Phone: 360-664-1222 Phone: (206) 764-1069

Total pages (including cover): 2

Re: Application & Reg. fee, CC:

Urgent For Review Please Comment Please Reply Please Recycle

For Information Per your request

● Comments:

Linda,
attached is the form and money for regulatory fees for our vehicles as discussed this morning. Our vehicle includes:

- 1. 1996 Eldorado bus (already inspected)
- 2. 1998 Ford Club Wagon Van (not yet inspected)
- 3. 1992 Ford Club Wagon Van (not yet inspected)

If this required is complete, can you give me a call to arrange for the other 2 vehicles inspection.

Thanks
Uwem Usoro
ETCT Rep.

FM-002