

WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION

1300 South Evergreen Park Drive SW, PO Box 47250
Olympia WA 98504-7250 • (206) 753-3111

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

Fee: \$150.00

DEC - 2 2004

RECEPTION NUMBER	<u>M-2708</u>	0009043		FINANCIAL SERVICES
111 0268 232 01	<u>132-</u>	CID	<u>43393</u>	CHA <u>79335</u>
111 0268 232 02	<u>150.00</u>	DATE	<u>12/2/04</u>	SAFETY INSP <u>JE</u>
111 0268 232 03		STAMPS	<u>Register JE</u>	INS/BOND <u>JE</u>
111 0268			<u>Packet # TE-042115</u>	

THIS APPLICATION IS FOR: CHARTER BUS CERTIFICATE EXCURSION SERVICE CERTIFICATE (Check One Only)

NAME OF APPLICANT ROYAL GRANITE VAN SERVICE, INC CH-478

TRADE NAME (DBA) _____

MAILING ADDRESS 1004 COMMERCIAL AVE PMB 245 PHYSICAL ADDRESS 2411 RAVE

ANACORTES WA 98221

ANACORTES WA. 98221

UBI # 601-812-058 ✓

BUSINESS TELEPHONE NUMBER (INCLUDE AREA CODE) 360 679 2518

IF APPLICANT IS A CORPORATION, LIST NAMES, 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 BUSINESS:

DAN WILDER CEO 70%
BARBARA DEMYER VICE PRESIDENT 30%

IF APPLICANT HOLDS ANY OTHER CERTIFICATE OR PERMIT WITH THE COMMISSION, LIST PERMIT NUMBERS: NONE

COMPLETE THE FOLLOWING LIST OF EQUIPMENT:

STATE LICENSE NUMBER	YEAR AND MAKE OF VEHICLE	SERIAL NUMBER (VEHICLE IDENTIFICATION NUMBER)	SEATING CAPACITY
		<u>SEE ATTACHED</u>	

DESCRIBE OPERATIONS (Territory): WESTERN WASHINGTON in the State of WA

COMPLETE THE FOLLOWING FINANCIAL STATEMENT*

ASSETS	
Cash on hand and in the bank	\$ <u>10,000</u>
Notes Receivable	<u>.</u>
Accounts Receivable	<u>35000</u>
Prepaid Expenses	<u>0.00</u>
Other Current Assets	<u>0.00</u>
Investments	<u>0.00</u>
Land and Buildings	<u>0.00</u>
Buses and Other Vehicles	<u>100,000</u>
Office Furniture and Expense	<u>10,000</u>
Other Equipment	<u>0.00</u>
Other Assets	<u>0.00</u>
Total Assets	<u>155,000</u>

LIABILITIES	
Salaries and Wages Payable	\$ _____
Accounts Payable	<u>30,000</u>
Notes Payable	<u>0.00</u>
Contracts and Bonds Payable	<u>0.00</u>
Mortgages Payable	<u>0.00</u>
Other	<u>18000.00</u>
Total Liabilities	<u>48000</u>

NET WORTH	
Preferred Stock	_____
Common Stock	_____
Retained Earnings	_____
Capital	<u>107,000</u>
Total Liabilities and Net Worth	<u>155,000</u>

*OR, Enclose Balance Sheet and Profit and Loss Statement, if Available

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 its 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 safety 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>	_____	_____

	Yes	No	N/A
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 391.317	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can you maintain and produce completed 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 type="checkbox"/>	<input checked="" 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 a 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 type="checkbox"/>	<input checked="" 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 driver's 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 ANACORTES WA., Washington, NOV 29 2004
(City or Town) (Month/Day/Year)

ROYAL GRANITE VAN SERVICE
(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:

11/29/04 ANACORTES WA
(Date and Place)


(Signature)

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WUTC Receipt

Applicant's Name

ROYAL GRANITE VAN SERV INC

Receipt No. Employee No. Month-Day-Year Method of Payment

M 02708	1360	11-29-04	<input type="checkbox"/> Cash (Date _____ Initials _____) <input checked="" type="checkbox"/> Check <input type="checkbox"/> Money Order
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Comments:	111	268	200	08	\$ _____	Single State Registration Fee-Washington State
	111	268	013	99	\$ _____	Single State Registration Fee-All Other States
	111	268	200	08	\$ _____	Interstate Exempt Registration Fee
	111	268	205	02	\$ _____	Intrastate Application Fee - General Commodities
	111	268	202	01	\$ _____	Household Goods Tariff
	111	268	013	20	\$ _____	Sales Tax
	111	268	<u>232</u>	01	\$ <u>132.00</u>	Regulatory Fee
	111	268	<u>232</u>	02	\$ <u>150.00</u>	Application Fee
					\$ _____	Other _____

\$ 282.00

Total Paid

140	* Electric	207	Household Goods	223	Petroleum Pipeline
150	Natural Gas	210	Railroad	227	Solid Waste
160	Water	216	Commercial Ferries	230	Certificated Buses
170	Telecommunications	219	LowLevel Radioactive Waste	231	Non-Profit Buses
				232	Charter/Excursion Buses

By: A. Dickson
Agent

By: [Signature]
Applicant

White: Financial Services >> Yellow: Applicant >> Pink: Action >> Goldenrod: Book

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

Date: 04-25-2005 Staff: Linda Elhardt

Final Notice
Date: 4/25/05 **Initials** LE

CHA079335
ROYAL GRANITE VAN SERVICE, INC.
1004 COMMERCIAL AVE.
PMB 245
ANACORTES, WA 98221

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

On April 5, 2005, we sent you a letter requesting a CVSA inspection of your vehicles. As of this date, we still have not received a copy of the safety inspection. This letter will serve as a FINAL NOTICE. If we don't receive a copy of the safety inspection by May 10, 2005, your application for a charter certificate 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: 04-05-2005 Staff: Linda Elhardt

CHA079335
ROYAL GRANITE VAN SERVICE, INC.
1004 COMMERCIAL AVE.
PMB 245
ANACORTES, WA 98221

Second Request
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 3, 2004, we sent you a letter requesting a CVSA safety inspection of your vehicles. As of this date, we still have not received the safety inspection. You need to contact Carolyn Caruso at (360) 664-1244 to make an appointment to have your vehicles inspected 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: 12-03-2004 Staff: Linda Elhardt

CHA079335
ROYAL GRANITE VAN SERVICE, INC.
1004 COMMERCIAL AVE.
PMB 245
ANACORTES, WA 98221

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

- 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.
- 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.

Washington State Patrol 1170

Special Project 104321

UNIFORM DRIVER/VEHICLE INSPECTION REPORT

1175607

PERSONNEL NO. 5553 DIST/DET LEVEL: 1 2 3 4 5 X

GENERAL HAZARDOUS MATERIALS DATE 12/2/04 TIME (MILITARY) 13:00 FINISHED 13:15 HAZARD CLASS / DIVISION NO. REPORTABLE QTY? Y N HAZARDOUS WASTE? Y N PLACARD REQUIRED? Y N CARGO TANKS? Y N

CARRIER CARRIER NAME (include DPA when applicable) Royal Granite Van Service Inc ADDRESS 2441 R Ave Anacortes WA 98221 INTERSTATE YES NO DOT NO. ICD NO.

DRIVER DRIVER NAME: LICENSE NO. STATE EXP. YEAR DATE OF BIRTH MED. CERT. Y N WAIVER Y N SHIPPER NAME SHIPPING NO.

VEHICLE REGISTERED OWNER NAME/ADDRESS Carrier G.V.W. 15 PASSENGER PDT RATE UNIT TYPE YEAR/MAKE CO. UNIT NO. LICENSE NO. / VIN NO. STATE

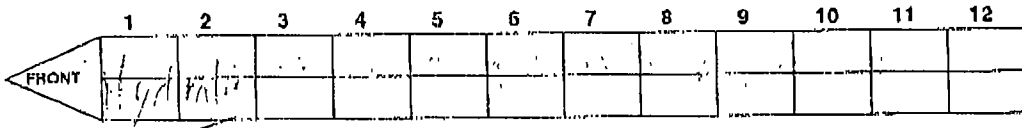


Table with columns: CFR, VIOLATIONS, D, 1, 2, 3, 4, Unit # O/S, Complied

CVSA DECALS UNIT 1 55206 UNIT 2 UNIT 3 UNIT 4 NOIC NO. DRIVER SIGNATURE OFFICER SIGNATURE

Vehicle may not be operated until O/S defects noted above are repaired. Driver may not drive until in compliance.

Washington State Patrol WSP

UNIFORM DRIVER/VEHICLE INSPECTION REPORT

1175610

PERSONNEL NO. 5553 DIST/DET

LEVEL: 1 2 3 4 5 X

GENERAL HAZARDOUS MATERIALS DATE 12/2/04 TIME (MILITARY) 1400 FINISHED 1420 HAZARD CLASS / DIVISION NO. REPORTABLE QTY? Y N HAZARDOUS WASTE? Y N PLACARD REQUIRED? Y N CARGO TANKS? Y N

CARRIER CARRIER NAME (include DPA when applicable) Royal Granite View Service Inc ADDRESS 2411 E AVE City Avacotles STATE WA ZIP CODE 98221 INTERSTATE YES (NO) DOT NO. ICC NO.

DRIVER DRIVER NAME LICENSE NO. STATE EXP. YEAR DATE OF BIRTH MED. CERT. Y N WAIVER Y N SHIPPER NAME SHIPPING NO.

VEHICLE REGISTERED OWNER NAME/ADDRESS Carrier G.V.W. 6 PASSENGER PDT RATE UNIT TYPE YEAR/MAKE CO. UNIT NO. LICENSE NO. / VIN NO. STATE

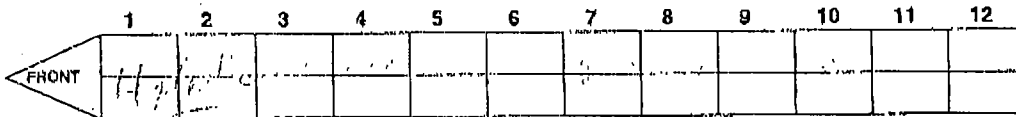


Table with columns: CFR, VIOLATIONS, D, 1, 2, 3, 4, Unit # D/S, Complied. The table is mostly empty.

CVSA DECALS UNIT 1 UNIT 2 UNIT 3 UNIT 4 NOIC NO. DRIVER SIGNATURE OFFICER SIGNATURE

Vehicle may not be operated until O/S defects noted above are repaired. Driver may not drive until in compliance.

Washington State Patrol WTC

Special Project 104321

UNIFORM DRIVER/VEHICLE INSPECTION REPORT

1175606

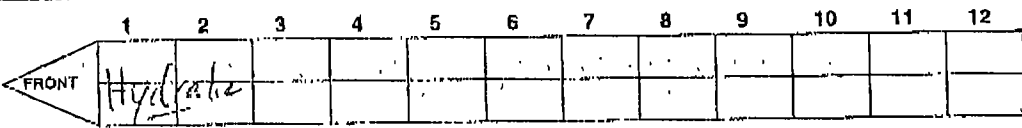
PERSONNEL NO. J553 DIST / DET LEVEL: 1 2 3 4 5 X

GENERAL HAZARDOUS MATERIALS DATE 11/29/04 TIME (MILITARY) BEGUN 10:30 FINISHED 10:45 HAZARD CLASS / DIVISION NO. REPORTABLE QTY? Y N HAZARDOUS WASTE? Y N LOCATION: SR/MP TERMINAL SCATEHOUSE NO. CNTY CODE 29 PLACARD REQUIRED? Y N CARGO TANKS? Y N

CARRIER CARRIER NAME (include DDA when applicable) Royal Granite Van Service INC ADDRESS 2411 R Avenue CITY Anacortes STATE WA ZIP CODE 98221 INTERSTATE YES NO DOT NO. ICC NO. Applied

DRIVER DRIVER NAME LICENSE NO. STATE EXP. YEAR DATE OF BIRTH MLD. CFRT. Y N SHIPPER NAME SHIPPING NO. WAIVER Y N

VEHICLE REGISTERED OWNER NAME/ADDRESS Carrier G.V.W. 6 PASSENGER PRT RATE UNIT TYPE YEAR/MAKE CO. UNIT NO. LICENSE NO. / VIN NO. STATE



VIOLATIONS table with columns: CFR, VIOLATIONS, D, 1, 2, 3, 4, Unit #/O/S, Complied. Row 1: 393.9 RT Low Beam Headlamp TROPEL X

CVSA DC/CALS UNIT 1 55502 UNIT 2 UNIT 3 UNIT 4 DRIVER SIGNATURE OFFICER SIGNATURE NOIC NO. Vehicle may not be operated until O/S defects noted above are repaired.

Washington State Patrol UTC

Special Project 104321

UNIFORM DRIVER/VEHICLE INSPECTION REPORT

1175605

PERSONNEL NO. 3553 DIST/DET LEVEL: 1 2 3 4 5 1

GENERAL HAZARDOUS MATERIALS DATE 11/29/04 TIME (MILITARY) BEGUN 09:45 FINISHED 10:05 HAZARD CLASS / DIVISION NO. REPORTABLE QTY? Y N HAZARDOUS WASTE? Y N LOCATION: SHAMP TERMINAL SCALEHOUSE NO. CNTY CODE 29 PLACARD REQUIRED? Y N CARGO TANKS? Y N CARRIER

CARRIER NAME (Include DBA when applicable) Royal Granite Van Service INC ADDRESS 2411 R AVENUE CITY Anacortes STATE IWA ZIP CODE 98221 INTERSTATE YES DOT NO. IGC NO. Applic.

DRIVER DRIVER NAME LICENSE NO. STATE EXP. YEAR DATE OF BIRTH MED. CERT. Y N SHIPPER NAME SHIPPING NO. WAIVER Y N

VEHICLE REGISTERED OWNER NAME/ADDRESS CARRIER G.V.W. 5 PASSENGER PBT RATE UNIT TYPE YEAR/MAKE CO. UNIT NO. LICENSE NO. / VIN NO. STATE 1 VN 04 DDD 22 284 SRA IWA 2 3 4

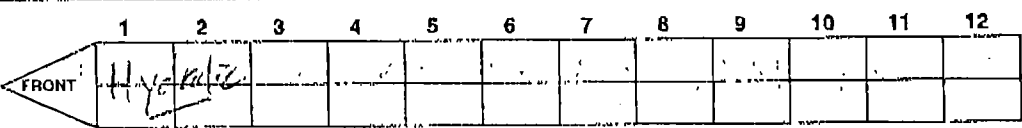


Table with columns: CFR, VIOLATIONS, D, 1, 2, 3, 4, Unit #s O/S, Complied. The table is mostly empty, indicating no violations were recorded.

CVSA DECALS UNIT 1 55505 UNIT 2 UNIT 3 UNIT 4 NOIC NO. DRIVER SIGNATURE OFFICER SIGNATURE A. Dickson

Vehicle may not be operated until O/S defects noted above are repaired. Driver may not drive until in compliance.

Special Project 104321

Washington State Patrol 117C

UNIFORM DRIVER/VEHICLE INSPECTION REPORT

1175603

PERSONNEL NO. J553 DIST / DET LEVEL: 1 2 3 4 5 1

GENERAL HAZARDOUS MATERIALS DATE TIME (MILITARY) HAZARD CLASS / DIVISION NO. REPORTABLE QTY? Y N HAZARDOUS WASTE? Y N

CARRIER CARRIER NAME (Include DDA when applicable) ADDRESS Royal Granite Van Service INC 2411 R Ave. Anacortes WA 98221

DRIVER DRIVER NAME LICENSE NO. STATE EXP. YEAR DATE OF BIRTH MED. CERT. Y N SHIPPER NAME SHIPPING NO.

VEHICLE REGISTERED OWNER NAME/ADDRESS CARRIER C.V.W. 14 PASSENGER PBT RATE UNIT TYPE YEAR/MAKE CO. UNIT NO. LICENSE NO. / VIN NO. STATE

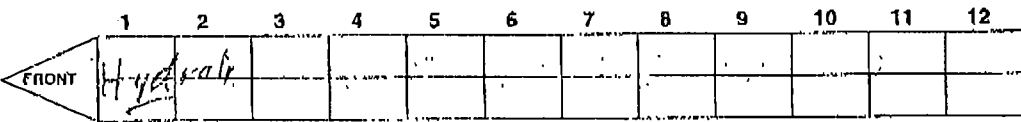


Table with columns: CFR, VIOLATIONS, D, 1, 2, 3, 4, Unit # O/S, Complied

CVSA DECALS UNIT 1 55504 UNIT 2 UNIT 3 UNIT 4 NOIC NO. DRIVER SIGNATURE OFFICER SIGNATURE

Vehicle may not be operated until O/S defects noted above are repaired. Driver may not drive until in compliance.

Washington State Patrol UTC

Special Project 104321

UNIFORM DRIVER/VEHICLE INSPECTION REPORT

1175602

PERSONNEL NO. 3553 DIST / DET LEVEL: 1 2 3 4 5 X

GENERAL HAZARDOUS MATERIALS DATE 11 29 04 TIME (MILITARY) BEGUN 0830 FINISHED 0845 HAZARD CLASS / DIVISION NO. REPORTABLE QTY? Y N HAZARDOUS WASTE? Y N PLACARD REQUIRED? Y N CARGO TANKS? Y N

CARRIER CARRIER NAME (Include DUA when applicable) Royal Granite Van Service INC ADDRESS 2411 R Ave CITY Anacortes STATE WA ZIP CODE 98221 INTERSTATE YES MD DOT NO. Applic. ICF No.

DRIVER DRIVER NAME LICENSE NO. STATE EXP. YEAR DATE OF BIRTH MED. CERT. Y N SHIPPER NAME SHIPPING NO. WAIVER Y N

VEHICLE REGISTERED OWNER NAME/ADDRESS Carrier G.V.W. 14 PASSENGER PDT RATE LICENSE NO. / VIN NO. 530 EAK STATE WA

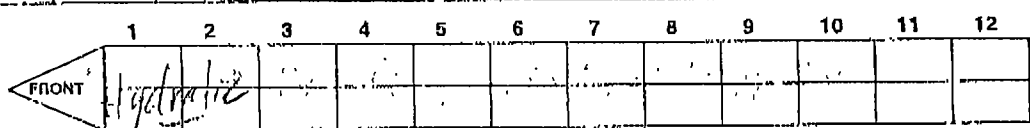


Table with columns: CFR, VIOLATIONS, D, 1, 2, 3, 4, Unit # O/S, Completed

CVSA DECALS UNIT 1 55503 UNIT 2 UNIT 3 UNIT 4 NOIC NO. DRIVER SIGNATURE OFFICER SIGNATURE

Vehicle may not be operated until O/S defects noted above are repaired. Driver may not drive until in compliance.

Washington State Patrol - UTC

Special Project 104324

UNIFORM DRIVER/VEHICLE INSPECTION REPORT

1148425

PERSONNEL NO. J553 DIST / PCT

LEVEL: 1 2 3 4 5 X

GENERAL HAZARDOUS MATERIALS DATE 11/29/04 TIME (MILITARY) BEGUN 10:05 FINISHED 12:20 HAZARD CLASS / DIVISION NO. REPORTABLE QTY? Y N HAZARDOUS WASTE? Y N LOCATION: SR/MP TERMINAL SCALEHOUSE NO. CNTY CODE 29 PLACARD REQUIRED? Y N CARGO TANKS? Y N

CARRIER CARRIER NAME (Include DHA when applicable) Royal Granite, Inc ADDRESS 1004 Commercial Ave PNB 245 City Anacortes WA 98221 INTERSTATE YES NO DOT NO. TCC NO. Apply.

DRIVER DRIVER NAME LICENSE NO. STATE EXP. YEAR DATE OF BIRTH MED. CERT. Y N SHIPPER NAME SHIPPING NO. WAIVER Y N

VEHICLE REGISTERED OWNER NAME/ADDRESS Carrier G.V.W. 6 PASSENGER FHT RATE UNIT TYPE YEAR/MAKE CO. UNIT NO. LICENSE NO. / VIN NO. STATE

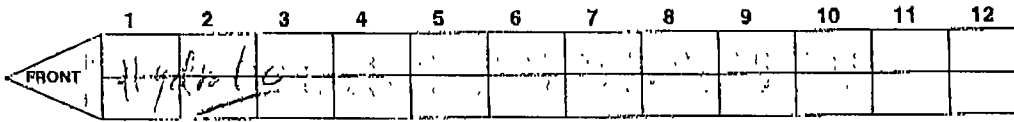


Table with columns: CFR, VIOLATIONS, D, 1, 2, 3, 4, Unit #s O/S, Complied

CVSA DECALS UNIT 1 65501 UNIT 2 UNIT 3 UNIT 4 NOIC NO. DRIVER SIGNATURE OFFICER SIGNATURE

Vehicle may not be operated until O/S defects noted above are repaired. Driver may not drive until in compliance.

UNIFORM DRIVER/VEHICLE INSPECTION REPORT

1175609

PERSONNEL NO. 5593	DIST / DET	LEVEL: 1 _____ 2 _____ 3 _____ 4 _____ 5 <u>X</u>
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GENERAL			HAZARDOUS MATERIALS		
DATE 12, 2, 04	TIME (MILITARY) BFGUN 13:35	TIME (MILITARY) FINISHED 13:50	HAZARD CLASS / DIVISION NO. _____		
LOCATION: SR/MP TERMINAL	SCALFHOUSE NO.	CNTY CODE 29	REPORTABLE QTY? Y N	HAZARDOUS WASTE? Y N	
			PLACARD REQUIRED? Y N	CARGO TANKS? Y N	

CARRIER					
CARRIER NAME (Include DDA when applicable) Royal Granite Van Service INC					
ADDRESS 2411 R Ave.					
CITY Anacortes	STATE WA	ZIP CODE 98221	INTERSTATE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	DOT NO.	ICC NO. Apply

DRIVER				
DRIVER NAME		LICENSE NO.	STATE	EXP. YEAR
DATE OF BIRTH	MED. CERT. Y N WAIVER Y N	SHIPPER NAME		SHIPPING NO.

VEHICLE					
REGISTERED OWNER NAME/ADDRESS Carrier			G.V.W. 1 PASSENGER	PBT RATE	
UNIT	TYPE	YEAR/MAKE	CO. UNIT NO.	LICENSE NO. / VIN NO.	STATE
1	VN	OL chev	1	849 RAB	WA
2					
3					
4					

1 2 3 4 5 6 7 8 9 10 11 12



CFR	VIOLATIONS	D	Unit #				Completed
			1	2	3	4	

CVSA DECALS UNIT 1 55708	UNIT 2	UNIT 3	UNIT 4	NOIC NO.
DRIVER SIGNATURE <i>[Signature]</i>				
OFFICER SIGNATURE <i>A. Dickson</i>				

— Vehicle may not be operated until D/S defects noted above are repaired.
— Driver may not drive until in compliance.

Washington State Patrol WTC

Special Project 1171221

UNIFORM DRIVER/VEHICLE INSPECTION REPORT

1175604

PERSONNEL NO. J553 DIST / DEF LEVEL: 1 _____ 2 _____ 3 _____ 4 _____ 5 X

GENERAL			HAZARDOUS MATERIALS		
DATE 11/29/04	TIME (MILITARY) REGUN 0915	TIME (MILITARY) FINISHED 0930	HAZARD CLASS / DIVISION NO.		
LOCATION: SHAMP TERMINAL		SCALEHOUSE NO. / CNTY CODE 29	REPORTABLE QTY? Y N	HAZARDOUS WASTE? Y N	
CARRIER			PLACARD REQUIRED? Y N	CARGO TANKS? Y N	

CARRIER NAME (Include DBA when applicable)
Royal Granite Van Service INC

ADDRESS
2411 R Ave

CITY
Anacortes

STATE
WA

ZIP CODE
98221

INTERSTATE
YES NO

DOT NO.
Applica

ICC NO.

DRIVER

DRIVER NAME

LICENSE NO.

STATE

EXP. YEAR

DATE OF BIRTH

MED. CERT. Y N
WAIVER Y N

SHIPPER NAME

SHIPPING NO.

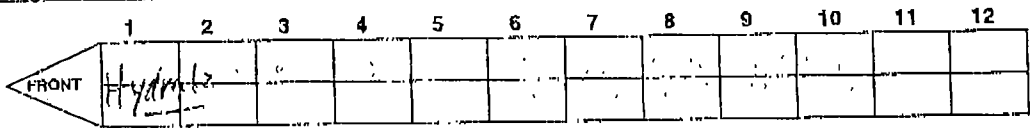
VEHICLE

REGISTERED OWNER NAME/ADDRESS
Carrier

G.V.W.
8 PASSENGER

PBT RATE

UNIT	TYPE	YEAR/MAKE	CO. UNIT NO.	LICENSE NO. / VIN NO.	STATE
1	VN	96 DOD	#12	530 NKB	WA
2					
3					
4					



CFR	VIOLATIONS	D	1	2	3	4	Unit # O/S	Complnt
393.9	RT Rear STOP/TAIL/TURN Light Inoperable		X					J553

CVSA DEFS UNIT 1: 55510 UNIT 2: UNIT 3: UNIT 4: NOIC NO.

DRIVER SIGNATURE: [Signature]

OFFICER SIGNATURE: [Signature]

Vehicle may not be operated until O/S defects noted above are repaired.
Driver may not drive until in compliance.