

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

mot44045

42412

111 0268 232 01	0000569	CID	CHA 79410
111 0268 232 02	150.00	DATE 10-28-05	SAFETY INSP 10-5-05
111 0268 232 03			INS/BOND lwc
111 0268			1065 lwc

THIS APPLICATION IS FOR:

TRANSFER - CH-458

(Check One Only)

CHARTER BUS CERTIFICATE EXCURSION SERVICE CERTIFICATE

NAME OF APPLICANT

ALADW LIMOUSINE

INC

Per SE.

D/B/A

ALADW Limousine Inc call 10-28

MAILING ADDRESS

406 N. 30th AVE
YAKIMA, WA 98902

PHYSICAL ADDRESS

406 N. 30th AVE
YAKIMA, WA 98902

BUSINESS TELEPHONE NUMBER

809, 969 2877

FAX NUMBER ()

UBI #

602 365 589

E-MAIL

ALADW28@MSN.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:

STEVEN M ZIEN OWNER 100%

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

CH 458 SWITCH TO ALADW LIMOUSINE CH-458

EQUIPMENT LIST:

LICENSE NUMBER	YEAR AND MAKE OF VEHICLE	SERIAL NUMBER (VEHICLE IDENTIFICATION NUMBER)	SEATING CAPACITY
<u>ALADW 1</u>	<u>2000 FORD EXCURSION</u>	<u>1FMNU42S5YEB17390</u>	<u>23</u>
<u>ALADW 2</u>	<u>2000 GMC YUKON XL</u>	<u>36KFK16T4Y6125508</u>	<u>19</u>

DESCRIBE OPERATIONS (Territory) MAIN AREA OF OPERATION IS A
80 MILE RADIUS. WILL TRAVEL TO ANY WASH STATE RAG

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 checked="" type="checkbox"/>	<input 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?.....	<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>X</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>X</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

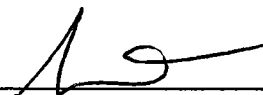
Dated at: 10-12-05 YAKIMA, Washington, 10-12-05
(City or Town) (Month/Day/Year)

ALAN LIMOUSINE INC
(Name of applicant)

By:  STEVEN M ZIEN
(Signature)

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

10-12-05 400 N. 30TH AVE
(Date and Place)


(Signature)

10-19-05

PAGE 1 OF 2

TO: LEON MACOMBER

V.I.C.

PO BOX 47250

OLYMPIA, WA 98504

FROM: STEVEN M ZIEN

40 ALADIN LIMOUSINE

406 N. 30TH AVE

YAKIMA, WA 98902

RECEIVED

OCT 26 2005

WASH. UT. & TP. COMM

RECEIVED

OCT 26 2005

WASH. UT. & TP. COMM

RE: 10-405 INSPECTION RESULTS AND CORRECTIVE MEASURES:

~~1.~~ VDUK #1224115 + #1224116: BOTH VEHICLES HAVE FIRE EXTINGUISHER MOUNTED; ORIGINALS OF VEHICLES REGISTRATIONS ARE IN VEHICLES AND NAME AND CH-458 MAGNETIC SIGNS HAVE BEEN ORDERED FOR EACH VEHICLE, WITH 2" LETTERS "ALADIN LIMOUSINE CH-458 IS WORDING.

2. ENCLOSED IS CHECK #1228 FOR V.I.C. CHANGE OF TITLE OF CHARTER 458 TO CORPORATE NAME ALADIN LIMOUSINE INC.

PART B. VIOLATION SHEET.

1. STEVEN ZIEN HAS MADE ARRANGEMENT FOR ALCOHOL/DRUG RESPONSIBLE SUSPICION TRAINING CLASSES AT DEZORREN RECOVERY SERVICES 3601 W. WASHINGTON AVE YAKIMA, WA 509 409 5515 MY COST IS \$150.00

2. 3 DRIVERS NOW HAVE PRE QUALIFICATION DRIVERS RECORDS ON FILE

3. 3 DRIVERS NOW HAVE DRIVERS EMPLOYMENT RECORDS ON FILE

4. 2 DRIVERS NOW HAVE REVIEW OF DRIVING RECORD

5. DMV ABSTRACTS ARE IN FILES

6. DAILY DUTY STATUS RECORD SHEETS ARE NOW PLACE FOR 3 DRIVERS.

7. FIRE EXTINGUISHERS ARE ALREADY MOUNTED
8. BOTH UNITS HAVE WORK SHEETS WITH PREVENTIVE MAINTENANCE PROGRAM BY WEEK IN PLACE
9. DRIVER DAILY: DVIR ~~ARE~~ DO HAVE DRIVER + MECHANIC ENTRIES FOR DEFECTS + SIGN OFF OF DRIVER + MECHANIC.
10. ANNUAL INSPECTION REPORTS ARE IN PLACE FOR BOTH UNITS

THANKS FOR ALL YOUR HELP!

STEVEN M ZIEN



[Signature]

ALADW LIMOUSINE

P.S. THE NEGATIVE RESULTS OF DOT DRUG TESTING RESULTS ARE LOCKED IN A SEPARATE FIRE RETARDANT SELF LOCKING BOX.

AND WE ARE IN A ~~DRIVER~~ TESTING POOL ALSO, THANKS LEON,

STEVE

[Signature]

FROM: Washington Utilities and Transportation Commission
Permits & Insurance
PO Box 47250 Phone: (360) 664-1222
Olympia, WA 98504-7250 Fax:

Date: 10-28-2005 Staff: KEN CHAPMAN

CH000458
ALADIN LIMOUSINE INC
ALADIN LIMOUSINE OK 3-30
406 N. 30TH AVE
YAKIMA, WA 98902

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

X No valid insurance on file. Please submit a Form E Certificate of Insurance in the *WUC* limits required for your operations. *OK*

X Forms submitted are incomplete. Please complete items marked and return. *V* *OK* *2-24-06*

WASHINGTON



UTILITIES AND TRANSPORTATION COMMISSION

PASSENGER CHARTER/EXCURSION SERVICE CARRIER OF PASSENGERS 2006 REGULATORY FEE

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

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

RECEIVED

JAN 13 2006

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 WASH. UT. & TP. COMM.
2. Include payment of the \$11.00 per vehicle fee. If renewing 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, 2006.
4. This receipt must be kept at your principal place of business, subject to inspection by Commission personnel.

CH- 458 ES- ICC/MC DOT
Applicant Name ALAON LIMOUSINE INC
406 N. 30th AVE
YAKIMA, WA 98902

FOR COMMISSION USE ONLY
Reception Number 0000947
111 0268 232 01 22.00 111 0268
Carrier ID 42412 44045

MAILING ADDRESS: 406 N. 30th AVE
YAKIMA, WA 98902
Telephone 509 969 2877 FAX 509 575 5563

PHYSICAL ADDRESS: SAME
City, State/Zip
E-mail ALAON@MSV.COM

TYPE OF PAYMENT - DO NOT SEND CASH IN THE MAIL

Check Money Order
Charge to: AMEX DISCOVER VISA MASTER CARD

Table with 12 columns for card number and 2 columns for expiration date (Month, Year).

REGULATORY FEES:

Number of Vehicles: 2 X \$11.00 Fee = \$22.00

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

Signature STEVEN M ZIEN Date 1-6-06

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:

See Reverse

Please complete the following:

Current Insurance Company: WRIGHT INSURANCE COMPANY, SELAH, WA.

Policy #: _____

Any recordable accidents in 2005? Yes No

If yes, how many? X

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

Recordable 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 2005? 40,000

(Please list total operating miles involving passenger charter/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 [Signature] Title OWNER

Date 1-6-06

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

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

UNIFORM DRIVER/VEHICLE INSPECTION REPORT

1224115

PERSONNEL NO. JS26 DIST / DET

LEVEL: 1 2 3 4 5 X

GENERAL HAZARDOUS MATERIALS

DATE 10/04/05 TIME (MILITARY) BEGUN 0950 FINISHED 1005 HAZARD CLASS / DIVISION NO. REPORTABLE QTY? Y N HAZARDOUS WASTE? Y N PLACARD REQUIRED? Y N CARGO TANKS? Y N

CARRIER

CARRIER NAME (Include DBA when applicable) ZEN, STEVEN M. dba ACADIN LIMOUSINE

ADDRESS 406 N. 30TH AVE.

CITY YAKIMA STATE WA ZIP CODE 98902 INTERSTATE YES NO DOT NO. ICC 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 SAME G.V.W. 23-PASS PBT RATE

Table with columns: UNIT, TYPE, YEAR/MAKE, CO. UNIT NO., LICENSE NO. / VIN NO., STATE. Row 1: 1, BU 2007 FORD, #1, ACADIN, WA

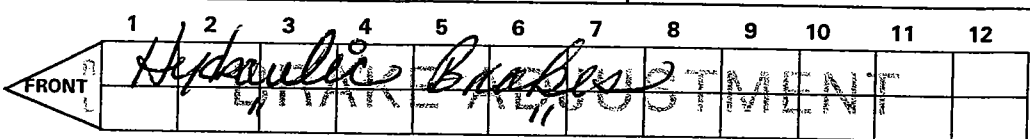


Table with columns: CFR, VIOLATIONS, D, 1, 2, 3, 4, Unit #s O/S, Complied. Row 1: 393.95A FIRE EXTINGUISHER NEEDS TO BE MOUNTED. W

CVSA DECALS UNIT 1 2388251 UNIT 2 UNIT 3 UNIT 4 NOIC NO.

DRIVER SIGNATURE OFFICER SIGNATURE (John Macomber)

UNIFORM DRIVER/VEHICLE INSPECTION REPORT

1224116

PERSONNEL NO. JS26 DIST / DET LEVEL: 1 2 3 4 5 X

GENERAL HAZARDOUS MATERIALS DATE 10 of 05 TIME (MILITARY) BEGUN 1005 FINISHED 1035 HAZARD CLASS / DIVISION NO. LOCATION: SR/MP TERMINAL SCALEHOUSE NO. CNTY CODE 39 REPORTABLE QTY? Y N HAZARDOUS WASTE? Y N PLACARD REQUIRED? Y N CARGO TANKS? Y N

CARRIER CARRIER NAME (Include DBA when applicable) ZIEN, STEVEN M. ALADIN LIMOUSINE ADDRESS 406 N. 30TH AVE. CITY YAKIMA STATE WA ZIP CODE 98902 INTERSTATE YES (NO) DOT NO. ICC 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 SAME G.V.W. 19-PASS PBT RATE UNIT TYPE YEAR/MAKE CO. UNIT NO. LICENSE NO. / VIN NO. STATE WA

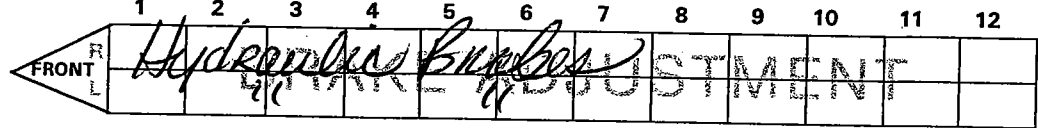


Table with columns: CFR, VIOLATIONS, D, 1, 2, 3, 4, Unit #s O/S, Complied. Rows include violations such as '393.95A FIRE EXTINGUISHER NEEDS TO BE MOUNTED', '392.2 FAILED TO DISPLAY PERMIT NAME ALADIN LIMOUSINE, AND CH-458 PERMIT NUMBER ON BOTH SIDES OF REAR UNIT', and '392.2 FAILED TO CARRY ORIGINAL SIGNED COPY OF REGISTRATION'.

CVSA DECALS UNIT 1 2388257 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.