

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

not 43971

111 0268 232 <u>0000352</u>	CID <u>43971</u>	CHA <u>079401</u>
111 0268 232 02 <u>150.00</u>	DATE <u>9-14-05</u>	SAFETY INSP <u>10-8-05</u>
111 0268 232 03		INS/BOND <u>[initials]</u>
111 0268	<u>ES-185</u>	<u>TE-051723</u>

THIS APPLICATION IS FOR:

(Check One Only) CHARTER BUS CERTIFICATE EXCURSION SERVICE CERTIFICATE

NAME OF APPLICANT MICHAEL W. STONE

D/B/A Chelan Valley TOURS

MAILING ADDRESS P.O. Box 572
Chelan WA. 98816

PHYSICAL ADDRESS 223 E. NIXON AVE.
Chelan WA.

BUSINESS TELEPHONE NUMBER (509) 422-2380 FAX NUMBER () _____

UBI # CC2 345 897 E-MAIL MIKE@chelanvalleytours.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:

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
<u>A000815</u>	<u>1973 PINZGAUER</u>	<u>5751359</u>	<u>10 w/ driver</u>
<u>[initials]</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 its 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Are oral interviews conducted with new drivers to verify information submitted on their applications?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Will you have a system established to ensure drivers' medical certificates remain current?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Will you verify that physicians completing medical certifications are knowledgeable about the instructions for performing and recording driver physical examinations?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Will you review the results of the health history and physical examination?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Will you have a system established that will ensure drivers' operating licenses remain current?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Will you have a system established that will ensure drivers' annual reviews and annual record of violations remain current?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Will you comply with the road test provisions of Section 391.31?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Can you maintain and produce complete driver qualification files on drivers?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Do you have a policy for monitoring speed?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Will drivers be required to complete recaps of their records of duty status?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Will dispatchers be aware of drivers' hours of service prior to trip?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Will other independent records be compared to drivers records of duty status for accuracy?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Will you have a system for recording hours of duty status on 100 mile radius drivers?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Will you have a disciplinary policy for noncompliance with Part 395?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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: Chelan, Washington; Aug/27/2005
(City or Town) (Month/Day/Year)

~~MIKE STOWE~~ MIKE STOWE
(Name of applicant)

By: MIKE STOWE
(Signature)

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

412765 Chelan WA
(Date and Place)

MIKE STOWE
(Signature)

43971

WASHINGTON



UTILITIES AND TRANSPORTATION COMMISSION

PASSENGER CHARTER/EXCURSION SERVICE CARRIER OF PASSENGERS 2005 REGULATORY FEE

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

RECEIVED

SEP 14 2005

WASH. UT. & TP. COMM

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 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, 2005.
4. This receipt must be kept at your principal place of business, subject to inspection by Commission personnel.

CH- ES- MC US DOT
Applicant Name MICHELE STONE
d/b/a CHELSEA VALLEY TOURS

FOR COMMISSION USE ONLY
Reception Number 0000353
111 0268 232.01 11.00 111 0268
Carrier ID

MAILING ADDRESS:

Street/PO Box 223 E. VIXEN ALBER 572
City, State/Zip CHELSEA WA 98516
Telephone 360-652-2346 FAX E-mail MIKE@chelsea-valley-tours.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 NOVUS VISA MASTER CARD
Card Number: Expiration Date Month Year

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 MICHELE STONE Date 9/12/05

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.

Customer Service Representative Date
Compliance Issues:

Please complete the following:

Current Insurance Company: Libbe NATIONAL INDEMNITY

Policy #: 70 APN 313123

Any recordable accidents in 2004: NO

If yes, how many recordable accidents:

(Please indicate total recordable accidents for all passenger charter/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 2004? UNKNOWN
(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/manager

Date 5/27/05

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:

Date: 09-15-2005 Staff: KEN CHAPMAN

CHA079401
STOWE, MICHAEL W.
CHELAN VALLEY TOURS
P.O. BOX 572
CHELAN, WA 98816

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.

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UBI # _____ E-MAIL mike@chelanvalleytours.com

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<u>A600815</u>	<u>1973 PINZGAUER</u>		<u>10 w/ driver</u>

DESCRIBE OPERATIONS (Territory) State of WA

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Dated at: Chelan, Washington; WASHINGTON
(City or Town) (Month/Day/Year)

MIKE STOWE 10-3-05
(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.

(Date and Place)

(Signature)

UNIFORM DRIVER/VEHICLE INSPECTION REPORT

1224321

PERSONNEL NO. 5531 DIST / DET

LEVEL: 1 ~~2~~ 3 4 5 X

GENERAL HAZARDOUS MATERIALS DATE 10.3.05 TIME (MILITARY) BEGUN 11:15 FINISHED 1130 HAZARD CLASS / DIVISION NO. REPORTABLE QTY? Y N HAZARDOUS WASTE? Y N PLACARD REQUIRED? Y N CARGO TANKS? Y N LOCATION: SR/MP CHELAN SCALEHOUSE NO. CNTY CODE 4

CARRIER 509-682-2386

CARRIER NAME (Include DBA when applicable) STOWE, MICHAEL W. Chelan Valley Tours

ADDRESS PO Box 572

CITY Chelan STATE WA ZIP CODE 98816 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 MB 10 PAX

REGISTERED OWNER NAME/ADDRESS Same G.V.W. 4500 PBT RATE

Table with columns: UNIT, TYPE, YEAR/MAKE, CO. UNIT NO., LICENSE NO. / VIN NO., STATE. Row 1: 1, BU, 73 Pinzbauer, A1200813, WA

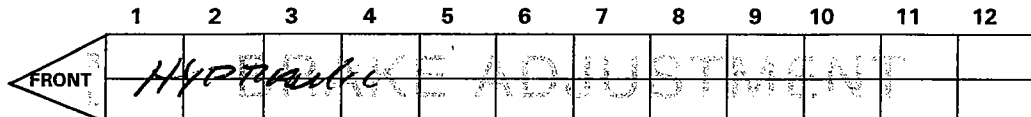


Table with columns: CFR, VIOLATIONS, D, 1, 2, 3, 4, Unit #s O/S, Complied. Multiple empty rows for recording violations.

CVSA DECALS UNIT 1 2388301 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.