

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

44008 44008 ^{KW}

111 0268 232 01 <u>0000469</u>	CID <u>44008</u>	CHA <u>079412</u>
111 0268 232 02 <u>150.00</u>	DATE <u>10-7-05</u>	SAFETY INSP <u>JWC 1-6-06</u>
111 0268 232 03		INS/BOND <u>JWC 11-27-05</u>
111 0268	<u>TE-051763</u>	<u>X 2-9-06</u>

CH 474

THIS APPLICATION IS FOR:

(Check One Only) CHARTER BUS CERTIFICATE EXCURSION SERVICE CERTIFICATE

NAME OF APPLICANT Ampo System Parking

D/B/A Silver Cloud Transportation; Ampo System Parking INC.

MAILING ADDRESS 6535 5th Pl. S. #300
Seattle, WA. 98108

PHYSICAL ADDRESS _____

BUSINESS TELEPHONE NUMBER (206) 633-4944

FAX NUMBER (206) 633-0805

UBI # See Attached

E-MAIL Kidx42@yahoo.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:

See Attached

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>CLOUD 11</u>	<u>2004 Chrysler Coach</u> ^{24 Pass}	<u>1FDWE45FX3H348612</u>	<u>24</u>
<u>CLOUD 12</u>	<u>2004 Chrysler Coach</u> ^{24 Pass}	<u>1FDWE45FX3H348609</u>	<u>24</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 it 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 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 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?.....	<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>	___	___

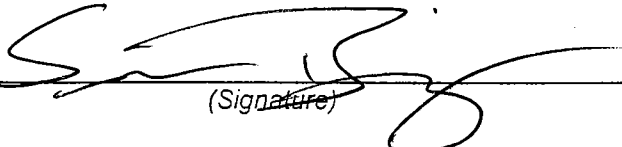
PART 396 - INSPECTION, REPAIR AND MAINTENANCE

	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: Seattle, Washington, 10-3-05
(City or Town) (Month/Day/Year)

Sean Berry
(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.

10-3-05 Seattle
(Date and Place)


(Signature)

CONFIDENTIAL CREDIT INFORMATION

Ampco System Parking
1756 114th Avenue S.E., Suite 132
Bellevue, WA 98004
Phone: (425) 462-7515
Fax: (425) 462-7533

Type of CO: Corporation
State of Inc: California
Date of Inc: December 1966

D & B#: 06-166-9586

Business: Operations & management of retail parking facilities

Start of Business

Washington: October 1972
Idaho: November 1981
Utah: November 1992
Denver: November 1987

Note: Ampco System Parking is a wholly owned subsidiary of:
American Building Maintenance Industries
160 Pacific Avenue, Suite 222
San Francisco, CA 98105
(415) 597-4500

Corporate Officers:

Thomas D. Barnett
President, Parking
808 S. Olive
Los Angeles, CA 90014
(213) 624-6065

Gary Gower
President, Parking
808 S. Olive
Los Angeles, CA 90014
(213) 624-6065

Henrick Slipsager
CEO
160 Pacific Avenue, Suite 222
San Francisco, CA 94105
(415) 597-4500

Douglas Bowlus
Treasurer
160 Pacific Avenue, Suite 222
San Francisco, CA 94105
(415) 597-4500

RECEIVED
OCT 07 2005
WASH. UT. & TP. COMM.

Local Managers:

Stephen E. Long, Senior Vice President
Kenneth Eichner, General Manager
Leonard Carder, Regional Manager
Jay Protenic, Regional Manager
Damon Kessler, Branch Manager Bellevue
Paulette Koester, Branch Manager Seattle
Scott Snow, Branch Manager Utah
Marty Montano, Accounting Manager

Bank References:

Bank of America, NT & SA
Commercial Banking Office 1499
345 Montgomery St.
San Francisco, CA 94104
Acct # [REDACTED]

Bank of America of Seattle
Corporate Accounts
Seattle, WA 98104
Acct # [REDACTED]

US Bank of Washington
Seattle Main Branch
1414 Fourth Avenue
Seattle, WA 98101
Acct # [REDACTED]

Bank of America of Idaho
Boise Main Branch
P O Box 57
Boise, ID 83757
Acct # [REDACTED]

Local References:

Cintas Corporation
6400 Merrill Creek Pkwy
Everett, WA 98203
(425) 349-2442

Corporate Express
300 SW 41st Street
Renton, WA 98055
(206) 628-8362

Other ID Numbers:

Federal Tax EIN: 95-2495556
WA State Tax #: J-600-018-312-6
ID Emp. Sec: 0001144405
UT Emp. Sec: 0-126381-1

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

Date: 11-17-2005 Staff: KEN CHAPMAN

CHA079412
AMPCO SYSTEM PARKING
SILVER CLOUD TRANSPORTATION
6535 5TH PL S # 300
SEATTLE, WA 98108

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.

ROUTING SLIP

ASSIGNMENT NO.: 105354 MOTCAR NO.: 44008 PERMIT: CH & ES APPLICATION

CARRIER NAME: Ampro System Parking

INVESTIGATOR(S): John Foster DATE: 1-3-06

RECOMMENDATION: Close & File Inspections required
for CH & ES Application - notify licensing

2 vehicles inspected

Defective

Should carrier be rechecked? no

REVIEWED BY: Mr Kelly DATE: 1-5-06

close & process charter application

FINAL RECOMMENDATION BY: Vicki Elliott DATE: 1/5/06

Approve staff recommendation
Notify licensing services

OTHER INFORMATION: 1/6/06 closed case
cc: John Foster / Tom Mc Vaugh
Licensing

UNIFORM DRIVER/VEHICLE INSPECTION REPORT

1185192

PERSONNEL NO. 5531 DIST / DET

LEVEL: 1 2 3 4 5

GENERAL HAZARDOUS MATERIALS DATE 1.3.06 TIME (MILITARY) BEGUN 0955 FINISHED 1012 HAZARD CLASS / DIVISION NO. REPORTABLE QTY? Y N HAZARDOUS WASTE? Y N PLACARD REQUIRED? Y N CARGO TANKS? Y N

CARRIER 206-633-4944

CARRIER NAME (Include DBA when applicable) Ampco System Parking ADDRESS 6535 5th Place S. #300

CITY SEATTLE STATE WA ZIP CODE 98108 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

REGISTERED OWNER NAME/ADDRESS G.V.W. 24 pass PBT RATE

Table with columns: UNIT, TYPE, YEAR/MAKE, CO. UNIT NO., LICENSE NO. / VIN NO., STATE. Row 1: 1, Bus, 04/Ford, 11, CLOUD 11, WA

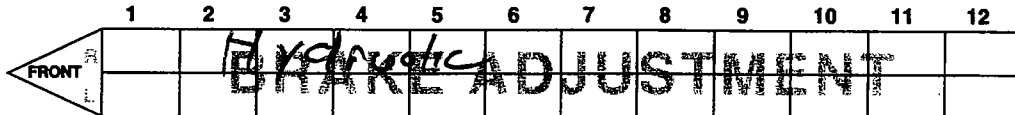


Table with columns: VIOLATIONS (D, 1, 2, 3, 4), Unit #s O/S, Complied. Includes CVSA DECALS UNIT 1 2388/56 and UNIT 2, 3, 4, NOIC NO.

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

DRIVER SIGNATURE OFFICER SIGNATURE

*** TX REPORT ***

TRANSMISSION OK

TX/RX NO	1742
RECIPIENT ADDRESS	8p2066330805p3632416
DESTINATION ID	
ST. TIME	01/09 12:10
TIME USE	00'19
PAGES SENT	2
RESULT	OK

TO Sean Benny
206-633-0905

From Ken Chapman
360-664-1229

Add correct DBA:

Silver Cloud TRANSPORTATION
SERVICES



UTILITIES AND TRANSPORTATION COMMISSION

PASSENGER CHARTER/EXCURSION SERVICE CARRIER OF PASSENGERS 2005 REGULATORY FEE

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

44008

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- 474 ES- 188 MC US DOT
Applicant Name dba Silver Cloud Transportation
Ampco System Parking
d/b/a Ampco System Parking, Inc.

FOR COMMISSION USE ONLY
Reception Number 0000470
111 0268 232 01 44.00 111 0268
Carrier ID 44008

MAILING ADDRESS:
Street/PO Box 6535 5th A. S. SUITE 300
City, State/Zip Seattle, WA 98108
Telephone 206-267-0722 FAX 206-633-0805 E-mail SBERRY@SILVERCLOUDVNET.COM

TYPE OF PAYMENT - DO NOT SEND CASH IN THE MAIL - Important new information: The WUTC now accepts credit card payments!
[X] Check [] Money Order
Charge to: [] AMEX [] NOVUS [] VISA [] MASTER CARD
Card Number: Expiration Date Month Year

REGULATORY FEES:
Number of Vehicles: 2 X \$11.00 Fee = \$ 22.00
2 COACHES
CHARGE + EXCURSION
22.00 + 22.00
I hereby declare that the authority is no longer being used and is hereby surrendered to the Commission for cancellation.
Signature [Signature] Date 8-31-05

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.
Jeri Wallace 2-14-06
Customer Service Representative Date

Compliance Issues: