

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

mot 44167

111 0268 232 01 0000936	CID <i>44167</i>	CHA <i>CHA 079419</i>
111 0268 232 02 <i>150.00</i>	DATE <i>1-12-06</i>	SAFETY INSP <i>OK</i>
111 0268 232 03		INS/BOND <i>OK</i>
111 0268	<i>TE-060062</i>	<i>CH 484</i>

THIS APPLICATION IS FOR:

(Check One Only) CHARTER BUS CERTIFICATE EXCURSION SERVICE CERTIFICATE

NAME OF APPLICANT **BUSLINER** **LLC**

D/B/A **BUSLINER**

MAILING ADDRESS **6922 BEVERLY LANE #B** PHYSICAL ADDRESS **6922 BEVERLY LANE #B**
 EVERETT **EVERETT**
 WA. 98203 **WA. 98203**

BUSINESS TELEPHONE NUMBER (**425**) **3465332** FAX NUMBER (**425**) **2670955**

UBI # **602-560-188** E-MAIL: **busliner@hotmail.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 attachment

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
A38710Z	1996	1FDKE30F5THA64987	29 SEATS + DRIVER

DESCRIBE OPERATIONS (Territory)_ **WASHINGTON STATE IS 95%, WESTERN STATES OF USA**
5%__

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 it 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 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>	___	___
Will you verify that physicians completing medical certifications are knowledgeable about the instructions for performing and recording driver physical examinations?.....	<u>X</u>	___	___
Will you review the results of the health history and physical examination?.....	<u>X</u>	___	___
Will you have a system established that will ensure drivers' operating licenses remain current?.....	<u>X</u>	___	___
Will you have a system established that will ensure drivers' annual reviews and annual record of violations remain current?.....	<u>X</u>	___	___
Will you comply with the road test provisions of Section 391.31?.....	<u>X</u>	___	___
Can you maintain and produce complete driver qualification files on drivers?.....	<u>X</u>	___	___

PART 392 - DRIVING OF MOTOR VEHICLES

	YES	NO	N/A
Do you have established procedures concerning the use of alcohol and drugs?.....	<u>X</u>	___	___
Do you have a policy for monitoring speed?.....	<u>X</u>	___	___

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: EVERETT , Washington, JANUARY 09, 2006
(City or Town) *(Month/Day/Year)*

 LEONID P DMITRUK
(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.

 JANUARY 09, 2006
(Date and Place)

 
(Signature)

RECEIVED
JAN 11 2006
WASH. UT. & TR. COMM.

Credit Card Acceptance

Customer Order #: 547997 1 9 2006 19 41 10

MC/FMCSA #: 547997

USDOT #: 1447297

Carrier Name: Busliner LLC

Credit Card Total: \$33.00

- We have received your registration application and your credit card total has been billed.
- We will process your application in the order received, typically within 2 business days, if all requirements are met.
- Deficient applications will be held pending until all requirements are met.
- Registration receipts will be mailed to the mailing address indicated on the application or e-mailed to the e-mail address provided.
- Please record your customer order number or print this page as confirmation.

We value your opinion, please click the "Survey Form" button and complete our customer service survey form.

Survey Form

*Single State Registration
filed on-line.*

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→ 100% - portion belong to owner, LEONID DMITRUK

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