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

| | 1000 | \$150.00 mot | 44167 |
|--|-------------------------------------|---|----------------------------|
| 111 0268 232 01 | 330 CID | 14167 | CHA 679419 |
| / - | 2.00 DATE / 1- | 12-08 | SAFETY INSP |
| 111 0268 232 03 | | | INS/BOND (OL) |
| 111 0268 | TE- | 060062 | 0. M484 |
| | | | |
| THIS APPLICATION IS FOR (Check One Only) | R: K CHARTER BUS CERTIFI | CATE ¹ EXCURSION | SERVICE CERTIFICATE |
| NAME OF APPLICANT_BL | JSLINER_LLC | | |
| D/B/A _BUSLINER | | | |
| MAILING6922 BEVER | LY LANE #B | | EVERLY LANE #B |
| | | ADDRESSEVERE | :п |
| WA. 98203_ | | WA. 982 | 03 |
| BUSINESS TELEPHONE NUM | MBER (425)_ 3465332 | _ FAX NUMBER (425) 2 | 670955 |
| 602-560-188 | | E-MAIL: busliner@ | hotmail.com |
| IF APPLICANT IS A CORPOR SHAREHOLDERS. IF APPLIC OF ALL PERSONS HAVING A | ANT IS A PARTNERSHIP , LIS | ST NAMES, ADDRESSES, | AND PERCENTAGE OF INTEREST |
| IF APPLICANT HOLDS ANY CONONE | THER CERTIFICATE OR PER | F MIT WITH THE COMMISS | ION, LIST PERMIT NUMBERS: |
| EQUIPMENT LIST: | | | |
| LICENSE NUMBER | YEAR AND MAKE OF VEHICLE | SERIAL NUMBER (VEHICLE IDENTIFICA NUMBER) | - |
| A38710Z | 1996 | 1FDKE30F5THA649 | 29 SEATS + DRIVER |
| | | | |
| | | <u> </u> | |

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

SAFETY COMPLIANCE REVIEW AND QUESTIONNAIRE:

GENERAL

| Do you have a copy of the laws and rules relating to passenger charter and excursion service carriers? | YES _X_ | NO | N/A |
|---|-------------------|---------------|-----|
| Have you been cited within the last three years by the Commission for violations of it rules or laws?. | | _ X _ | |
| If Yes, explain: | | '' | _ |
| Are you familiar with the state motor carrier safety rules? | _ X _ | | |
| Will management review the carrier's compliance status on a periodic basis? | _ X _ | | |
| NOTIFICATION AND REPORTING OF ACCIDENTS | | | |
| Are you familiar with the Commission accident reporting rule? | YES X _ | NO | N/A |
| Will you take any action against drivers involved in preventable accidents? | _ X | | |
| PART 391 - QUALIFICATION OF DRIVERS | YES | NO | N/A |
| Do you have written hiring policies/procedures that are being followed when hiring new drivers? | _X_ | | |
| Are oral interviews conducted with new drivers to verify information submitted on their applications?. | _ X _ | | |
| Will you have a system established to ensure drivers' medical certificates remain current? | _X_ | | |
| Will you verify that physicians completing medical certifications are knowledgeable about the | | | |
| instructions for performing and recording driver physical examinations? | _ X _ | | |
| Will you review the results of the health history and physical examination? | _ X _ | | |
| Will you have a system established that will ensure drivers' operating licenses remain current? | _ X _ | | |
| Will you have a system established that will ensure drivers' annual reviews and annual record of violations remain current? | _X_ | | |
| Will you comply with the road test provisions of Section 391.31? | _ X _ | | |
| Can you maintain and produce complete driver qualification files on drivers? | _ X _ | | |
| PART 392 - DRIVING OF MOTOR VEHICLES | YES | NO | N/A |
| Do you have established procedures concerning the use of alcohol and drugs? | _X_ | | |
| Do you have a policy for monitoring speed? | X _ | | |

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? | X _ | | |
| Will you file records of duty status in systematic manner? | X _ | | |
| Will drivers be required to complete recaps of their records of duty status? | _ X _ | | |
| Will dispatchers be aware of drivers' hours of service prior to trip? | X _ | | |
| Will other independent records be compared to drivers records of duty status for accuracy? | X_ | | |
| Will you have a system for recording hours of duty status on 100 mile radius drivers? | X _ | | |
| Will you have a disciplinary policy for noncompliance with Part 395? | _X_ | | <u> </u> |
| PART 396 - INSPECTION, REPAIR AND MAINTENANCE | YES | NO | N/A |
| Will you have written procedures explaining a systematic, periodic maintenance program? | _ X _ | | |
| Will you periodically review maintenance records for all equipment? | _ X _ | | |
| Will you comply with the vehicle inspection procedure? | _ X _ | | |
| Will you train drivers to perform pre-trip inspections? | _ X _ | | |
| Will you maintain the prior three months vehicle inspection reports on a vehicle? | . _X _ | | |
| Will you maintain a complete maintenance file on all vehicles? | _X_ | | |
| THE UNDERSIGNED APPLICANT REQUESTS THAT THE WASHINGTON UTILITIES AND COMMISSION MAKE ITS ORDER GRANTING A CERTIFICATE TO OPERATE AS A CHAR EXCURSION SERVICE CARRIER AS PROVIDED FOR IN RCW 81.70 AND WAC 480-40 | | | |
| Dated at:EVERETT, Washington,JANUARY 09, 200 (City or Town) (Month/Day/Year) | | | |
| LEONID P DMITRU (Name of applicant) | | | |
| (Signature) | | | |
| I certify (or declare) under penalty of perjury under the laws of the state of Washington that the correct. | ne forego | oing is t | rue and |
| _JANUARY 09, 2006 | | | |
| (Date divided) | | | |

(Signature)

JAN I I 2006 WASH UT 1

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 emailed 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.

WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION

| APPLICATION FO | OR CHARTER | BUS/EXCURSION | SERVICE | CERTIE |
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| 1300 Sout | h Evergreen Park Drive SW, Olympia Washington 98504- Phone: (360) 664-1222 | 7250 | |
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| | Fax (360) 586-1181 | Mach | ! |
| APPLICATION FOR CHA | RTER BUS/EXCURSI | ON SERVICE CERTIFICATE | Max |
| 111 0268 232 01 OCOO936 | Fee: \$150.00 | mot 44167 | _ ~ 4 |
| | CID 44167 | CHA 679419 | |
| 111 0268 232 02 150.00 | DATE / | SAFETYINSP | |
| 111 0268 | | INS/BOND | |
| ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | TE-060062 | | |
| NAME OF APPLICANT_BUSLINER D/B/A _BUSLINER_ | #BPHYSICAL_6 | 922 BEVERLY LANE #B_ | |
| WA. 98203 | | A. 98203 | |
| BUSINESS TELEPHONE NUMBER (425) | .3465332 FAX NUMBER (| (425) 2670955 | - - |
| UBI#602-560-188 | E-MAIL: busi | liner@hotmail.com | |
| IF APPLICANT IS A CORFORATION, LIST N SHAREHOLDERS, IF APPLICANT IS A PAR OF ALL PERSONS HAVING AN EQUITY IN 100% - por £ 100 b | OTHERCUID FICT MANYER ARES | | |
| IF APPLICANT HOLDS ANY OTHER CERTIF | | | |
| EQUIPMENT LIST: | | | - |

| EQI | JIPM | ENT | LIST: |
|-----|------|-----|-------|
|-----|------|-----|-------|

| UCENSE NUMBER | YEAR AND MAKE OF VEHICLE | SERIAL NUMBER (VEHICLE IDENTIFICATION NUMBER) | SEATING CAPACITY |
|---------------|-----------------------------|---|-------------------|
| A38710Z | 1996 | 1FDKE30F5THA649B7 | 29 SEATS + DRIVER |
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Special Project

UNIFORM DRIVER/VEHICLE INSPECTION REPORT

1224458

| PERSONNEL NO. | DIST / DET | E\/E + 1 | • | | | | _ | | \ <u>/</u> | |
|------------------------|--|-------------------|--|----------|----------|----------|--|----------------|-------------|----------------|
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| DATE | GENER | | | | HAZ | ARDO | ous | MAT | ERIAL | S |
| DATE 711 0/ | TIME (MILITARY) | TIME (MILITARY) | HAZAF | | SS / DIV | | ************************************** | <u> </u> | | |
| LOCATION: SR/MP | BEGUN (D: 3 | SCALEHOUSE NO. 10 | | | TY? Y | | | RDOUS | WASTE? | - - |
| TERMI | | SCALEHOUSE NO. | 0002 | | | | | | | T 1 |
| | M// C | | | AKD KI | EQUIRE | D? Y | N | CARG | 30 TANK | (S? Y M |
| CARRIER NAME (Inclue D | BA when applicable) | CARI | (IEK | | | | | | | |
| Buslin | er LLC | | | | | | | | | |
| ADDRESS | | | | | | | | | | |
| CITY 6922 | Bevery | LW | ** | | | ~ | # | A | -001- | ≥ a |
| Everet | , | TATE ZIP CODE | INTERSTATE | DO | T.NO. | | | ICC NO. | oplia | 250 |
| - Lverel | <u> </u> | WA 98203 | | <u> </u> | 44 | 72 | 971 | _5 | 470 | 197 |
| DRIVER NAME | | DRIV | ER NSE NO. | | | | | | | |
| | | LICE | NSE NU. | | , | | s | TATE | EXF | YEAR |
| DATE OF BIRTH | MED. CERT. Y | N SHIPPER NAME | | | | | ISHIPP | ING NO. | | |
| 1 1 | WAIVER Y | N | | | | | | | | |
| | | VEHIC |)LE | | | | <u> </u> | | | |
| REGISTERED OWNER NAM | E/ADDRESS | | | G.V.v | | | | | RATE | |
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| | not be operated until O / S | DRIVER SKALAURE | HULK | • | | | | | | |
| | d above are repaired. ot drive until in compliance. | OFFICER SIGNATURE | y well | | | | | | | |
| 000-150-160 R (2/99) | | | SON | | | | | | | - |
| 00-100 n (2/99) | | - / (· //U) | 70.0 | | | | | <u> </u> | | |