

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

CH - 477
79420
M - 44177

111 0268 232 01	0000945	CID	CHA
111 0268 232 02	150.00	DATE	SAFETY INSP.
111 0268 232 03			INS/BOND
111 0268		TE-060097	M-44177

THIS APPLICATION IS FOR:

(Check One Only) CHARTER BUS CERTIFICATE EXCURSION SERVICE CERTIFICATE

NAME OF APPLICANT Seattle Portland Express Co.

D/B/A _____

MAILING ADDRESS 9530 Aurora Ave N #205 Seattle WA 98103 PHYSICAL ADDRESS 1101 Woodland Ave N Centralia WA 98531

BUSINESS TELEPHONE NUMBER 206 525-6841 FAX NUMBER 206 729-5719

UBI # 602 571 162 E-MAIL SeattlePortlandExpress@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:

Salah Dabash 100%

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
	1986) MCI	1M86DM9A3JP	47
	1987) MCI	1M86DM9A4HP	47
	1986 GMC	16GYTR2J7GV8240	41
1982 MM	2000" Ford	1FD5S34F8YH871302	15
1024 RPZ	1995 Ford	1FBJ531G85HB0839	15

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 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?.....	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	___	___

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 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, Jan-12-06
(City or Town) (Month/Day/Year)

Salah Dabash
(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.

Jan-12-06 Seattle WA.
(Date and Place)

[Signature]
(Signature)

WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION

ROUTING SLIP

Refer to:

Tina

Date:

3-24-06

Noted

From:

Tom McVaught

Action

- | | |
|---|---|
| <input type="checkbox"/> Note and file | <input type="checkbox"/> Per our conversation |
| <input type="checkbox"/> Note and return to me | <input type="checkbox"/> Per your request |
| <input type="checkbox"/> Return with more details | <input type="checkbox"/> For your approval |
| <input type="checkbox"/> Note and see me about this | <input type="checkbox"/> For your information |
| <input type="checkbox"/> Please answer | <input type="checkbox"/> For your comments |
| <input type="checkbox"/> Prepare reply for my signature | <input type="checkbox"/> For signature |
| <input type="checkbox"/> For appropriate action | <input type="checkbox"/> Investigate and report |

Comments:

Seattle - Portland Express, Co.

New Physical Address:

9530 Aurora Ave. N.

*Seattle, WA #205
98103*

UNIFORM DRIVER/VEHICLE INSPECTION REPORT

1224490

PERSONNEL NO. **J518** DIST / DET

LEVEL: 1 ___ 2 ___ 3 ___ 4 ___ 5 **X**

GENERAL HAZARDOUS MATERIALS

DATE **3/16/06** TIME (MILITARY) BEGUN **0927** FINISHED **0937** HAZARD CLASS / DIVISION NO.

LOCATION: SR/MP **Seattle** SCALEHOUSE NO. **17** REPORTABLE QTY? Y N HAZARDOUS WASTE? Y N
PLACARD REQUIRED? Y N CARGO TANKS? Y N

CARRIER **866-858-9777**

CARRIER NAME (Include DBA when applicable) **Seattle-Portland Express Co.**

ADDRESS **12319 ROOSEVELT WAY NE**

CITY **Seattle** STATE **WA** ZIP CODE **98125** INTERSTATE **ES** NO **1303286** DOT NO. **505138** ICC NO.

DRIVER

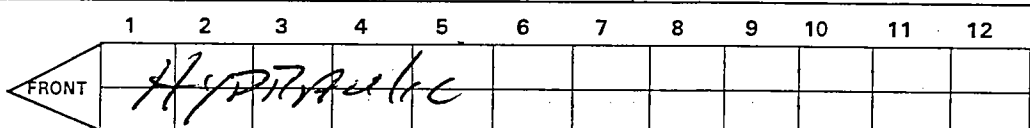
DRIVER NAME LICENSE NO. STATE EXP. YEAR

DATE OF BIRTH MED. CERT. Y N SHIPPER NAME SHIPPING NO.
WAIVER Y N

VEHICLE **Van 15 PAX**

REGISTERED OWNER NAME/ADDRESS **Seattle-Portland Exp.** GVW **9400** PBT RATE

UNIT	TYPE	YEAR/MAKE	CO. UNIT NO.	LICENSE NO. / VIN NO.	STATE
1	BU	00 FORD	1	198 LMM	WA
2					
3					
4					



CFR	VIOLATIONS	D	1	2	3	4	Unit #s O/S	Complied
393.9	Imperative Backup Lamps		W					
393.9	top mounted Brake Lamp Imperative		W					
393-7	L/F Turn Signal, NOP		W					

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

DRIVER SIGNATURE *[Signature]*
OFFICER SIGNATURE *[Signature]*

UNIFORM DRIVER/VEHICLE INSPECTION REPORT

1224488

PERSONNEL NO. 5518 DIST / DET _____ LEVEL: 1 _____ 2 _____ 3 _____ 4 _____ 5 X

GENERAL				HAZARDOUS MATERIALS			
DATE <u>3/16/06</u>	TIME (MILITARY) BEGUN <u>0820</u>	TIME (MILITARY) FINISHED <u>0859</u>	HAZARD CLASS / DIVISION NO.	REPORTABLE QTY? Y N	HAZARDOUS WASTE? Y N	PLACARD REQUIRED? Y N	CARGO TANKS? Y N
LOCATION: SR/MP <u>Seattle</u>			SCALEHOUSE NO.	CNTY CODE <u>17</u>			

CARRIER

CARRIER NAME (Include DBA when applicable)
Seattle - Portland Express Co.

ADDRESS
12319 Roosevelt Way NE

CITY Seattle STATE WA ZIP CODE 98125 INTERSTATE YES NO DOT NO. 1303286 ICC NO. 585139

DRIVER

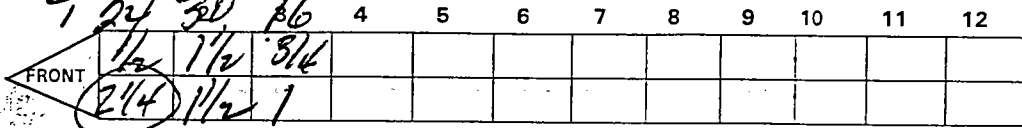
DRIVER NAME _____ LICENSE NO. _____ STATE _____ EXP. YEAR _____

DATE OF BIRTH _____ MED. CERT. Y N SHIPPER NAME _____ SHIPPING NO. _____
WAIVER Y N

VEHICLE MC 47 PAX

REGISTERED OWNER NAME/ADDRESS Seattle - Portland Express G.V.W. 36,000 PBT RATE _____

UNIT	TYPE	YEAR/MAKE	CO. UNIT NO.	LICENSE NO. / VIN NO.	STATE	
1	<u>BW</u>	<u>07</u>	<u>MOI</u>	<u>305</u>	<u>A87790 Z</u>	<u>WA</u>
2						
3						
4						



CFR	VIOLATIONS	D	1	2	3	4	Unit #s O/S	Complied
<u>393.48BA</u>	<u>Brake out of adjustment per ABOVE DIAGRAM</u>		<u>W</u>					<u>X</u> <u>153</u>
<u>393.48a</u>	<u>Loose SLACK Adjuster on CAM SHAFT on LS STEER AXLE</u>		<u>W</u>					<u>X</u>

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

X #09077 Vehicle may not be operated until O/S defects noted above are repaired. Driver may not drive until in compliance.

DRIVER SIGNATURE _____ OFFICER SIGNATURE _____

UNIFORM DRIVER/VEHICLE INSPECTION REPORT

1224494

PERSONNEL NO. *5518* DIST / DET

LEVEL: 1 ___ 2 ___ 3 ___ 4 ___ 5 *X*

GENERAL HAZARDOUS MATERIALS

DATE *3/24/06* TIME (MILITARY) BEGUN *0830* FINISHED *0840* HAZARD CLASS / DIVISION NO. LOCATION: SR/MP *SEATTLE* SCALEHOUSE NO. CNTY CODE *17* REPORTABLE QTY? Y N HAZARDOUS WASTE? Y N PLACARD REQUIRED? Y N CARGO TANKS? Y N

CARRIER *866-855-9777*

CARRIER NAME (Include DBA when applicable) *SEATTLE - PORTLAND EXPRESS CO.*

ADDRESS *12319 ROOSEVELT WAY NE*

CITY *SEATTLE* STATE *WA* ZIP CODE *98125* INTERSTATE *YES* NO DOT NO. *1307286* ICC NO. *585138*

DRIVER

DRIVER NAME LICENSE NO. STATE EXP. YEAR

DATE OF BIRTH MED. CERT. Y N SHIPPER NAME SHIPPING NO. WAIVER Y N

VEHICLE *15-PAN VAN*

REGISTERED OWNER NAME/ADDRESS *SAME* G.V.W. *9500* PBT RATE

Table with columns: UNIT, TYPE, YEAR/MAKE, CO. UNIT NO., LICENSE NO. / VIN NO., STATE. Row 1: *1 VAN 95 FORD 2 024 RPE WA*

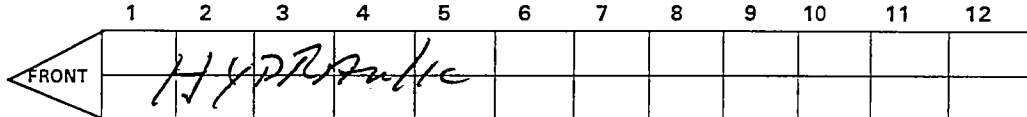


Table with columns: CFR, VIOLATIONS, D, 1, 2, 3, 4, Unit #s O/S, Complied. Row 1: *393.45A No Emergency reflectors on vehicle*, *W*, *551*

CVSA DECALS UNIT 1 *2924830* UNIT 2 UNIT 3 UNIT 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 *[Signature]* OFFICER SIGNATURE *J. Foster*