

# 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

111 0268 232 01 <b>0000458</b>	CID <b>44008</b>	CHA <b>44008</b> <del>629412</del> <b>79423</b>
111 0268 232 02 <b>150.00</b>	DATE <b>10-7-05</b>	SAFETY INSP <b>1402 1-6-06</b>
111 0268 232 03		INS/BOND <b>UWC-11-2205</b>
111 0268	<b>ES-188</b>	<b>TE 060231</b>

THIS APPLICATION IS FOR:

(Check One Only)     CHARTER BUS CERTIFICATE     EXCURSION SERVICE CERTIFICATE

NAME OF APPLICANT **Ampco System Parking**

D/B/A \_\_\_\_\_

MAILING ADDRESS **6535 5<sup>th</sup> Pl. S. #300**      PHYSICAL ADDRESS \_\_\_\_\_  
**Seattle, WA, 98108**      \_\_\_\_\_

BUSINESS TELEPHONE NUMBER (206) **633-4944**      FAX NUMBER (206) **633-0805**

UBI # \_\_\_\_\_      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:

\_\_\_\_\_

\_\_\_\_\_

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
<b>CLOUD 11</b>	<b>2004 CRYSTAL COACH</b>	<b>1FDWE45FX3H348612</b>	<b>24</b>
<b>CLOUD 12</b>	<b>2004 CRYSTAL COACH</b>	<b>1FDWE45FX3H348609</b>	<b>24</b>

**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 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

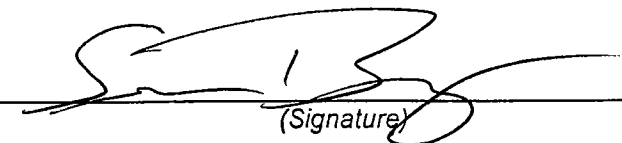
Dated at: Seattle, Washington, 10-3-05  
(City or Town) (Month/Day/Year)

Sen Bern  
(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 114<sup>th</sup> 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.



UTILITIES AND TRANSPORTATION COMMISSION

PASSENGER CHARTER/EXCURSION SERVICE CARRIER OF PASSENGERS 2005 REGULATORY FEE

44008

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

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@SILVERCLOUDVALET.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: 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 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: