

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

40788

111 0268 232 01	0001153	CID	CHA CH# 079428
111 0268 232 02	150.00	DATE 2-21-06	SAFETY INSP
111 0268 232 03			INS/BOND TW
111 0268		CH-476	TE 060310

THIS APPLICATION IS FOR:

(Check One Only) CHARTER BUS CERTIFICATE EXCURSION SERVICE CERTIFICATE

NAME OF APPLICANT A+ TRANSPORTATION N.W. INC

D/B/A _____

MAILING ADDRESS PO Box 9364
YAKIMA WA 98908

PHYSICAL ADDRESS 2410 So. 26th AVE
YAKIMA WA 98903

BUSINESS TELEPHONE NUMBER (509) 575-3676

FAX NUMBER (509) 575-1523

UBI # 602 241 961 LOU

E-MAIL randy@azmotorcoach.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:

RANDOL E. AMMERMAN PRESIDENT 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
331 RBP	2001 FORD CROWN	1FDXE45521WA24719	12 (2 w/c)
330 RBP	2001 FORD CROWN	1FDLE45531WA24745	12 (2 w/c)

RECEIVED

FEB 21 2006

WASH. UT. & TP. COMM.

DESCRIBE OPERATIONS (Territory) STATE OF WASHINGTON

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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PART 395 - HOURS OF SERVICE OF DRIVERS

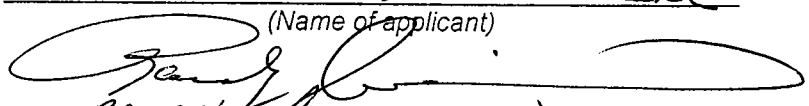
	YES	NO	N/A
Can you explain the hours of service limitations, i.e., 10, 15, 60 in 7, 70 in 8?.....	✓	___	___
Will you file records of duty status in systematic manner?.....	✓	___	___
Will drivers be required to complete recaps of their records of duty status?.....	✓	___	___
Will dispatchers be aware of drivers' hours of service prior to trip?.....	✓	___	___
Will other independent records be compared to drivers records of duty status for accuracy?.....	✓	___	___
Will you have a system for recording hours of duty status on 100 mile radius drivers?.....	✓	___	___
Will you have a disciplinary policy for noncompliance with Part 395?.....	✓	___	___

PART 396 - INSPECTION, REPAIR AND MAINTENANCE

	YES	NO	N/A
Will you have written procedures explaining a systematic, periodic maintenance program?.....	✓	___	___
Will you periodically review maintenance records for all equipment?.....	✓	___	___
Will you comply with the vehicle inspection procedure?.....	✓	___	___
Will you train drivers to perform pre-trip inspections?.....	✓	___	___
Will you maintain the prior three months vehicle inspection reports on a vehicle?.....	✓	___	___
Will you maintain a complete maintenance file on all vehicles?.....	✓	___	___

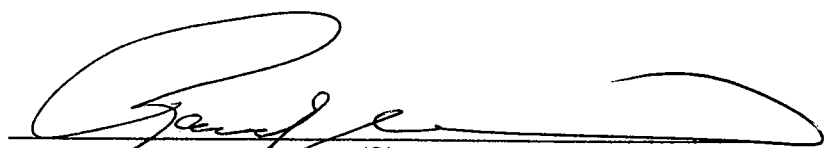
THE UNDERSIGNED APPLICANT REQUESTS THAT THE WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION MAKE ITS ORDER GRANTING A CERTIFICATE TO OPERATE AS A CHARTER PARTY OR EXCURSION SERVICE CARRIER AS PROVIDED FOR IN RCW 81.70 AND WAC 480-40

Dated at: YAKIMA, WA, Washington, 2/15/06
(City or Town) (Month/Day/Year)

AT TRANSPORTATION N.W. INC
(Name of applicant)

 By: RANDY AMMERMAN
(Signature)

I certify (or declare) under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

2/15/06
YAKIMA, WA
(Date and Place)


(Signature)

.....

A & A Motorcoach

PO Box 9364
Yakima WA 98909-0364
Phone: (509) 575-3676
Fax: (509) 575-1523

facsimile transmittal

To: KEN CHAPMAN Fax: 360-586-1181

From: RANDY AMMERMAN Date: March 14, 2006

EMAIL: randy@aamotorcoach.com

Re: A+ Transportation Pages: 2

CC:

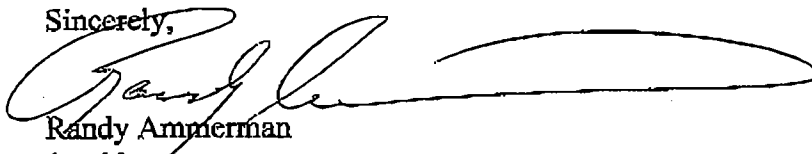
- Urgent
- For Review
- Please Comment
- Please Reply
- Please Recycle

Ken,

I talked to your office today and they felt that the following document would work In lieu of corporate minutes.

Please let me know if this is adequate.

Sincerely,



Randy Ammerman
President
A+ Transportation NW, Inc.

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