

Revised

**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

MAR 06 2006  
WASH. UT. & TR. C

**APPLICATION FOR CHARTER BUS/EXCURSION SERVICE CERTIFICATE**

Fee: \$150.00

44266

111 0268 232 01	0001217	CID	CHA 079432
111 0268 232 02	150.00	DATE	SAFETY INSP
111 0268 232 03			INS/BOND
111 0268		CH 479	TE 060358

**THIS APPLICATION IS FOR:**

(Check One Only)  CHARTER BUS CERTIFICATE  EXCURSION SERVICE CERTIFICATE

NAME OF APPLICANT Roman Solutions, LLC

D/B/A P.T. Rocket Transportation

MAILING ADDRESS 260643 Hwy 101 Sequim WA 98382

PHYSICAL ADDRESS 260643 Hwy 101 Sequim WA 98382

BUSINESS TELEPHONE NUMBER (360) 683.8087 FAX NUMBER (360) 683.3719

UBI # 602 344 159 OK E-MAIL Rocket+1@RomanSolutions.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 BUSINESS:

*Managing Partner*  
Rachel Roman 260643 Hwy 101 Sequim WA - 33 1/3 *Managing Partner*  
Kathy Roman 260643 Hwy 101 Sequim WA - 33 1/3  
David Pedersen PO Box 734 Sequim WA 98382 - 33 1/3

IF APPLICANT HOLDS ANY OTHER CERTIFICATE OR PERMIT WITH THE COMMISSION, LIST PERMIT NUMBERS:  
N/A

**EQUIPMENT LIST:**

LICENSE NUMBER	YEAR AND MAKE OF VEHICLE	SERIAL NUMBER (VEHICLE IDENTIFICATION NUMBER)	SEATING CAPACITY
71706 DP	05' Dodge Sprinter	WDSPDB4H85578005	9

Replaced

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Rachel Roman 260643 Hwy 101 - Sequim WA - 33% Kathy Roman, 260643 Hwy 101  
Sequim WA 98382 - 33% David Pedersen PO Box 734 Sequim WA 98382 - 33%

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	05' Dodge Sprinter	WB5PD64H85578005	9

DESCRIBE OPERATIONS (Territory) Clallam, Jefferson, KING... (all 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?	<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?.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Will you file records of duty status in systematic manner?.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Will drivers be required to complete recaps of their records of duty status?.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Will dispatchers be aware of drivers' hours of service prior to trip?.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Will other independent records be compared to drivers records of duty status for accuracy?.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Will you have a system for recording hours of duty status on 100 mile radius drivers?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Will you have a disciplinary policy for noncompliance with Part 395?.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**PART 396 - INSPECTION, REPAIR AND MAINTENANCE**

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

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: Sequim, Washington, 02/07/06  
(City or Town) (Month/Day/Year)

Rafael Roman  
(Name of applicant)

By: Rafael Roman  
(Signature)

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

02.07.06 Sequim, Wa  
(Date and Place)

Rafael Roman  
(Signature)

UNIFORM DRIVER/VEHICLE INSPECTION REPORT

1224619

CHA079437

PERSONNEL NO. J526 DIST / DET \_\_\_\_\_ LEVEL: 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_ 5 X

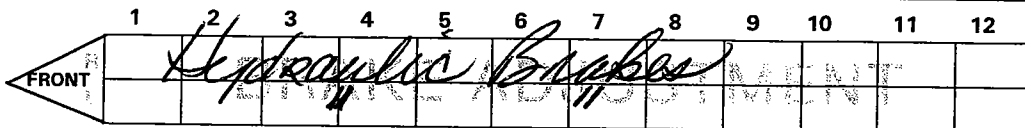
GENERAL				HAZARDOUS MATERIALS			
DATE <u>03/00/06</u>	TIME (MILITARY) <u>0855</u>	TIME (MILITARY) <u>0905</u>	HAZARD CLASS / DIVISION NO. _____	REPORTABLE QTY? Y N	HAZARDOUS WASTE? Y N	PLACARD REQUIRED? Y N	CARGO TANKS? Y N
LOCATION: SR/MP <u>TERMINAL</u>	SCALEHOUSE NO. _____	CNTY CODE <u>05</u>					

(360) 460-8714  
CARRIER  
CARRIER NAME (Include DBA when applicable) RAMON SOLUTIONS, LLC, dba P.T. ROCKET TRANS.  
ADDRESS 260643 HWY 101  
CITY SEQUIM STATE WA ZIP CODE 98382 INTERSTATE YES  NO  DOT NO. \_\_\_\_\_ 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  
REGISTERED OWNER NAME/ADDRESS SAME G.V.W. 10-PASS PBT RATE \_\_\_\_\_

UNIT	TYPE	YEAR/MAKE	CO. UNIT NO.	LICENSE NO. / VIN NO.	STATE
1	<del>BU</del>	<u>05/DOOD</u>	<u>#R01</u>	<u>71706DP</u>	<u>WA</u>
2					
3					
4					



CFR	VIOLATIONS	D	1	2	3	4	Unit #s O/S	Complied
393.95A	FIRE EXTINGUISHER NOT MOUNTED.		<u>W</u>					
393.89	DRIVE LINE PROTECTION LOOP ON FRONT PORTION AND NOT ON REAR PORTION OF DRIVE LINE TO KEEP DRIVE LINE FROM CONTACTING GROUND OR VEHICLE UPON DISCONNECT.		<u>W</u>					

CVSA DECALS UNIT 1 2924761 UNIT 2 \_\_\_\_\_ UNIT 3 \_\_\_\_\_ UNIT 4 \_\_\_\_\_ NOIC NO. \_\_\_\_\_

DRIVER SIGNATURE Rafael Roman  
OFFICER SIGNATURE Dean Macomber

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



UTILITIES AND TRANSPORTATION COMMISSION

PASSENGER CHARTER/EXCURSION SERVICE CARRIER OF PASSENGERS 2005 REGULATORY FEE

2006

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 360-586-9203

RECEIVED

MAR 06 2006

WASH. UT. & TP. COMM.

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- ES- MC US DOT

Applicant Name Roman Solutions, LLC

d/b/a P.T. Rocket Transportation

FOR COMMISSION USE ONLY

Reception Number 0001219

111 0268 232 01 11.00 111 0268

Carrier ID 214266

MAILING ADDRESS:

Street/PO Box 260643 HWY 101

City, State/Zip Sequim, WA 98382

Telephone 360.683.9087 FAX 360.683.3719 E-mail Rocket1@Romansolutions.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: 1 X \$11.00 Fee = \$ 11.00

I hereby declare that the authority is no longer being used and is hereby surrendered to the Commission for cancellation.

Signature [Signature] Date 0207.06

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.

Customer Service Representative Date

Compliance Issues:

414266

WASHINGTON



UTILITIES AND TRANSPORTATION COMMISSION

PASSENGER CHARTER/EXCURSION SERVICE CARRIER OF PASSENGERS 2005 REGULATORY FEE

2006 ⇒ PHONE 360-664-1222 FAX 360-586-1181

3/21/06 Applied reg fees to Excursion application fee

RECEIVED MAR 06 2006 WA Dept. of Transp. & TP. COMM.

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 360-586-3203.

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.
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CH- 79432 ES- MC US DOT
Applicant Name
d/b/a P.T. Rocket Transportation

FOR COMMISSION USE ONLY
Reception Number 0001218
111 0268 232 01 11.00 111 0268
Carrier ID 44266

MAILING ADDRESS: 260643 HWY 101
City, State/Zip Sequim WA 98382
Telephone 360.683.8087 FAX 360.683.3719 E-mail Rocket1@Romansolutions.com

TYPE OF PAYMENT - DO NOT SEND CASH IN THE MAIL- Important new information: The WUTC now accepts credit card payments!
[X] Check [ ] Money Order
Charge to: [ ] AMEX [ ] NOVUS [ ] VISA [ ] MASTER CARD
Card Number:
Expiration Date Month Year

REGULATORY FEES:
[X] Number of Vehicles: 1 X \$11.00 Fee = \$ 11.00
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Signature Rafael Roman Date 02/07/06

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Customer Service Representative Date
Compliance Issues:

→ → → → → → → → → → → → → → → See Reverse ← ← ← ← ← ← ← ← ← ← ← ← ← ← ←

Please complete the following:

Current Insurance Company: Canal Insurance Company

Policy #: 446648

Any recordable accidents in 2004: None

If yes, how many recordable accidents: N/A

(Please indicate total recordable accidents for all passenger charter/excursion service operations involved in both intrastate and interstate operations.)

**Accident Definition:** An accident is defined as an occurrence involving a commercial motor vehicle on a public road in intrastate or interstate commerce which results in one or more of the following:

- 1. A fatality,
- 2. Injury to a person requiring immediate treatment away from the scene of the accident, or
- 3. Disabling damage to a vehicle requiring it to be towed from the accident scene.

What were the total operating miles for the year 2004? 0 miles - Policy began 03/05  
(Please list total operating miles involving passenger charter/excursion service in intrastate and/or interstate transportation involving a commercial vehicle.)

I certify that the information provided on the front and back of this document is true and correct, I am authorized to execute and file this document, and that all information on file is current and valid.

Signature [Handwritten Signature] Title Managing Partner

Date 02/07/06

For questions or comments regarding accident reporting requirements, please contact:

Tom McVaugh, MCLE Special Investigator  
360-664-1237  
Email: tmcvaugh@wutc.wa.gov



FROM: Washington Utilities and Transportation Commission  
Transportation Operations  
PO Box 47250 Phone: (360) 664-1222  
Olympia, WA 98504-7250 Fax:

Date: 03-06-2006 Staff: KEN CHAPMAN

CHA079432  
ROMAN SOLUTIONS LLC  
P.T. ROCKET TRANSPORTATION  
260643 HWY 101  
SEQUIM, WA 98382

Return this document with the completed/corrected items listed below for prompt processing of your application for operating authority.

You must remit regulatory fees for your vehicles. Please complete the form enclosed and return to our office with the correct payment.

After you have a Uniform Motor Carrier Certificate on file then obtain a CVSA safety inspection of your vehicle (s) and remit a copy of the completed inspection form. You may contact Carolyn Caruso at (360) 664-1244 for an appointment.

Obtain a Uniform Motor Carrier Certificate of Insurance (Form E) from your insurance company. The insurance must show your name EXACTLY as it is shown above.

The forms submitted were incomplete. Please use attached forms to submit required information. The list of names and ownership failed to provide titles for the names listed. Please provide the titles. The insurance form submitted was in the d/b/a name. Please have your insurance carrier provide a form E in the name of Roman Solutions, LLC.

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	<u>05' Dodge Sprinter</u>	<u>WDSPD64H85578005</u>	<u>9</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?.....	_____	_____	_____
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?.....	_____	_____	_____
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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?.....	_____	_____	_____

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Dated at: \_\_\_\_\_, Washington, \_\_\_\_\_  
(City or Town) (Month/Day/Year)

\_\_\_\_\_  
(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.

\_\_\_\_\_  
(Date and Place)

\_\_\_\_\_  
(Signature)