

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

ES191

111 0268 232 01	11.00	CID 44266	CHA 79437
111 0268 232 02	150.00	DATE 3-6-06	SAFETY INSP tw
111 0268 232 03			INS/BOND tw
111-0268 TOTAL	139.00	0001348	TE 060465

THIS APPLICATION IS FOR:

(Check One Only) CHARTER BUS CERTIFICATE EXCURSION SERVICE CERTIFICATE

NAME OF APPLICANT Roman Solutions LLC Partner

D/B/A P.T. Rocket Transportation

MAILING ADDRESS 260643 Hwy 101 PHYSICAL ADDRESS Sequim, WA 98382
Sequim, WA 98392

BUSINESS TELEPHONE NUMBER (360) 683.8087 FAX NUMBER 360 683.3719

UBI # 602 344 159 E-MAIL Rocket1@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 BUSINESSES:

Ronald Roman Sequim WA - 33% Kathy Roman 1/3
Sequim, WA 98382 - 33% David Pedersen PO Box 734 Sequim, WA 98382 - 33%

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
<u>71706 DP</u>	<u>05' Dodge Sprinter</u>	<u>WD5PD644855758145</u>	<u>9</u>

DESCRIBE OPERATIONS (Territory) All of Washington

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 NO N/A
Have you been cited within the last three years by the Commission for violations of its rules or laws? YES NO N/A

If Yes, explain: _____

Are you familiar with the state motor carrier safety rules? YES NO N/A
Will management review the carrier's compliance status on a periodic basis? YES NO N/A

NOTIFICATION AND REPORTING OF ACCIDENTS

Are you familiar with the Commission accident reporting rule? YES NO N/A
Will you take any action against drivers involved in preventable accidents? YES NO N/A

PART 391 - QUALIFICATION OF DRIVERS

Do you have written hiring policies/procedures that are being followed when hiring new drivers? YES NO N/A
Are oral interviews conducted with new drivers to verify information submitted on their applications? YES NO N/A
Will you have a system established to ensure drivers' medical certificates remain current? YES NO N/A
Will you verify that physicians completing medical certifications are knowledgeable about the instructions for performing and recording driver physical examinations? YES NO N/A
Will you review the results of the health history and physical examination? YES NO N/A
Will you have a system established that will ensure drivers' operating licenses remain current? YES NO N/A
Will you have a system established that will ensure drivers' annual reviews and annual record of violations remain current? YES NO N/A
Will you comply with the road test provisions of Section 391.31? YES NO N/A
Can you maintain and produce complete driver qualification files on drivers? YES NO N/A

PART 392 - DRIVING OF MOTOR VEHICLES

Do you have established procedures concerning the use of alcohol and drugs? YES NO N/A
Do you have a policy for monitoring speed? YES NO N/A

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: 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)

WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION

1300 South Evergreen Park Drive SW, PO Box 47250

Olympia Washington 98504-7250

Phone: (360) 664-1222

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NAME OF APPLICANT: Roman Solutions LLC Part

D/B/A: P.T. Rocket Transportation

MAILING ADDRESS: Sequim, WA 98392 PHYSICAL ADDRESS: Sequim, WA 98382

BUSINESS TELEPHONE NUMBER (360) 683.8087 FAX NUMBER 683.3719

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Rafael Roman, Man. Partner Sequim WA - 33% Kathy Roman, Man. Partner 1/3
Sequim, WA 98382 - 33% David Pedersen, Po Box 734 Sequim, WA 98382 - 33%
Man. Partner.

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
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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 its rules or laws?	___	<u>X</u>	___

If Yes, explain: _____

Are you familiar with the state motor carrier safety rules?.....	<u>0</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?	___	___	___
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>	___	___
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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?.....	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: 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

CHA079437

1224619

PERSONNEL NO. J526 DIST / DET

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

GENERAL				HAZARDOUS MATERIALS			
DATE	TIME (MILITARY)	BEGUN	FINISHED	HAZARD CLASS / DIVISION NO.			
<u>03.10.06</u>	<u>0855</u>	<u>0855</u>	<u>0905</u>				
LOCATION: SR/MP		SCALEHOUSE NO.	CNTY CODE	REPORTABLE QTY? Y N	HAZARDOUS WASTE? Y N		
<u>TERMINAL</u>		<u>---</u>	<u>05</u>				
<u>(360) 460-8714</u>		CARRIER		PLACARD REQUIRED? Y N CARGO TANKS? Y N			

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 _____

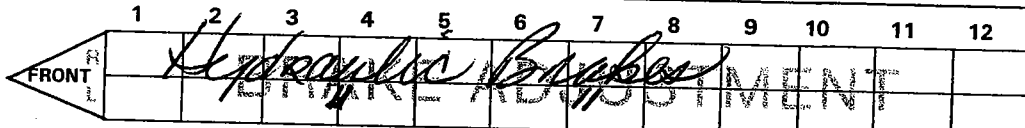
DATE OF BIRTH _____ MED. CERT. Y N _____ SHIPPER NAME _____ SHIPPING NO. _____

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	Van	<u>05/DODGE</u>	<u>#R01</u>	<u>71706 DP</u>	<u>WA</u>
2					
3					
4					



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

CVSA DECALS UNIT 1 2924761 UNIT 2 _____ UNIT 3 _____ UNIT 4 _____ NOIC NO. _____

DRIVER SIGNATURE Ronal 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

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

2006

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 360-586-1181.

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 1/4260

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 02.07.06

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:

44266

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

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.

RECEIVED MAR 06 2006 WASH. STATE & 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- 17432 ES MC US DOT
Applicant Name
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@RocketTransport.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

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 Rafael Rana Date 02/07/06

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:

Please complete the following:

Current Insurance Company: Canal Insurance Company

Policy #: 4466648

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 [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