

# 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

**RECEIVED**  
 APR - 0 2006  
 WASH. UT. & TP. COMM.

## APPLICATION FOR CHARTER BUS/EXCURSION SERVICE CERTIFICATE

**0001493**

**Fee: \$150.00**

**44349 CH481**

111 0268 232 01	CID	CHA <b>079440</b>
111 0268 232 02 <sup>150.00</sup> <del>333.00</del>	DATE	SAFETY INSP
111 0268 232 03	<b>TE060544</b>	INS/BOND <b>OK</b>
111 0268		

**THIS APPLICATION IS FOR:**

(Check One Only)  CHARTER BUS CERTIFICATE     EXCURSION SERVICE CERTIFICATE

NAME OF APPLICANT **PB & JT, Inc.**

D/B/A **Blue Stocking Tours**     **OK**

MAILING ADDRESS **6 West Rose Street**    PHYSICAL ADDRESS **6 West Rose Street**  
**Suite 101**    **Suite 101**  
**Walla Walla WA 99362**    **Walla Walla WA 99362**

BUSINESS TELEPHONE NUMBER (509) **522-4717**    FAX NUMBER (509) **522-4620**

UBI # **602-542-156**     **OK**    E-MAIL **info@bluestockingtours.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:

**Susan Rebecca Smith - President / Secretary - 50%**  
**Jacqueline Anne Turner - Vice President / Treasurer - 50%**

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>063 UQY</b>	<b>2006 GMC Yukon</b>	<b>1GKFK16Z06J146096</b>	<b>7 passengers</b>
<b>429 RXR</b>	<b>2003 Cadillac Escalade</b>	<b>3GYFK66N73G279614</b>	<b>7 passengers</b>
<b>564 LTL</b>	<b>1996 Ford Van</b>	<b>1FDLE40G3THB61368</b>	<b>16 passengers</b>

DESCRIBE OPERATIONS (Territory) Tours & transportation locally & regionally.

**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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> <i>see per mark</i>
Are oral interviews conducted with new drivers to verify information submitted on their applications?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> <i>see per mark</i>
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?.....	<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: Walla Walla, Washington, April 5, 2006  
(City or Town) (Month/Day/Year)

PB & JT, Inc. dba Blue Stocking Tours  
(Name of applicant)

By: Susan R. Smien  
(Signature)

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

April 5, 2006, Walla Walla, Wa  
(Date and Place)

Susan R. Smien  
(Signature)