

# 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**  
 MAY 01 2006  
 WASH. UT. & TP. COMM.

## APPLICATION FOR CHARTER BUS/EXCURSION SERVICE CERTIFICATE

**0001804**

**Fee: \$150.00**

TE-060702

111 0268 232 01	CID	CHA
150.00		79447
111 0268 232 02	DATE	SAFETY INSR
111 0268 232 03		INS/BOND
111 0268	ES-194	44398

**THIS APPLICATION IS FOR:**

(Check One Only)     CHARTER BUS CERTIFICATE     EXCURSION SERVICE CERTIFICATE

NAME OF APPLICANT BON VIVANT TOURS LLC

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

MAILING ADDRESS P.O. BOX 15943  
SEATTLE, WA 98115

PHYSICAL ADDRESS 7322 50TH AVE. N.E.  
SEATTLE, WA 98115

BUSINESS TELEPHONE NUMBER (206) 437-1298

FAX NUMBER ( ) \_\_\_\_\_

UBI # 602 552 248

E-MAIL bon.vivant.tours@comcast.net

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:

ROBERT L. BEEKMAN, SOLE MEMBER, 100%

7322 50TH AVE. N.E., SEATTLE, WA 98115

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
<u>191-VDA</u>	<u>2005 CHEV. EXPRESS</u>	<u>1GAHG89U351262112</u>	<u>15 PASSENGER</u>

DESCRIBE OPERATIONS (Territory) \_\_\_\_\_

**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 its 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?.....	<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, APRIL 29, 2006  
(City or Town) (Month/Day/Year)

BON VIVANT TOURS LLC  
(Name of applicant)

By: Robert L. Beckman  
(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 29, 2006, SEATTLE  
(Date and Place)

Robert L. Beckman  
(Signature)

Bon Vivant Tours LLC  
Balance Sheet  
April 21,2006

**Assets**

Current assets:

Cash	\$11,621.84	
Accounts receivable	\$0.00	
Prepaid insurance	<u>\$1,534.05</u>	
Total current assets:		\$13,155.89

Fixed assets:

Vehicle	<u>\$27,620.00</u>	
Total fixed assets:		\$27,620.00

Intangible assets:

Organizational/startup costs	<u>\$3,580.24</u>	
Total intangible assets:		<u>\$3,580.24</u>

Total assets		<u><u>\$44,356.13</u></u>
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**Liabilities**

Current liabilities:

Accounts payable	\$738.13	
Vehicle loan at 10.25%	<u>\$5,387.52</u>	
Total current liabilities:		\$6,125.65

Long term liabilities:

Vehicle loan at 10.24%	<u>\$21,550.08</u>	
Total long-term liabilities		<u>\$21,550.08</u>

Total liabilities		\$27,675.73
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**Capital**

R. L. Beekman, sole member, capital	<u>\$16,680.40</u>	
Total member capital		<u>\$16,680.40</u>

Total liabilities and member capital		<u><u>\$44,356.13</u></u>
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Wash  
6-12-06

Patrol *WUTC*

CHARTER / EXCURSION 484

Special Project *106174*

**TRUCK/VEHICLE INSPECTION REPORT**

**1224567**

*Tina,*  
*I completed the inspection on this carrier. His Form E should be in shortly.*  
*Tom McVaugh*

LEVEL: 1 \_\_\_ 2 \_\_\_ 3 \_\_\_ 4 \_\_\_ 5 X

GENERAL			HAZARDOUS MATERIALS		
E (MILITARY)	TIME (MILITARY)	HAZARD CLASS / DIVISION NO.			
UN <i>12.06</i>	FINISHED <i>1215</i>	REPORTABLE QTY? Y N	HAZARDOUS WASTE? Y N		
	SCALEHOUSE NO. CNTY CODE	PLACARD REQUIRED? Y N	CARGO TANKS? Y N		
	<i>17</i>				

CARRIER *206-437-1298*

applicale) *VANT TOURS LLC*

*15943*

STATE	ZIP CODE	INTERSTATE	DOT NO.	ICC NO.
<i>WA</i>	<i>98115</i>	YES <input checked="" type="checkbox"/>		

**DRIVER**

DRIVER NAME		LICENSE NO.	STATE	EXP. YEAR
DATE OF BIRTH	MED. CERT. Y N	SHIPPER NAME	SHIPPING NO.	
	WAIVER Y N			

**VEHICLE** *15 PAX VAN*

REGISTERED OWNER NAME/ADDRESS	G.V.W.	PBT RATE
<i>Same</i>	<i>9600</i>	

UNIT	TYPE	YEAR/MAKE	CO. UNIT NO.	LICENSE NO. / VIN NO.	STATE
1	<i>VAN</i>	<i>05 Chev</i>		<i>191 VDA</i>	<i>WA</i>
2					
3					
4					

	1	2	3	4	5	6	7	8	9	10	11	12
FRONT	<i>HYDRAULIC</i>											

CFR	VIOLATIONS	D	1	2	3	4	Unit #s O/S	Compl'd
<i>393.89</i>	<i>No DRIVE SHAFT PROTECTION INSTALLED</i>		<i>W</i>					

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

DRIVER SIGNATURE  
*Robert L. Beekman*

OFFICER SIGNATURE  
*T. [Signature]*

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

1522 3074 m...