

#456368

WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION  
1300 South Evergreen Park Drive SW, PO Box 47250  
Olympia WA 98504-7250 • (206) 753-3111

APPLICATION FOR CHARTER BUS/EXCURSION SERVICE CERTIFICATE

Fee: \$150.00

RECEPTION NUMBER 0001983

111 0268 232 01 150.00 CID 44405 CHA CH-480  
79451

111 0268 232 02 \_\_\_\_\_ DATE \_\_\_\_\_ SAFETY INSP \_\_\_\_\_

111 0268 232 03 \_\_\_\_\_ STAMPS \_\_\_\_\_ INS/BOND DN

111 0268 ticket # TE 060734

THIS APPLICATION IS FOR:  CHARTER BUS CERTIFICATE  EXCURSION SERVICE CERTIFICATE (Check One Only)

NAME OF APPLICANT Jerry  
Jonie Roberson

TRADE NAME (DBA) All Adventures Charter Services

MAILING ADDRESS 9700 42nd NE PHYSICAL ADDRESS Same  
Uc Stevens Wa 98258

✓  
600  
438  
293

BUSINESS TELEPHONE NUMBER (INCLUDE AREA CODE) 425-345-0126

IF APPLICANT IS A CORPORATION, LIST NAMES, 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:

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

COMPLETE THE FOLLOWING LIST OF EQUIPMENT:

STATE LICENSE NUMBER	YEAR AND MAKE OF VEHICLE	SERIAL NUMBER (VEHICLE IDENTIFICATION NUMBER)	SEATING CAPACITY
964RBB	1987 MCI	1TWDC46A0HR006038	49

DESCRIBE OPERATIONS (Territory): In the state of Washington.

COMPLETE THE FOLLOWING FINANCIAL STATEMENT\*

ASSETS

Cash on hand and in the bank ..... \$ 10,000  
 Notes Receivable ..... \_\_\_\_\_  
 Accounts Receivable ..... \_\_\_\_\_  
 Prepaid Expenses ..... Bus 7,000  
 Other Current Assets ..... \_\_\_\_\_  
 Investments ..... Home 270,000  
 Land and Buildings ..... Home 270,000  
 Buses and Other Vehicles ..... 28,000  
 Office Furniture and Expense ..... 2,000  
 Other Equipment ..... 30,000  
 Other Assets ..... \_\_\_\_\_  
 Total Assets ..... 355,000

LIABILITIES

Salaries and Wages Payable ..... \$ \_\_\_\_\_  
 Accounts Payable ..... Truck 20,000 480 Per mo  
 Notes Payable ..... \_\_\_\_\_  
 Contracts and Bonds Payable ..... \_\_\_\_\_  
 Mortgages Payable ..... 220,000 1500 per mo  
 Other ..... \_\_\_\_\_  
 Total Liabilities ..... 255,000

NET WORTH

Preferred Stock ..... \_\_\_\_\_  
 Common Stock ..... \_\_\_\_\_  
 Retained Earnings ..... \_\_\_\_\_  
 Capital ..... \_\_\_\_\_  
 Total Liabilities and Net Worth 100,000

\*OR, Enclose Balance Sheet and Profit and Loss Statement, if Available

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 safety 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"/>

	Yes	No	N/A
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 completed 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? .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Will you file records of duty status in a 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 driver's 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 Lake Stevens, Washington, 4/15/06  
(City or Town) (Month/Day/Year)

All Adventures charter  
(Name of Applicant)

By [Signature]  
(Signature)

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

4/15/06  
(Date and Place)

[Signature]  
(Signature)

## Main Document

01/09 10:30 AM

Date this document will be  
marked inactive  
02/08/2002

### Basics

Document Type: **Action Item**  
Subject: **CH & ES Application Procedure**  
Category: **LS Processing Procedures**  
Associated Event:  
Associated Subteam(s):

### Assignments

Due Date: 04/20/2005  
Status: Completed  
Assignees  
cathie Anderson/WUTC; Colleen  
Smith; Kathy Hunter; Ken  
Chapman/WUTC; Teri Wallace; Tina  
Leipski

## NEW CHARTER & EXCURSION APPLICATION PROCEDURE

- LS receives application from Financial Services
- Staff reviews to ensure application is complete, there are no issues, and regulatory fees have been paid.
- Ensure company is properly registered with DOL & SOS
- Check to see if applicant name exists in AREV. If not, create a new motcar record by entering name, address, phone number and corporate information. Write motcar number on application.
- Create application record in AREV
  - \* Type in motcar number
  - \* Shift F3
  - \* Type "Y" to add new application and enter
  - \* Type in CHA and enter
  - \* Type "Y" to add new record
  - \* Write CHA # on application
  - \* F2
  - \* Select appropriate item (example: New permit app.)
  - \* F2
  - \* Choose appropriate item (example: CH Intrastate Charter Party Bus)
  - \* Type in reception # stamped on application & enter
  - \* Type date received (date stamped on application) & enter
  - \* Arrow down (DO NOT put in Permit # at this time) This number is assigned when the permit & order are ready to issue.
  - \* Type in d/b/a if applicable
  - \* Enter (motcar & name should appear on the screen)
  - \* Arrow to Docket code & Type O and enter
  - \* Arrow to second page
  - \* F9
- E-mail Records Center and request a docket number for either an excursion certificate or a charter certificate. Once you have received a docket number, write number on application

### Application is Deficient

- Create a letter to applicant from the application screen
  - \* F6
  - \* View or update log and enter
  - \* Add new record and enter
  - \* Enter (default - date)
  - \* Type "ltr" and enter
  - \* Type in employee number
  - \* Enter
  - \* Under "comment", hit F2

Washington State Patrol UTC

Special Project CH applica

UNIFORM DRIVER/VEHICLE INSPECTION REPORT

1224438

PERSONNEL NO. J553 DIST / DET \_\_\_\_\_ LEVEL: 1 X 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_ 5 \_\_\_\_\_

GENERAL			HAZARDOUS MATERIALS	
DATE <u>5.5.06</u>	TIME (MILITARY) BEGUN <u>1200</u>	TIME (MILITARY) FINISHED <u>1230</u>	HAZARD CLASS / DIVISION NO. _____	
LOCATION: SR/MP <u>SR 530 Arlington 208</u>		SCALEHOUSE NO. / CNTY CODE <u>31</u>	REPORTABLE QTY? Y N	HAZARDOUS WASTE? Y N
CARRIER			PLACARD REQUIRED? Y N	CARGO TANKS? Y N

CARRIER NAME (include DBA when applicable)  
Robertson, Terry DBA: All Adventures Charter Services

ADDRESS  
9700 42nd St NE CH Applica.

CITY Lake Stevens STATE WA ZIP CODE 98258 INTERSTATE YES  NO  DOT NO. 1454610 ICC NO. 549773

DRIVER

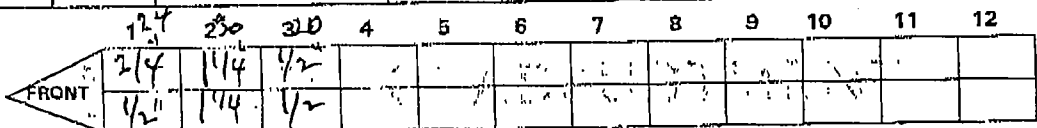
DRIVER NAME ROBERTSON, T LICENSE NO. ROBERTL45AC2 STATE WA EXP. YEAR 07

DATE OF BIRTH 2.22.55 MED. CERT.  Y  N WAIVER  Y  N SHIPPER NAME Empty SHIPPING NO. \_\_\_\_\_

VEHICLE

REGISTERED OWNER NAME / ADDRESS Carrier G.V.W. 49 PASSENGER DPT RATE \_\_\_\_\_

UNIT	TYPE	YEAR/MAKE	CO. UNIT NO.	LICENSE NO. / VIN NO.	STATE
1	<u>bu</u>	<u>87 MCI</u>	<u>817</u>	<u>964RBB</u>	<u>WA</u>
2					
3					
4					



CFR	VIOLATIONS	D	1	2	3	4	Unit # O/S	Compld

CVSA DISTRICT: UNIT 1 3505427 UNIT 2 \_\_\_\_\_ UNIT 3 \_\_\_\_\_ UNIT 4 \_\_\_\_\_ NOIC NO. \_\_\_\_\_

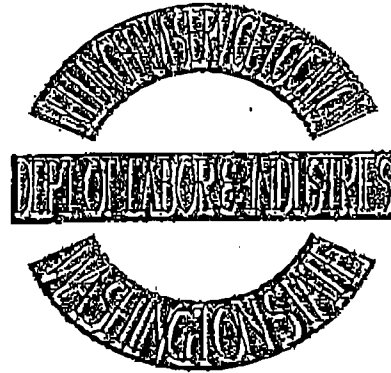
DRIVER SIGNATURE [Signature]

OFFICER SIGNATURE [Signature]

----- Vehicle may not be operated until O/S defects noted above are repaired.

----- Driver may not drive until in compliance.

# Facsimile Cover Sheet



To:	Licensing Services
Fax:	360 586-1181
RE:	Applicant Terry Roberson
From:	WASHINGTON UTILITIES & TRANSPORTATION COMMISSION
Company:	
Phone:	Alan Dickson Special Investigator 1720 Ellis Street Suite 200 Bellingham, WA 98225 360 647-7348
Fax:	Fax: 360 647-7310
Total Pages Including cover:	2

## Comments:

<p>AHW: Colleen Smith</p> <p>Inspection of motor coach checked free of defects. CVSA sticker was affixed.</p>