

# 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

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2006 JUN -7 AM 7:21

## APPLICATION FOR CHARTER BUS/EXCURSION SERVICE CERTIFICATE

STATE OF WASH.  
 WOTC

0002217

Fee: \$150.00

TE-060944

111 0268 232 01	CID	CHA
150.00	DATE 6/7/06	79460
111 0268 232 02	CH-487	SAFETY INSP
111 0268 232 03		INS/BOND
111 0268		44473

**THIS APPLICATION IS FOR:**

(Check One Only)  CHARTER BUS CERTIFICATE     EXCURSION SERVICE CERTIFICATE

NAME OF APPLICANT Michael Vontrell Langdon

D/B/A Creative Bus per attachment

MAILING ADDRESS 8710 Mary Ave NW unit 3    PHYSICAL ADDRESS 8710 Mary Ave NW unit 3  
Seattle, Washington 98117    Seattle, Washington 98117

BUSINESS TELEPHONE NUMBER (206) 335-5764    FAX NUMBER ( ) \_\_\_\_\_

UBI # see attached    E-MAIL \_\_\_\_\_

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:

Individual

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
005 SH6	1996 GMC	2GDTJ31J4V1201142	14

DESCRIBE OPERATIONS (Territory) Transport a group of people  
to a destination under a Single Contract.

**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 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"/>
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?.....	<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 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: Seattle, Washington, June 06, 2006  
(City or Town) (Month/Day/Year)

Michael Langdon  
(Name of applicant)

By: Michael Langdon  
(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)

See attachment  
(Signature)

Replaced

# WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION

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Olympia Washington 98504-7250  
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111 0268		44473

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BUSINESS TELEPHONE NUMBER (206) 335-5764 FAX NUMBER ( )

UBI # 602607307 E-MAIL

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Dated at: Seattle, Washington, June 06, 2006  
(City or Town) (Month/Day/Year)

Michael Langdon  
(Name of applicant)

By: Michael Langdon  
(Signature)

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

June 29, 2006  
(Date and Place)

Michael Langdon  
(Signature)

**UNIFORM DRIVER/VEHICLE INSPECTION REPORT**

**1224545**

PERSONNEL NO. **J531** DIST / DET

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

GENERAL				HAZARDOUS MATERIALS			
DATE <b>7.27.06</b>	TIME (MILITARY) BEGUN <b>1200</b>	TIME (MILITARY) FINISHED <b>1225</b>	HAZARD CLASS / DIVISION NO.				
LOCATION: SR/MP <b>SEATTLE</b>		SCALEHOUSE NO.	CNTY CODE <b>17</b>	REPORTABLE QTY? Y N	HAZARDOUS WASTE? Y N		
				PLACARD REQUIRED? Y N	CARGO TANKS? Y N		

CARRIER **206-335-5764**

CARRIER NAME (Inclue DBA when applicable)  
**LANBODN, MICHAEL V.**

ADDRESS  
**8710 MARY AVE. NW Unit #3**

CITY <b>SEATTLE</b>	STATE <b>WA</b>	ZIP CODE <b>98117</b>	INTERSTATE YES <input checked="" type="checkbox"/> NO	DOT NO.	ICC NO.
------------------------	--------------------	--------------------------	----------------------------------------------------------	---------	---------

**DRIVER**

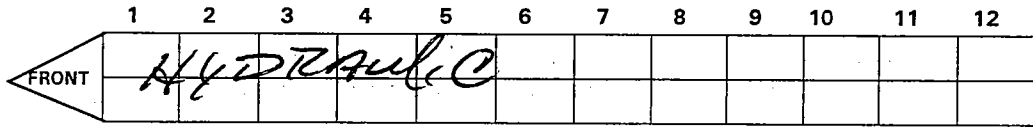
DRIVER NAME	LICENSE NO.	STATE	EXP. YEAR
DATE OF BIRTH	MED. CERT. Y N WAIVER Y N	SHIPPER NAME	SHIPPING NO.

**VEHICLE MB 13 PAX**

REGISTERED OWNER NAME/ADDRESS  
**Same**

G.V.W. PBT RATE

UNIT	TYPE	YEAR/MAKE	CO. UNIT NO.	LICENSE NO. / VIN NO.	STATE
1	<b>BU</b>	<b>97 GM</b>		<b>0055HR</b>	<b>WA</b>
2					
3					
4					



CFR	VIOLATIONS	D	1	2	3	4	Unit #s O/S	Completed
<b>393.95A</b>	<b>Five Kotonsushee</b>		<b>W</b>					<b>J531</b>
	<b>not mounted</b>							
<b>393.95B</b>	<b>Emergency Equipment</b>		<b>W</b>					<b>J531</b>
	<b>1455149</b>							
	<b>Repaired on site</b>							

CVSA DECALS UNIT 1 **4400809** UNIT 2

UNIT 3 UNIT 4 NOIC NO.

DRIVER SIGNATURE  
*Michael Lan*

OFFICER SIGNATURE  
*J. G. J.*

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

WASHINGTON



UTILITIES AND TRANSPORTATION COMMISSION

1300 South Evergreen Park Drive SW
PO Box 47250
Olympia, WA 98504-7250

PASSENGER CHARTER/EXCURSION SERVICE
CARRIER OF PASSENGERS 2006 REGULATORY FEE

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

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STATE OF WASH.
WUTC

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.

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, 2006.
4. This receipt must be kept at your principal place of business, subject to inspection by Commission personnel.

CH- ES- ICC/MC DOT
Applicant Name Michael Vontrell Langdon
d/b/a

FOR COMMISSION USE ONLY
Reception Number 0002218
111-0268 232-01 11.00 111-0268
Carrier ID

MAILING ADDRESS: 8710 Mary Ave NW unit 3
Street/PO Box
City, State/Zip Seattle, Washington 98117
Telephone 206-335-5764 FAX E-mail

PHYSICAL ADDRESS: 8710 Mary Ave NW APT 3
Street/PO Box
City, State/Zip Seattle, Washington 98117
E-mail

TYPE OF PAYMENT - DO NOT SEND CASH IN THE MAIL

Check Money Order
Charge to: AMEX DISCOVER 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 Date

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:

See Reverse

Please complete the following:

Current Insurance Company: Columbia Insurance Company

Policy #: 27812

Any recordable accidents in 2005? Yes  No

If yes, how many? \_\_\_\_\_

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

**Recordable 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 2005? 0

(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 Michael Langdon Title owner

Date June, 06, 2005

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

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





**FedEx Kinko's**  
Office and Print Center

# Fax Cover Sheet

FedEx Kinko's of Lynnwood

Telephone: 425.775.7155 Fax: 425.774.6403

Date \_\_\_\_\_

Number of pages \_\_\_\_\_ (including cover page)

To:

From:

Name: Carolyn CARUSO

Name: Michael Longdon

Company: Washington Utilities and Transportation

Company: Creative BUS

Telephone \_\_\_\_\_

Telephone: 206-335-5764

Fax: 360-586-1181

Comments:

8/18 answers "Party Bus" - left mess