

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

0002266

Fee: \$150.00

not ~~44467~~
43848

111 0268 232 01	150.00	CID	CHA 079462
111 0268 232 02		DATE 6-15-06	SAFETY INSP 7-31-06
111 0268 232 03		CH-480	INS/BOND 6-27-06
111 0268			TE-060999

THIS APPLICATION IS FOR:

(Check One Only) CHARTER BUS CERTIFICATE EXCURSION SERVICE CERTIFICATE

NAME OF APPLICANT TransX LLC

D/B/A _____

MAILING ADDRESS 3719 East Front PHYSICAL ADDRESS same
Spokane, Wash.
99202

BUSINESS TELEPHONE NUMBER (509) 536-7820 FAX NUMBER (509) 536-1705

UBI # 20-162-1562 E-MAIL _____
602-426-663 Active LLC

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:

Aya Roggan, owner 100%

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

No

EQUIPMENT LIST:

LICENSE NUMBER	YEAR AND MAKE OF VEHICLE	SERIAL NUMBER (VEHICLE IDENTIFICATION NUMBER)	SEATING CAPACITY
839MMK	1994 Ford E350	1FDKE30M6RHA59868	27
838UGP	1996 Ford-Bus	1F0LE40G8THA87599	17

RECEIVED

JUN 15 2006

WASH. UT. & TP. COMM.

DESCRIBE OPERATIONS (Territory) In the state of Wa.

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?.....	✓	___	___
Will you file records of duty status in systematic manner?.....	✓	___	___
Will drivers be required to complete recaps of their records of duty status?.....	✓	___	___
Will dispatchers be aware of drivers' hours of service prior to trip?.....	✓	___	___
Will other independent records be compared to drivers records of duty status for accuracy?.....	___	___	___
Will you have a system for recording hours of duty status on 100 mile radius drivers?.....	✓	___	___
Will you have a disciplinary policy for noncompliance with Part 395?.....	✓	___	___

PART 396 - INSPECTION, REPAIR AND MAINTENANCE

	YES	NO	N/A
Will you have written procedures explaining a systematic, periodic maintenance program?.....	✓	___	___
Will you periodically review maintenance records for all equipment?.....	✓	___	___
Will you comply with the vehicle inspection procedure?.....	✓	___	___
Will you train drivers to perform pre-trip inspections?.....	✓	___	___
Will you maintain the prior three months vehicle inspection reports on a vehicle?.....	✓	___	___
Will you maintain a complete maintenance file on all vehicles?.....	✓	___	___

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: Spokane, Washington, 6/12/2006
(City or Town) (Month/Day/Year)

Ayako Roggow / TransX, LLC
(Name of applicant)

By: Ayako Roggow
(Signature)

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

6/12/2006
(Date and Place)

Ayako Roggow
(Signature)



ADMINISTRATIVE - 509-536-0142
Dispatch - 509-536-6500
Fax - 509-536-0142
info@transx.us
www.transx.us

ENABLING MOBILITY

P.O. Box 3082 Spokane WA 99202

RECEIVED

JUN 29 2006

WASH. UT. & TP. COMM

Mr. Ken Chapman
Washington Utilities and Transportation Commission
P.O. Box 47250
Olympia, Washington 98504-7250

Dear Mr. Chapman:

Recently we applied to be a Charter Carrier. On June 19, 2006 you sent a letter requesting additional information which is listed below:

1. We have a July 11th, 2006 inspection of the 27 passenger bus scheduled at our office.
2. A Certificate of Insurance was faxed to you from our Cochrane & Company Insurance Group on June 23rd, 2006.
3. Our UBI number is 602-426-663.

We plan to begin with only one vehicle – the 27 passenger bus- and will add the other bus if and when the Charter business grows and expands.

This should complete your request for information. If you would like to speak with me, I am available at 509-342-1714. Otherwise we hope our application is in process.

Sincerely,

Patrish Voag Brady
Vice President of Business Development

FROM: Washington Utilities and Transportation Commission
Transportation Operations
PO Box 47250 Phone: (360) 664-1222
Olympia, WA 98504-7250 Fax:

Date: 06-19-2006 Staff: KEN CHAPMAN

CHA079462
TRANSX LLC
3719 EAST FRONT
SPOKANE, WA 99202

Return this document with the completed/corrected items listed below for prompt processing of your application for operating authority.

- X After you have a Uniform Motor Carrier Certificate on file, then obtain a CVSA safety inspection of your vehicle (s) and remit a copy of the completed inspection form. You may contact Carolyn Caruso at (360) 664-1244 for an appointment.
- X Obtain a Uniform Motor Carrier Certificate of Insurance (Form E) from your insurance company. The insurance must show your name EXACTLY as it is shown above.
- X The UBI number provided on the application is not in Department of Licensing's database. Please provide an active UBI number. UBI numbers typically are nine digits and start with 600, or 601, or 602. You may contact Master Business Licensing at (360) 664-1400 for assistance.

602-426-663

Cochrane & Company
1717 South Rustle Road
Suite 200
Spokane, WA 99224
Phone: (509) 838-0655 Fax: (509) 838-1710
www.cochraneco.com

Date: June 23, 2006

To: Theresa Crowley
Andre Romberg Insurance Agency
400 S. Jefferson, Ste 333

Spokane, WA 99204-3143

From: Cherida McFarlane,
Underwriting Assistant

Re: Named Insured: Transx LLC
Policy Number: CL-320869

Thank you for your business. Please be advised the insured that the following filings have been made out of our office. These filings have been faxed as well as mailed with the exception of B.C. filings. All B.C. filings are mailed, as B.C. will not accept a fax.

- FHWA Liability
- FHWA Cargo
- Form E filings for **Washington**
- Form H filings for
- Other

We have requested the following filings to be made by the company as we do not have the authority to make them. Please allow a minimum of five (5) days for these filings to be processed by the Company's filing department.

- FHWA Liability
- FHWA Cargo
- Form E filings for
- Form H filings for
- Other

Please feel free to call me with any questions you may have at (888) 293-4554 or contact me via email at cmcfarlane@cochraneco.com.

Thank you.

UNIFORM DRIVER/VEHICLE INSPECTION REPORT

1185220

PERSONNEL NO. J526 DIST / DET _____ LEVEL: 1 _____ 2 _____ 3 _____ 4 _____ 5 X

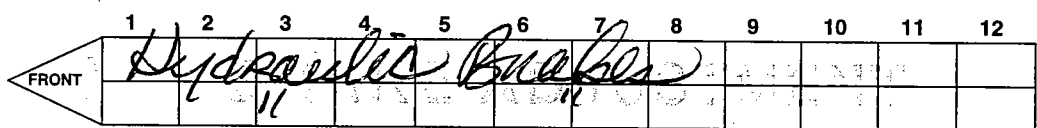
GENERAL				HAZARDOUS MATERIALS			
DATE <u>07 27 06</u>	TIME (MILITARY) BEGUN <u>1350</u>	TIME (MILITARY) FINISHED <u>1430</u>	HAZARD CLASS / DIVISION NO. _____				
LOCATION: SR/MP <u>TERMINAL</u>		SCALEHOUSE NO. _____	CNTY CODE <u>32</u>	REPORTABLE QTY? Y N	HAZARDOUS WASTE? Y N	PLACARD REQUIRED? Y N	CARGO TANKS? Y N

CARRIER NAME (Include DBA when applicable)
TRANSX, LLC,
CARRIER (509) 342-1714

ADDRESS
3719 EAST FRODT
CITY SPOKANE STATE WA ZIP CODE 99202 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. 28-PASS PBT RATE _____
UNIT TYPE YEAR/MAKE CO. UNIT NO. LICENSE NO. / VIN NO. STATE
1 BU 94(FORD) #462 839 MTK WA
2 _____
3 _____
4 _____



CFR	VIOLATIONS	D	1	2	3	4	Unit #s O/S	Complied
393.954	NO SET OF THREE REFLECTIVE TRIANGLES ABOARD.		W					J526
392.2	NO NO SMOKING SIGN DISPLAYED FOR PASSENGERS.		W					J526
393.92	REAR EMERGENCY EXIT DOOR NOT MARKED EMERGENCY EXIT OR EMERGENCY EXIT AND NO RED LIGHTS OVER DOOR MARKING LOCATION.		W					J526
393.63	FOUR EMERGENCY EXIT WINDOWS NOT MARKED EMERGENCY EXITS.		W					J526
393.9	LEFT REAR BACKUP LIGHT WRONG COLOR, DOES NOT HAVE WHITE LENS.		W					J526

CVSA DECALS UNIT 1 4460756 UNIT 2 _____ UNIT 3 _____ UNIT 4 _____ NOIC NO. _____

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

DRIVER SIGNATURE
[Signature]
OFFICER SIGNATURE
[Signature]