

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

TE 061228

APPLICATION FOR CHARTER BUS/EXCURSION SERVICE CERTIFICATE

0002624

V030240

Fee: \$150.00

111 0268 232 01	CID	44501	CHA	79470
111 0268 232 02	DATE	7-27-06	SAFETY INSP	
111 0268 232 03			INS/BOND	AL
111 0268				

THIS APPLICATION IS FOR:

(Check One Only) CHARTER BUS CERTIFICATE EXCURSION SERVICE CERTIFICATE

NAME OF APPLICANT Spokane Racing Limos Inc

D/B/A _____

MAILING ADDRESS 1615 S. Butternut St PHYSICAL ADDRESS SAME
Spokane Valley WA 99212

BUSINESS TELEPHONE NUMBER (509) 279-0545 FAX NUMBER (509) 279-0557

UBI # 602589019 E-MAIL dave@spokaneracinglimos.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:

David Allen, President 50% stock
Deborah Allen Vice President 50% stock

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>Pending</u>	<u>2006 Ford F-150</u>	<u>1FTPW12506K852806</u>	<u>15</u>
<u>A81073Z</u>	<u>2006 Dodge Charger</u>	<u>2B3KA43676H30191Z</u>	<u>12</u>

DESCRIBE OPERATIONS (Territory) 100 Air mile radius of Spokane WA (city)

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 it 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 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Will dispatchers be aware of drivers' hours of service prior to trip?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Will other independent records be compared to drivers records of duty status for accuracy?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 Spokane Valley, Washington, 7-26-06
(City or Town) (Month/Day/Year)

Spokane Racing Limos Inc.
(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.

7-26-06
(Date and Place)

[Signature]
DAVID N. ALLEN
(Signature)

WASHINGTON
1905 UTC 2005
 UTILITIES AND TRANSPORTATION
 COMMISSION
Celebrating 100 Years

1300 South Evergreen Park Drive SW
 P.O. Box 47250
 Olympia, WA 98504-7250
 Telephone: 360-664-1222
 Fax: 360-586-1181

MC#: 554163-C (If applicable) US DOT#: 140690 (If applicable)

NAME: Dave Allen

COMPANY NAME: Spokane Racing Limos Inc.

ADDRESS: 11615 S. Buttercup St

CITY, STATE, ZIP: Spokane Valley, WA 99212

TELEPHONE NUMBER: (509) 279-0545

TYPE OF CREDIT CARD:
 (check one)

- VISA MASTERCARD DISCOVER AMERICAN EXPRESS

030240

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EXPIRATION DATE: 04/08 AMOUNT \$ 150.00

CERTIFICATION

I, the undersigned, under penalty for false statement, certify that the information is true, valid, and correct and that I am authorized to execute and file this document on behalf of the applicant.

NAME (Printed): David N. Allen

SIGNATURE: *David N. Allen* DATE: 7-26-06

WUTC USE ONLY

AUTHORIZATION NUMBER: _____ STAFF MEMBER: _____

RECEPTION NUMBER: _____

WASHINGTON



UTILITIES AND TRANSPORTATION COMMISSION

PASSENGER CHARTER/EXCURSION SERVICE CARRIER OF PASSENGERS 2006 REGULATORY FEE

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

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

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 554163 DOT 1466950

Applicant Name Spokane Racing Limos Inc

d/b/a

FOR COMMISSION USE ONLY

Reception Number 0002623

111 0268 232 01 11.00 111 0268

Carrier ID

MAILING ADDRESS:

Street/PO Box 1615 S. Buttercup St

City, State/Zip Spokane Valley WA 99212

Telephone (509) 279-0545 FAX (509) 279-0557

PHYSICAL ADDRESS:

Street/PO Box Same

City, State/Zip Same

E-mail dave@spokaneracinglimos.com

TYPE OF PAYMENT - DO NOT SEND CASH IN THE MAIL

Check Money Order

Charge to: AMEX DISCOVER VISA MASTER CARD

Card Number:

Handwritten number: 1017108

Expiration Date Month Year

08

REGULATORY FEES:

Number of Vehicles: 2 X \$11.00 Fee = \$ 22.00 11.00

I hereby declare that the authority is no longer being used and is hereby surrendered to the Commission for cancellation.

Signature [Handwritten Signature]

Date 7-26-06

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: National Indemnity Company

Policy #: TO APN319372

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 [Signature] Title President

Date 7-26-06

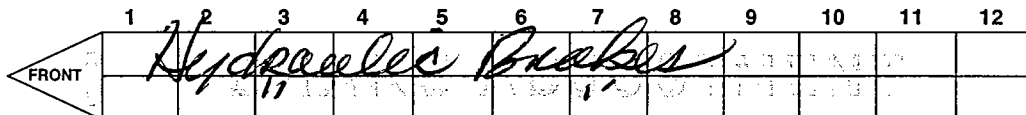
For questions or comments regarding accident reporting requirements, please contact:

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

UNIFORM DRIVER/VEHICLE INSPECTION REPORT

1185221

PERSONNEL NO. J526	DIST / DET	LEVEL: 1 _____ 2 _____ 3 _____ 4 _____ 5 X				
GENERAL				HAZARDOUS MATERIALS		
DATE 072706	TIME (MILITARY) BEGUN 1505	TIME (MILITARY) FINISHED 1525	HAZARD CLASS / DIVISION NO.			
LOCATION: SR/MP TERMINAL	SCALEHOUSE NO.	CNTY CODE 32	REPORTABLE QTY? Y N	HAZARDOUS WASTE? Y N	PLACARD REQUIRED? Y N	
CARRIER (509) 274-0545						
CARRIER NAME (Include DPA when applicable) SPOKANE RACING LIMOS INCORPORATED						
ADDRESS 1615 S. BUTTERCUP STREET						
CITY SPOKANE	STATE WA	ZIP CODE 99212	INTERSTATE YES NO	DOT NO. 1466950	ICC NO. 554163	
DRIVER						
DRIVER NAME			LICENSE NO.	STATE	EXP. YEAR	
DATE OF BIRTH	MED. CERT. Y N WAIVER Y N	SHIPPER NAME		SHIPPING NO.		
VEHICLE						
REGISTERED OWNER NAME/ADDRESS SAME			G.V.W. 15 PASS	PBT RATE		
UNIT	TYPE	YEAR/MAKE	CO. UNIT NO.	LICENSE NO. / VIN NO.	STATE	
1	VN	06/FORD	#7	TEMP XF7-135	MO	
2						
3						
4						



CFR	VIOLATIONS	D	1	2	3	4	Unit #s O/S	Complied
390.21A	USDOT # 1466950 NOT DISPLAYED ON BOTH SIDES OF VEHICLE,		W					
CVSA DECALS UNIT 1 4460755	UNIT 2	UNIT 3	UNIT 4	NOIC NO.				
DRIVER SIGNATURE								
OFFICER SIGNATURE John Macomber								