

# 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

0102751

Fee: \$150.00

44608

111 0268 232 01 <del>35.00</del> <del>50.00</del>	CID	CHA 079474
111 0268 232 02 150.00 <del>55.00</del>	DATE 8-17-06	SAFETY INSP <i>JD</i>
111 0268 232 03		INS/BOND <i>JD</i>
111 0268	TE 061343	CH-488

PLEASE PRINT OR TYPE CLEARLY:

(Check One Only)  CHARTER BUS CERTIFICATE  EXCURSION SERVICE CERTIFICATE

NAME OF APPLICANT JJ LIMOUSINE SERVICE, INC.

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

MAILING ADDRESS P O Box 40172 PHYSICAL ADDRESS 14603 35th AVE S  
BELLEUE, WA 98015 TURWILA, WA 98168

BUSINESS TELEPHONE NUMBER 425 454-5053 FAX NUMBER 425 869-1436

UBI # 102-087-611 JON E-MAIL JEET@JLIMO.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:

JEET SIDHU - 100% - (425) 652-5466

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
<i>attached sheet</i>			

DESCRIBE OPERATIONS (Territory) LIMOUSINE SERVICE

**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 type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Will you verify that physicians completing medical certifications are knowledgeable about the instructions for performing and recording driver physical examinations?.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Will you review the results of the health history and physical examination?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 checked="" 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 type="checkbox"/>	<input checked="" 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 87?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Will you file records of duty status in systematic manner?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Will you have a disciplinary policy for noncompliance with Part 395?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

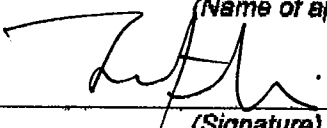
**PART 396 - INSPECTION, REPAIR AND MAINTENANCE**

	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: KIRKLAND, Washington, 08/15/06  
(City or Town) (Month/Day/Year)

JEET S. SIOHU  
(Name of applicant)

By:   
(Signature)

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

08/15/06 Kirkland  
(Date and Place)

  
(Signature)

## SCHEDULE OF COVERED AUTOS

LIABILITY COVERAGE AFFORDED TO A SCHEDULED POWER UNIT ALSO APPLIES TO ANY ATTACHED  
TRAILER OR SEMI-TRAILER SUBJECT TO ALL CONDITIONS AND OTHER TERMS OF THE POLICY

UNIT#	Year	Trade Name	Body Type	Serial Number	Bus. Use	GVW GCW	Dis	-----Codes-----						
								Class	Pc	St	Cnty	City	Terr	Garaging City
1	2005	Lincoln <del>Ford</del> 21	Limousine	1LNHM81W05Y617492	C		L	4289		46	King	021	Bellevue	
2	2005	GMC JJ Limo	Limousine	1GKFK16Z45G172409	C		L	4289		46	King	021	Bellevue --JJLimo	
3	2004	Lincoln Ford 2	Limousine	1LNHM81W54Y656402	C		L	4289		46	King	021	Bellevue	
4	2004	Chrysler JJ6	Limousine	2C3JA53G05H508774	C		L	4289		46	King	021	Bellevue --JJ6	
5	2004	Mercury JJ86	Limousine	2MEFM74W34X634141	C		L	4289		46	King	021	Bellevue	
6	2003	Hummer JJ 69	Limousine	5GRGN23U63H137068	C		L	4289		46	King	021	Bellevue	
7	2001	Cadillac JJ26	Limousine	1GEEH90Y91U550355	C		L	4289		46	King	021	Bellevue	
8	2001	Ford JJ36	Limousine	1FBSS31L51HA50039	C		L	4289		46	King	021	Bellevue	
9	2001	Lincoln JJ 76	Limousine	1L1FM81W41Y650076	C		L	4289		46	King	021	Bellevue	
10	2000	Ford -JJ56	Limousine	1FDAF56F1YEB88243	C		L	4289		46	King	021	Bellevue	
11	2000	Lincoln JJ 16	Limousine	5LMRU27AYLJ04691	C		L	4289		46	King	021	Bellevue	
12	2002	Cadillac JJ26	Limousine	1GYEC63T42R216514	C		L	4289		46	King	021	Bellevue	
13	1998	Lincoln JJ <del>26</del>	Limousine	1L1FM81W6XY691530	C		L	4289		46	King	021	Bellevue	
14	1998	Lincoln JJ02	Limousine	5LMRU27L5WLJ25079	C		L	4289		46	King	021	Bellevue	

UNIFORM DRIVER/VEHICLE INSPECTION REPORT

1224894

PERSONNEL NO. JS26 DIST / DET

LEVEL: 1 2 3 4 5 X

GENERAL HAZARDOUS MATERIALS

DATE 09 06 06 TIME (MILITARY) BEGUN 0910 FINISHED 0920 HAZARD CLASS / DIVISION NO. REPORTABLE QTY? Y N HAZARDOUS WASTE? Y N PLACARD REQUIRED? Y N CARGO TANKS? Y N

LOCATION: SR/MP TERMINAL SCALEHOUSE NO. CNTY CODE 17

CARRIER (425) 454-5053 CARRIER CARRIER NAME (Include DBA when applicable) JT LIMOUSINE SERVICE, INC.

ADDRESS 14603 35TH AVE. S.

CITY TUKWILA STATE WA ZIP CODE 98168 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. 22-PASS PBT RATE

Table with columns: UNIT, TYPE, YEAR/MAKE, CO. UNIT NO., LICENSE NO. / VIN NO., STATE. Row 1: 1, BU, 03/HUMMER, #JT69, JT69, WA.

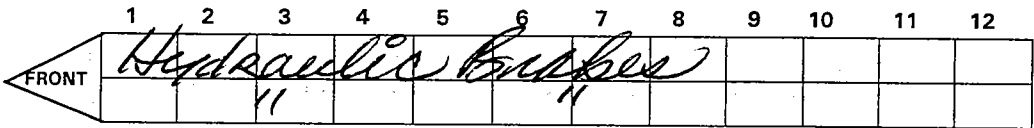


Table with columns: CFR, VIOLATIONS, D, 1, 2, 3, 4, Unit #s O/S, Complied. Multiple empty rows for recording violations.

CVS # DEGRALS UNIT 1 4460768 UNIT 2 UNIT 3 UNIT 4 NOIC NO.

DRIVER SIGNATURE OFFICER SIGNATURE [Signature]

UNIFORM DRIVER/VEHICLE INSPECTION REPORT

1224895

PERSONNEL NO. J526 DIST / DET

LEVEL: 1 2 3 4 5 X

GENERAL HAZARDOUS MATERIALS

DATE 09.06.06 TIME (MILITARY) BEGUN 0920 TIME (MILITARY) FINISHED 0935 HAZARD CLASS / DIVISION NO. REPORTABLE QTY? Y N HAZARDOUS WASTE? Y N PLACARD REQUIRED? Y N CARGO TANKS? Y N

LOCATION: SR/MP TERMINAL SCALEHOUSE NO. CNTY CODE 17

CARRIER CARRIER NAME (Include DBA when applicable) JJ LIMOUSINE SERVICE, INC.

ADDRESS 14603 35TH AVE, S.

CITY TUKWILA STATE WA ZIP CODE 98168 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. 22-PASS PBT RATE

Table with columns: UNIT, TYPE, YEAR/MAKE, CO. UNIT NO., LICENSE NO. / VIN NO., STATE. Row 1: 1, BU, 00/FORD, #JJS6, JJ56, WA.

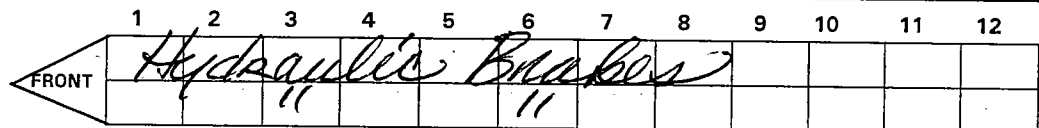


Table with columns: CFR, VIOLATIONS, D, 1, 2, 3, 4, Unit #s O/S, Complied. Row 1: 393.9, BACKUP LIGHTS TROOP, W, J526.

CVSA DECALS UNIT 1 4460769 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 OFFICER SIGNATURE [Signatures]

UNIFORM DRIVER/VEHICLE INSPECTION REPORT

1224896

PERSONNEL NO. JS26 DIST / DET

LEVEL: 1 2 3 4 5 X

GENERAL HAZARDOUS MATERIALS

DATE 09.06.06 TIME (MILITARY) BEGUN 0935 FINISHED 0950 HAZARD CLASS / DIVISION NO. REPORTABLE QTY? Y N HAZARDOUS WASTE? Y N PLACARD REQUIRED? Y N CARGO TANKS? Y N

CARRIER

CARRIER NAME (include DBA when applicable) JJ UNMOUSIDE SERVICE, INC.

ADDRESS 14603 35TH AVE. S.

CITY TUKWILA STATE WA ZIP CODE 98168 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. 16,000 PBT RATE

Table with columns: UNIT, TYPE, YEAR/MAKE, CO. UNIT NO., LICENSE NO. / VIN NO., STATE. Row 1: 1, BLU, 98/LINCOLN, #JJ02, JJ02, WA.

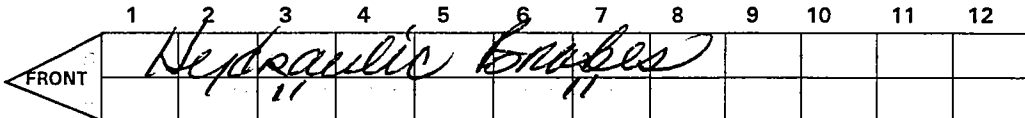


Table with columns: CFR, VIOLATIONS, D, 1, 2, 3, 4, Unit #s O/S, Complied. Row 1: 393.41, PARK BRAKE INOP (NEEDS ADJUSTMENT), W, JS26.

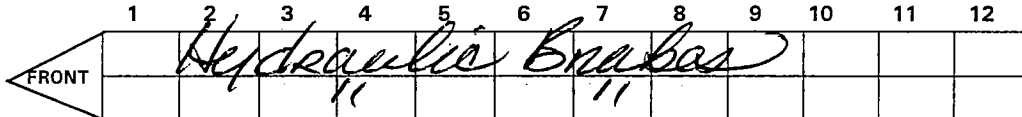
CVS DEF. UNITS UNIT 1 4460771 UNIT 2 UNIT 3 UNIT 4 NOIC NO.

DRIVER SIGNATURE OFFICER SIGNATURE Leon Macomber

UNIFORM DRIVER/VEHICLE INSPECTION REPORT

1224897

PERSONNEL NO. J526		DIST / DET		LEVEL: 1 _____ 2 _____ 3 _____ 4 _____ 5 <u>X</u>				
GENERAL				HAZARDOUS MATERIALS				
DATE 09.06.06	TIME (MILITARY) BEGUN 0950	TIME (MILITARY) FINISHED 1005	HAZARD CLASS / DIVISION NO.					
LOCATION: SR/MP TERMINAL	SCALEHOUSE NO.	CNTY CODE 17	REPORTABLE QTY? Y N	HAZARDOUS WASTE? Y N	PLACARD REQUIRED? Y N	CARGO TANKS? Y N		
CARRIER (425) 454-5053 JJ LEMOUSINE SERVICE, INC.				CARRIER NAME (include DBA when applicable)				
ADDRESS 14603 35TH AVE, S.								
CITY TUKWILA	STATE WA	ZIP CODE 98148	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 SANK				G.V.W. 16-PASS	PBT RATE			
UNIT	TYPE	YEAR/MAKE	CO. UNIT NO.	LICENSE NO. / VIN NO.		STATE		
1	BU	00/LINCOLN	J516	J516		WA		
2								
3								
4								



CFR	VIOLATIONS	D	1	2	3	4	Unit #s O/S	Complied
393.41	PARK BRAKE FOOT (NEEDS ADJUSTMENT)		W					J526

CVSA DEFECTS UNIT 1 44607A	UNIT 2	UNIT 3	UNIT 4	NOIC NO.
DRIVER SIGNATURE <i>[Signature]</i>				
OFFICER SIGNATURE <i>[Signature]</i>				

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



UNIFORM DRIVER/VEHICLE INSPECTION REPORT

1224898

PERSONNEL NO. J526 DIST / DET

LEVEL: 1 2 3 4 5 X

GENERAL HAZARDOUS MATERIALS

DATE 090606 TIME (MILITARY) BEGUN 1005 TIME (MILITARY) FINISHED 1015 HAZARD CLASS / DIVISION NO. REPORTABLE QTY? Y N HAZARDOUS WASTE? Y N PLACARD REQUIRED? Y N CARGO TANKS? Y N

LOCATION: SR/MP TERMINAL SCALEHOUSE NO. CNTY CODE 17 CARRIER (425) 454-5053

CARRIER NAME (Include DBA when applicable) JJ LIMOUSINE SERVICE, INC.

ADDRESS 14603 35TH AVE. S.

CITY TUKWILA STATE WA ZIP CODE 98168 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. 20-PASS PBT RATE

Table with columns: UNIT, TYPE, YEAR/MAKE, CO. UNIT NO., LICENSE NO. / VIN NO., STATE. Row 1: 1, BU 02/CADIL, #JJ66, JJ66, WA.

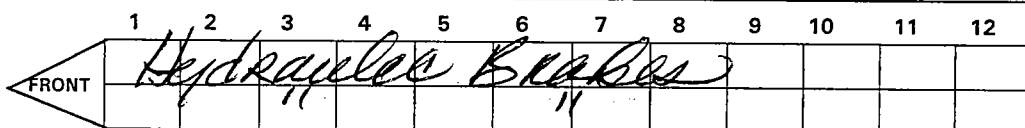


Table with columns: CFR, VIOLATIONS, D, 1, 2, 3, 4, Unit # O/S, Complied. The table is mostly empty.

CVSA/DEALS UNIT 1 4460770 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 OFFICER SIGNATURE