

TE 061846



1300 S. Evergreen Park Dr. SW  
P.O. Box 47250  
Olympia, WA 98504-7250  
Phone: 360-664-1222  
Fax: 360-586-1181  
TTY: 360-586-8203  
or  
1-800-416-5289  
E-mail: Transportation@wutc.wa.gov

**APPLICATION FOR CHARTER AND EXCURSION CARRIER SERVICE CERTIFICATE**  
Fee: \$200.00

W044787 CH 489

111 0268 232 01	Company ID: 44787	CHA #: 79486
111 0268 232 02 \$ 200.00	Date Filed:	Safety Inspection: OK
111 0268 232 03	Reg. Fees: OK	Insurance: OK
111 0268	DOL: OK	SOS: OK
<b>0003211</b>		Docket TE- 061846

Name of Applicant: thunder express charter inc.

Trade Name(s) (if applicable): \_\_\_\_\_

**Mailing Address:**

**Physical Address:**

Street w. 6946 theo  
City Rathdrum  
State/Zip Idaho 83858

Street \_\_\_\_\_  
City \_\_\_\_\_  
State/Zip \_\_\_\_\_

Phone Number: 208 773 6505

Fax Number: \_\_\_\_\_

UBI #: 602671845

E-Mail: \_\_\_\_\_

**Type of business structure:**

- Individual
- Partnership
- Corporation
- Other (LP, LLP, LLC)

List the name, title, and percentage of partner's share or stock distribution for major stockholders:

Name:	Title:	Stock Distribution or Percentage of Shares:
-------	--------	---

Robert westfall owner 100%

**Posted**

List other certificates or permits held with the commission:      none

**EQUIPMENT LIST**

License Number	Year And Make Of Vehicle	Vehicle ID Number	Seating Capacity
	1982 MCI	1TUA AH9A3CR000335	44

**SAFETY AND OPERATIONS**

In each of the categories shown below, list the person and position responsible for understanding and complying with the Federal Motor Carrier Safety Regulations (FMCSR) and Washington State laws and rules. Please refer to the WAC rules, fact sheets, and publication "Your Guide to Achieving a Satisfactory Safety Rating" for assistance with requirements.

**SAFETY RESPONSIBILITIES**

**COMMERCIAL DRIVER'S LICENSE (CDL) STANDARDS REQUIREMENTS AND PENALTIES** (Title 49, Code of Federal Regulations Part 383) Any driver who operates a vehicle that meets the definition of a commercial motor vehicle must have a valid CDL.

Name: ROBERT WESTFALL

Position: OWNER

**DRIVER QUALIFICATION REQUIREMENTS** (Title 49, Code of Federal Regulations Part 391) Driver's must meet minimum qualification requirements and each company must maintain driver qualification files for each driver.

Name: ROBERT WESTFALL

Position: OWNER

**DRIVERS HOURS OF SERVICE** (Title 49, Code of Federal Regulations Part 395) Drivers must maintain logs and each company must maintain true and accurate hours of service records for each driver.

Name: ROBERT WESTFALL

Position: OWNER

**CONTROLLED SUBSTANCE AND ALCOHOL USE AND TESTING** (Title 49, Code of Federal Regulations Part 382) All persons who drive commercial vehicles requiring a CDL must be in a Controlled Substance and Alcohol Use and Testing program that is in compliance with FMCSR in Title 49, Code of Federal Regulations Part 382 and Title 49, Code of Federal Regulations Part 40. Each company will have in place a system for complying with FMCSR governing alcohol use and controlled substances testing requirements (Title 49 Code of Federal Regulations Part 382 and Title 49 Code of Federal Regulations Part 40).

Name: ROBERT WESTFALL

Position: OWNER

**INSPECTION, REPAIR AND MAINTENANCE** (Title 49, Code of Federal Regulations Part 396) Every motor carrier shall systematically inspect, repair, and maintain all motor vehicles subject to its control.

Name: ROBERT WESTFALL

Position: OWNER

**SAFETY REGULATIONS, GENERAL** (Title 49, Code of Federal Regulations Part 390)

Name: ROBERT WESTFALL

Position: OWNER



44787

WASHINGTON

1300 South Evergreen Park Drive SW

P.O. Box 47250

Olympia, WA 98504-7250

Telephone: 360-664-1222

Fax: 360-586-1181

1905 **UTC** 2005

UTILITIES AND TRANSPORTATION  
COMMISSION  
*Celebrating 100 Years*

MC#: 581526  
(If applicable)

US DOT#: 1569406  
(If applicable)

NAME: Thunder express Charter, INC.

COMPANY NAME: \_\_\_\_\_

ADDRESS: W. 6946 Theo.

CITY, STATE, ZIP: RATHDRUM ID. 83858

TELEPHONE NUMBER: 509-218-0727

TYPE OF CREDIT CARD:  
(check one)

- VISA
- MASTERCARD
- DISCOVER
- AMERICAN EXPRESS

EXPIRATION DATE: \_\_\_\_\_ AMOUNT \$ 200.00

**CERTIFICATION**

*Act*

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): John Glinka

SIGNATURE: [Signature] DATE: 12/4/06

WUTC USE ONLY

AUTHORIZATION NUMBER: V # 01538B STAFF: CS AMOUNT: \$ 200.00  
0003211  
 RECEPTION NUMBER: \_\_\_\_\_ 200.00

**0003211**

UNIFORM DRIVER/VEHICLE INSPECTION REPORT

1225046

PERSONNEL NO. JS26 DIST / DET \_\_\_\_\_ LEVEL: 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_ 5 X

GENERAL				HAZARDOUS MATERIALS			
DATE <u>01.18.07</u>	TIME (MILITARY) BEGUN <u>0855</u>	TIME (MILITARY) FINISHED <u>0920</u>	HAZARD CLASS / DIVISION NO.	REPORTABLE QTY? Y N	HAZARDOUS WASTE? Y N	PLACARD REQUIRED? Y N	CARGO TANKS? Y N
LOCATION: SR/MP <u>TERMINAL</u>	SCALEHOUSE NO.	CNTY CODE <u>32</u>					

(208) 762-8704 CARRIER

CARRIER NAME (Include DBA when applicable)  
THUNDER EXPRESS CHARTER, INC.

ADDRESS  
W. 6946 THEO

CITY <u>RATHDRUM</u>	STATE <u>ID</u>	ZIP CODE <u>83858</u>	INTERSTATE YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	DOT NO. <u>1569406</u>	ICC NO. <u>581526</u>
-------------------------	--------------------	--------------------------	---	---------------------------	--------------------------

DRIVER

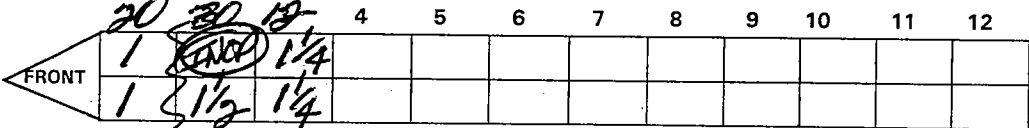
DRIVER NAME	LICENSE NO.	STATE	EXP. YEAR
-------------	-------------	-------	-----------

DATE OF BIRTH	MED. CERT. Y N WAIVER Y N	SHIPPER NAME	SHIPPING NO.
---------------	------------------------------	--------------	--------------

VEHICLE

REGISTERED OWNER NAME/ADDRESS <u>SAME</u>	G.V.W. <u>45 PASS</u>	PBT RATE
--	--------------------------	----------

UNIT	TYPE	YEAR/MAKE	CO. UNIT NO.	LICENSE NO. / VIN NO.	STATE
1	<u>BU</u>	<u>02/MCI</u>	<u>#1023</u>	<u>KH4851</u>	<u>ID</u>
2					
3					
4					



CFR	VIOLATIONS	D	1	2	3	4	Unit #s O/S	Complied
<u>393.48A</u>	<u>AX #2 R/SIDE BRAKE FNOP</u>		<u>W</u>					<u>JS26</u>
<u>393.9</u>	<u>LEFT/REAR BACKUP LIGHT FNOP</u>		<u>W</u>					
<u>390.21A</u>	<u>USDOT # 1569406 NOT DISPLAYED ON BOTH SIDES OF VEHICLE.</u>		<u>W</u>					

CVSA DECATS UNIT 1 <u>5598371</u>	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  
Thomas Martin  
OFFICER SIGNATURE  
Leon Macomber