



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@utc.wa.gov

## APPLICATION FOR CHARTER AND EXCURSION CARRIER SERVICE CERTIFICATE

Application Fee and Initial Regulatory Fees due at time of application:  
**\$200 PLUS \$25 PER VEHICLE**

Passenger Charter and Excursion Carrier Services	<u>Fee Required</u>
<b>Application fee</b> (Application for new certificate, to reinstate a previously canceled certificate, or to transfer an existing certificate to a new owner or business structure)	<b>\$200.00</b>
<b>Name Change</b> (Application to change a company's corporate name, change a trade name, add a new trade name, or change the surname of an individual owner or partner)	<b>\$ 35.00</b>
<b>Regulatory Fee (per vehicle)</b>	<b>8 X \$ 25.00</b>
TYPE OF PAYMENT	
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> AMEX <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa	
Credit Card Information (if applicable)	Exp Date Month/Year
Pay ID # 10196	
Amount \$ <u>400.00</u> Company Name: <u>Lucky Limousine</u>	
CERTIFICATION: I, the undersigned, under penalty for false statement, certify that the following information is true and correct, that I am authorized to execute and file this document on behalf of the applicant, and that all information on file is current and valid.	
Cardholder's signature: <u><i>Brian A. Tochim</i></u>	Date: <u>4/23/14</u>

(For Commission Use Only)	Company ID: <u>7847</u>	Docket TE-
111 0268 232 01 <u>200.00</u>	Date Filed: <u>4/28/14</u>	Safety Inspection:
111 0268 232 02 <u>200.00</u>	Reg Fees: <u>8 X 8</u>	Insurance:
111 0268 232 03	DOL: <u>OK</u>	SOS:
111 0268		



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or
1-800-416-5289
email: transportation@utc.wa.gov

RECEIVED

APR 25 2014

WASH. UT. & TP. COMM

PASSENGER CHARTER AND EXCURSION CARRIER SERVICES

APPLICATION FEE: \$200

INITIAL REGULATORY FEE: \$25 PER VEHICLE

This application packet contains the following information:

- Application Forms
Regulatory Fee Sheet
WAC 480-30
Your Guide to Achieving a Satisfactory Safety Record

You may not begin operations as a charter and excursion carrier service until you are granted authority and a certificate is issued to you. A DOT number must also be obtained from the Federal Motor Carrier Safety Administration (FMCSA) before your certificate will be issued.

Insurance/Bond: You must file and maintain bodily injury and property damage insurance (Form E) or a surety bond (Form G) covering each motor vehicle you operate in Washington. You must file and maintain insurance or a surety bond at the following minimum levels:

Table with 2 columns: Motor vehicles that, Must have insurance or a surety bond at the following minimum levels. Rows describe seating capacity (15 or less, 16 or more) and corresponding coverage amounts (\$1,500,000 and \$5,000,000).

Regulatory Fees: Initial regulatory fees of \$25 per vehicle are due at the time application is made. Thereafter, annual regulatory fees of \$25 per vehicle are due by December 31 of each year. Complete the attached regulatory fee sheet.

Equipment List/Inspection: Describe the equipment that will be used. Once all application and insurance requirements are met, our Compliance staff will contact you to make arrangements to have your vehicles inspected. Vehicles must be inspected and have a valid Commercial Vehicle Safety Alliance (CVSA) decal attached before a charter and excursion carrier service certificate will be issued.

You can either fax your application with a credit card to 360-586-1181 or mail completed application with fees of \$200 plus \$25 per vehicle and attachments to:

WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION
PO BOX 47250
OLYMPIA, WA 98504-7250

**SECTION 1 – APPLICANT INFORMATION**

Name of Applicant: Lucky Limousine & Towncar Service, LLC

Trade Name(s) (if applicable): Be So Lucky Thurs Lucky Limousine

**Mailing Address:**

**Physical Address:**

Street 11824 NE Anasworth Cir, Ste B

Same

City Portland

City —

State/Zip OR, 97220

State/Zip —

Phone Number: 503-254-0010

Fax Number: 503-267-2900

UBI #: 603 390 082

E-Mail: Steve [unclear]@besolucky.com

**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:

<u>Name</u>	<u>Title</u>	<u>Stock Distributions or Percentage of Shares</u>

List other certificates or permits held with the commission: \_\_\_\_\_

List your USDOT # 1387637 (If you don't have one you can go online at [www.fmcsa.dot.gov/online-registration](http://www.fmcsa.dot.gov/online-registration) or contact the Washington State Patrol at 360-596-3812 for assistance.)

**SECTION 2 – EQUIPMENT**

*(Attach additional sheets if necessary)*

License Number	Year And Make Of Vehicle	Vehicle ID Number	Seating Capacity
<u>see attached.</u>			

**SECTION 3 – 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.



- **COMMERCIAL DRIVER'S LICENSE (CDL) STANDARDS REQUIREMENTS AND PENALTIES** (Title 49, Code of Federal Regulations Part 383). If you operate commercial motor vehicles, your drivers must have a valid CDL.
- **DRIVER QUALIFICATION REQUIREMENTS** (Title 49, Code of Federal Regulations Part 391). Each of your drivers must meet minimum qualification requirements. You must maintain driver qualification files for each driver.
- **DRIVERS HOURS OF SERVICE** (Title 49, Code of Federal Regulations Part 395). Each of your drivers must maintain hours of service logs. You must maintain true and accurate hours of service records for each driver.
- **CONTROLLED SUBSTANCE AND ALCOHOL USE AND TESTING** (Title 49, Code of Federal Regulations Part 382 and Part 40). If you operate commercial motor vehicles, your drivers must be in a Controlled Substance and Alcohol Use and Testing program. You must have a alcohol and controlled substances testing program.
- **INSPECTION, REPAIR AND MAINTENANCE** (Title 49, Code of Federal Regulations Part 396). You must systematically inspect, repair and maintain all motor vehicles.
- **SAFETY REGULATIONS, GENERAL** (Title 49, Code of Federal Regulations Part 390). You must follow safety regulations.
- **DRIVING COMMERCIAL MOTOR VEHICLES** (Title 49, Code of Federal Regulations Part 392). You must follow regulations for driving commercial motor vehicles.
- **PARTS AND ACCESSORIES NECESSARY FOR SAFE OPERATION** (Title 49, Code of Federal Regulations Part 393). You must maintain parts and accessories in safe condition.

Name: <i>Steve Killough</i>	Position: <i>GM</i>
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List the person and position responsible for understanding and complying with the requirements of each category shown below.

**ANNUAL REPORTS AND REGULATORY FEES.** You must file an annual safety report and pay regulatory fees by December 31 of each year.

Name: <i>Steve Killough</i>	Position: <i>GM</i>
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**STATE OF WASHINGTON GENERAL LAWS, RULES AND REGULATIONS.** You must comply with the regulations of local, state, and federal agencies such as, but not limited to: Department of Labor and Industries, Department of Licensing, Secretary of State, Department of Revenue, Internal Revenue Service and Employment Security.

Name: <i>Steve Killough</i>	Position: <i>GM</i>
-----------------------------	---------------------

**SECTION 4 – DECLARATION OF APPLICANT**

I understand that filing this application does not in itself constitute authority to operate as a passenger charter and excursion carrier.

As the applicant for a passenger charter and excursion certificate, I understand the responsibilities of a charter and excursion carrier, and I am in compliance with all local, state, and federal regulations governing business in the State of Washington.

I certify under penalty of perjury under the laws of the State of Washington that the information contained in this application is true and correct.

I certify that I am authorized to execute and file this document.

Printed name of applicant Steve Killough

Signature of applicant Steve Killough

Date 1.7.14 County, State Multnomah, Oregon

WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION  
P.O. BOX 47250 Olympia, WA 98504-7250

CHARTER AND EXCURSION REGULATORY FEE CALCULATION SCHEDULE

Company Name Lucky Limousine

In accordance with RCW 81.70.350 "Regulatory Fees", the Commission requires Charter and Excursion companies to file reports of the number of vehicles operated by the company and pay the sum of \$25 for each vehicle operated. There is a minimum fee of \$25.

1 Total number of vehicles operated

8

2 Total Regulatory Fees owed (enter amount from line 1)

8	x 25.00 =	\$ 200
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*There is a minimum fee of \$25.00.*

<i>(For Commission Use Only)</i> 001-111-02-68-232-01  Reception Number:	Docket TE-	Certificate No:
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License #	Year/Seating Capacity	Make/Model		VIN
LUCKY H	2005/14 passenger	Hummer	H2	5GRGN23U56H105460
Y113614	2003/14 passenger	Ford	E450	1FDXE45F53HA46056
			3200	
Y113617	2003/22 passenger	International	Bus	1HVBTAFM53H597470
			3200	
YAP593	2005/24 passenger	International	Bus	1HVBTAANX6H233226
Y113619	2003/21 passenger	Ford	E450	1FDXE45S04HA56640
			3200	
Y114010	2007/29 passenger	International	Bus	1HVBTAAM77H373808
			3200	
YAP592	2003/31 passenger	International	Bus	1HVBTADL73H597464
			3200	
YARE495	2008/33 passenger	International	Bus	1HVBTAAN78H666943

Lucky Limousine

# STATE OF OREGON APPORTIONED REGISTRATION CAB CARD

THIS VEHICLE IS PROPORTIONATELY REGISTERED AT THE WEIGHT INDICATED  
WITH OREGON AND ALL JURISDICTIONS LISTED BELOW

ATTENTION ENFORCEMENT: VERIFY THIS CREDENTIAL @ [WWW.OREGONTRUCKINGONLINE.COM](http://WWW.OREGONTRUCKINGONLINE.COM)

REGISTRANT NAME AND ADDRESS

GRACE PERIOD ENFORCEMENT  
DATE: MARCH 16, 2015

BE SO LUCKY TOURS

11824 NE AINSWORTH CIR STE B  
PORTLAND OR 97220

THIS CARD MUST BE CARRIED IN THE POWER UNIT AT ALL TIMES AND DOES NOT AUTHORIZE OPERATION IN EXCESS OF LEGAL SIZE OR WEIGHT LIMITS. OPERATIONS SUBJECT TO ORS 825.450 MUST ALSO CARRY AN OREGON WEIGHT RECEIPT. THE LICENSE PLATE ISSUED WITH THIS CARD MAY BE CANCELED BY THE MOTOR CARRIER OR THE OREGON DEPARTMENT OF TRANSPORTATION.

THE LICENSE PLATE AND CAB CARD MAY NOT BE TRANSFERRED TO ANOTHER VEHICLE. A NEW CAB CARD MUST BE OBTAINED PRIOR TO OPERATING WHEN THERE ARE CHANGES TO CARRIER NAME, VEHICLE DESCRIPTION OR REGISTRATION WEIGHT. CONTACT THE OREGON DEPARTMENT OF TRANSPORTATION, MOTOR CARRIER TRANSPORTATION DIVISION, 550 CAPITOL ST NE, SALEM, OR 97301-2530. TELEPHONE 503-378-6699. MANY TRANSACTIONS MAY BE COMPLETED ONLINE @ [WWW.OREGONTRUCKINGONLINE.COM](http://WWW.OREGONTRUCKINGONLINE.COM). TO CANCEL REGISTRATION, RETURN PLATE TO MOTOR CARRIER TRANSPORTATION DIVISION: ATTN VEHICLE REGISTRATION OR CALL NUMBER ABOVE.

NOTE TO MOTOR CARRIER: THE STATE OF OREGON MAY PURSUE CIVIL ACTION AGAINST ANY MOTOR CARRIER WHO: (1) HAS NOT SUBMITTED AND PAID REGISTRATION FOR THIS VEHICLE PRIOR TO EXPIRATION OF THIS CREDENTIAL, AND (2) OPERATES THIS VEHICLE AFTER EXPIRATION OF THIS CREDENTIAL.

VOID IF ALTERED OR ERASED

PLATE NUMBER	OR ACCOUNT / FLEET NUMBER / SUP	EFFECTIVE DATE	EXPIRATION DATE
<b>Y113619</b>	<b>063764 /01/000</b>	<b>01/01/2014</b>	<b>12/31/2014</b>
VEHICLE YEAR	VEHICLE MAKE	VEHICLE IDENTIFICATION NUMBER	
<b>2004</b>	<b>FORD</b>	<b>1FDXE45S04HA56640 EXEMPT</b>	
LESSOR NAME		EQUIPMENT NUMBER	VEHICLE TYPE
		<b>MINNIE</b>	<b>BS</b>
			<b>23</b>

JUR	WEIGHT	JUR	WEIGHT	JUR	WEIGHT	JUR	WEIGHT	JUR	WEIGHT	JUR	WEIGHT
OR	014000	WA	014050	**	*****	**	*****	**	*****	**	*****
**	*****	**	*****	**	*****	**	*****	**	*****	**	*****
**	*****	**	*****	**	*****	**	*****	**	*****	**	*****
**	*****	**	*****	**	*****	**	*****	**	*****	**	*****
**	*****	**	*****	**	*****	**	*****	**	*****	**	*****
**	*****	**	*****	**	*****	**	*****	**	*****	**	*****
**	*****	**	*****	**	*****	**	*****	**	*****	**	*****
**	*****	**	*****	**	*****	**	*****	**	*****	**	*****
**	*****	**	*****	**	*****	**	*****	**	*****	**	*****



DRIVER/VEHICLE EXAMINATION REPORT

Aspen 2.14.0.10

MOTOR CARRIER MUST SIGN AND RETURN WITHIN 15 DAYS.

Oregon Department of Transportation

550 Capitol St. NE Salem OR 97301-2530

Phone: (503)373-0982 FAX: (503)373-7481

FAIL TO RETURN MAY RESULT IN ENFORCEMENT ACTION

Report Number: ORAAHK004041

Inspection Date: 08/05/2013

Start: 12:54:38 PM PT End: 1:08:28 PM PT

Inspection Level: V - Terminal

HM Inspection Type: None

LUCKY LIMOUSINE & TOWNCAR SERVICE LLC

11824 AINSWORTH CIRCLE STE B

PORTLAND, OR 97220

USDOT#: 01387637

Phone#: (503)254-0010

MC/MX#: 530904

Fax#:

State#: 063764

Location: MULTNOMAH COUNTY ROADSIDE

Highway:

County: MULTNOMAH, OR

MilePost:

Origin:

Destination:

Driver:

License#:

Date of Birth:

CoDriver:

License#:

Date of Birth:

Shipper:

Bill of Lading:

Cargo:

State:

State:

VEHICLE IDENTIFICATION

Unit	Type	Make	Year	State	Plate #	Equipment ID	VIN	GVWR	CVSA #	CVSA Issued #	OOS Sticker
1	BU	FORD	2004	OR	Y113619	LLC21	1FDXE45S04HA56640	14,050	17562486	18809639	

BRAKE ADJUSTMENTS

Axle #	1	2
Right	N/A	N/A
Left	N/A	N/A
Chamber	DISC	DISC

VIOLATIONS: No Violations Were Discovered.

HazMat: No HM Transported.

Placard: No

Cargo Tank:

Special Checks: No Data for Special Checks.

State Information:

OR RECEIPT #: NONE; ODOMETER: 127102; Medcard Expires (mm/dd/yy): N/A; DR wearing seatbelt (Y, N, U)?: U; Inspector 2 #: AP9017;

DO YOUR DRIVERS WEAR THEIR SEATBELTS? IT'S NOT JUST A GOOD IDEA - IT'S THE LAW!

CARRIER CERTIFICATION: Undersigned certifies all violations have been corrected.

Signature Of Motor Carrier X: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Report Prepared By: NEIL BYRNE

Badge #: AP0775

Copy Received By: Steve Killough



01387637 OR ORAAHK004041

OREGON WEIGHT RECEIPT AND TAX IDENTIFIER  
CARRY THIS CREDENTIAL IN THE CAB OF THE POWER UNIT AT ALL TIMES

OREGON DOT, MCTD  
3930 FAIRVIEW INDUSTRIAL DR SE  
SALEM, OR 97302-1166

\* \* \* \* \*  
\* RECEIPT NO: YARE495OR \*  
\* BASE STATE: OR \*  
\* LICENSE NO: YARE495 \*  
\* EFFECTIVE: 01/01/2014 \*  
\* EXPIRATION: 12/31/2014 \*  
\* ISSUED: 12/13/2013 \*  
\* 06:37 PM \*  
\* PACIFIC TIME \*  
\* \* \* \* \*

BE SO LUCKY TOURS  
11824 NE AINSWORTH CIR STE B  
PORTLAND OR 97220

ACCT NO: 063764 USDOT NO: 1387637 YEAR: 2008 MAKE: INTL  
BODY STYLE: B VIN: 1HVBTAAN78H666943 FUEL CODE: D UNIT #: LLC33  
CLASSES: 1R 4A FEE BASIS: 1 (MONTHLY MILEAGE) ODOMTR: O M  
OWNED: X LEASED: FROM: NONE  
VEHICLE TYPE: BS EMPTY WEIGHT: 21,550 SEATS: 35  
AUTHORIZED BY: RECEIPT FEE (14) \$ .00  
PHONE: REINSTATEMENT FEE (15) \$ .00  
SUSPENSION FEE (19) \$ .00  
TOTAL AMOUNT PAID \$ .00

DECLARED WEIGHTS: SOLO: 27500 COMBO: ADDITIONAL WEIGHTS & AXLES:

+--- INSTRUCTIONS/COMMENTS: SENT TO: SALEM PREPARED BY: DDH ---+  
| |  
| |  
+---

RENEWAL DOCUMENT ISSUED: 12/13/2013

THIS RECEIPT IS VALID ONLY FOR THE IDENTIFIED VEHICLE. IT IS NOT VALID IF ALTERED OR WHEN BASE LICENSE PLATE OR VEHICLE INFORMATION CHANGES. CONTACT ODOT TO OBTAIN A NEW RECEIPT.

LIABILITY FOR WEIGHT-MILE TAX CONTINUES UNTIL THIS RECEIPT IS CANCELLED. CONTACT ODOT TO CANCEL THIS RECEIPT. CONFIRMATION WILL BE MAILED TO THE CARRIER'S ADDRESS OF RECORD.

THIS RECEIPT IS A WEIGHT MILE TAX CREDENTIAL AND DOES NOT MEET OREGON REGISTRATION REQUIREMENTS. WITHOUT PROOF OF OREGON REGISTRATION, A HEAVY MOTOR VEHICLE TRIP PERMIT MUST BE OBTAINED.

THIS RECEIPT DOES NOT AUTHORIZE OPERATION IN EXCESS OF LEGAL SIZE OR WEIGHT. CHECK OREGON ROUTE MAPS 1 AND 7 FOR ALLOWABLE LENGTHS ON ROUTES TRAVELED IN OREGON.

\*\* CONTACT ODOT REGISTRATION @ 503-378-6699; OR BY FAX @ 503-378-6880 \*\*  
\*\* VISIT ODOT TRUCKING ONLINE @ WWW.OREGONTRUCKINGONLINE.COM \*\*

DRIVER/VEHICLE EXAMINATION REPORT

Aspen 2.14.0.10

MOTOR CARRIER MUST SIGN AND RETURN WITHIN 15 DAYS.

Oregon Department of Transportation

550 Capitol St. NE Salem OR 97301-2530

Phone: (503)373-0982 FAX: (503)373-7481

FAIL TO RETURN MAY RESULT IN ENFORCEMENT ACTION

Report Number: ORAAHK004036

Inspection Date: 08/05/2013

Start: 11:00:09 AM PT End: 11:23:15 AM PT

Inspection Level: V - Terminal

HM Inspection Type: None

LUCKY LIMOUSINE & TOWNCAR SERVICE LLC

11824 AINSWORTH CIRCLE STE B

PORTLAND, OR 97220

USDOT#: 01387637

Phone#: (503)254-0010

MC/MX#: 530904

Fax#:

State#: 063764

Location: MULTNOMAH COUNTY ROADSIDE

MilePost:

Highway:

Origin:

County: MULTNOMAH, OR

Destination:

Driver:

License#:

State:

Date of Birth:

CoDriver:

License#:

State:

Date of Birth:

Shipper:

Bill of Lading:

Cargo:

VEHICLE IDENTIFICATION

Unit	Type	Make	Year	State	Plate #	Equipment ID	VIN	GVWR	CVSA #	CVSA Issued #	OOS Sticker
1	BU	INTL	2008	OR	YARE495	LLC33	1HVBTAAN78H666943	27,500	17562481	18809634	

BRAKE ADJUSTMENTS

Axle #	1	2
Right		
Left		
Chamber	L-20	L-30

VIOLATIONS : No Violations Were Discovered.

HazMat: No HM Transported.

Placard: No

Cargo Tank:

Special Checks: No Data for Special Checks.

State Information:

OR RECEIPT #: 063764; ODOMETER: 75356; Medcard Expires (mm/dd/yy): N/A; DR wearing seatbelt (Y, N, U)?: U; Inspector 2 #: AP9017;

DO YOUR DRIVERS WEAR THEIR SEATBELTS? IT'S NOT JUST A GOOD IDEA - IT'S THE LAW!

CARRIER CERTIFICATION: Undersigned certifies all violations have been corrected.

Signature Of Motor Carrier X: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Report Prepared By:  
R. NEIL BYRNE

Badge #:  
AP0775

Copy Received By:

Page 1 of 1

X

*[Handwritten signature of Steve Kelbaugh]*



01387637 OR ORAAHK004036

OREGON WEIGHT RECEIPT AND TAX IDENTIFIER  
CARRY THIS CREDENTIAL IN THE CAB OF THE POWER UNIT AT ALL TIMES

OREGON DOT, MCTD  
3930 FAIRVIEW INDUSTRIAL DR SE  
SALEM, OR 97302-1166

\* \* \* \* \*  
\* RECEIPT NO: YAPZ592OR \*  
\* BASE STATE: OR \*  
\* LICENSE NO: YAPZ592 \*  
\* EFFECTIVE: 01/01/2014 \*  
\* EXPIRATION: 12/31/2014 \*  
\* ISSUED: 12/13/2013 \*  
\* 06:37 PM \*  
\* PACIFIC TIME \*  
\* \* \* \* \*

BE SO LUCKY TOURS  
11824 NE AINSWORTH CIR STE B  
PORTLAND OR 97220

ACCT NO: 063764 USDOT NO: 1387637 YEAR: 2003 MAKE: INTL  
BODY STYLE: B VIN: LHVBTADL73H597464 FUEL CODE: D UNIT #: LLCXI  
CLASSES: 1R 4A FEE BASIS: 1 (MONTHLY MILEAGE) ODOMTR: NA O M  
OWNED: X LEASED: FROM: NONE  
VEHICLE TYPE: BS EMPTY WEIGHT: 21,890 SEATS: 33  
AUTHORIZED BY: RECEIPT FEE (14) \$ .00  
PHONE: REINSTATEMENT FEE (15) \$ .00  
SUSPENSION FEE (19) \$ .00  
TOTAL AMOUNT PAID \$ .00

DECLARED WEIGHTS: SOLO: 27500 COMBO: ADDITIONAL WEIGHTS & AXLES:

+--- INSTRUCTIONS/COMMENTS: SENT TO: SALEM PREPARED BY: DDH ---+  
| |  
| |  
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RENEWAL DOCUMENT ISSUED: 12/13/2013

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\*\* VISIT ODOT TRUCKING ONLINE @ WWW.OREGONTRUCKINGONLINE.COM \*\*

DRIVER/VEHICLE EXAMINATION REPORT

Aspen 2.14.0.10

MOTOR CARRIER MUST SIGN AND RETURN WITHIN 15 DAYS.

Oregon Department of Transportation

550 Capitol St. NE Salem OR 97301-2530

Phone: (503)373-0982 FAX: (503)373-7481

FAIL TO RETURN MAY RESULT IN ENFORCEMENT ACTION

Report Number: ORAAHK004040

Inspection Date: 08/05/2013

Start: 12:33:57 PM PT End: 12:53:28 PM PT

Inspection Level: V - Terminal

HM Inspection Type: None

LUCKY LIMOUSINE & TOWNCAR SERVICE LLC

11824 AINSWORTH CIRCLE STE B

PORTLAND, OR 97220

USDOT#: 01387637

Phone#: (503)254-0010

MC/MX#: 530904

Fax#:

State#: 063764

Location: MULTNOMAH COUNTY ROADSIDE

Highway:

County: MULTNOMAH, OR

MilePost:

Origin:

Destination:

Driver:

License#:

Date of Birth:

CoDriver:

License#:

Date of Birth:

Shipper:

Bill of Lading:

Cargo:

State:

State:

VEHICLE IDENTIFICATION

Unit	Type	Make	Year	State	Plate #	Equipment ID	VIN	GVWR	CVSA #	CVSA Issued #	OOS Sticker
1	BU	INTL	2003	OR	YAPZ592	LLC31	1HVBADL73H597464	27,500	17562482	18809638	

BRAKE ADJUSTMENTS

Axle #	1	2
Right		
Left		
Chamber	L-20	L-30

VIOLATIONS : No Violations Were Discovered.

HazMat: No HM Transported.

Placard: No

Cargo Tank:

Special Checks: No Data for Special Checks.

State Information:

OR RECEIPT #: 063764; ODOMETER: 127825; Medcard Expires (mm/dd/yy): N/A; DR wearing seatbelt (Y, N, U)?: U; Inspector 2 #: AP9017;

DO YOUR DRIVERS WEAR THEIR SEATBELTS? IT'S NOT JUST A GOOD IDEA - IT'S THE LAW!

CARRIER CERTIFICATION: Undersigned certifies all violations have been corrected.

Signature Of Motor Carrier X: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Report Prepared By:  
R. NEIL BYRNE

Badge #:  
AP0775

Copy Received By:

Page 1 of 1

X

X



01387637 OR ORAAHK004040

# STATE OF OREGON APPORTIONED REGISTRATION CAB CARD

THIS VEHICLE IS PROPORTIONATELY REGISTERED AT THE WEIGHT INDICATED  
WITH OREGON AND ALL JURISDICTIONS LISTED BELOW

ATTENTION ENFORCEMENT: VERIFY THIS CREDENTIAL @ [WWW.OREGONTRUCKINGONLINE.COM](http://WWW.OREGONTRUCKINGONLINE.COM)

REGISTRANT NAME AND ADDRESS

GRACE PERIOD ENFORCEMENT  
DATE: MARCH 16, 2015

BE SO LUCKY TOURS

11824 NE AINSWORTH CIR STE B  
PORTLAND OR 97220

THIS CARD MUST BE CARRIED IN THE POWER UNIT AT ALL TIMES AND DOES NOT AUTHORIZE OPERATION IN EXCESS OF LEGAL SIZE OR WEIGHT LIMITS. OPERATIONS SUBJECT TO ORS 825.450 MUST ALSO CARRY AN OREGON WEIGHT RECEIPT. THE LICENSE PLATE ISSUED WITH THIS CARD MAY BE CANCELED BY THE MOTOR CARRIER OR THE OREGON DEPARTMENT OF TRANSPORTATION.

THE LICENSE PLATE AND CAB CARD MAY NOT BE TRANSFERRED TO ANOTHER VEHICLE. A NEW CAB CARD MUST BE OBTAINED PRIOR TO OPERATING WHEN THERE ARE CHANGES TO CARRIER NAME, VEHICLE DESCRIPTION OR REGISTRATION WEIGHT. CONTACT THE OREGON DEPARTMENT OF TRANSPORTATION, MOTOR CARRIER TRANSPORTATION DIVISION, 550 CAPITOL ST NE, SALEM, OR 97301-2530. TELEPHONE 503-378-6699. MANY TRANSACTIONS MAY BE COMPLETED ONLINE @ [WWW.OREGONTRUCKINGONLINE.COM](http://WWW.OREGONTRUCKINGONLINE.COM). TO CANCEL REGISTRATION, RETURN PLATE TO MOTOR CARRIER TRANSPORTATION DIVISION: ATTN VEHICLE REGISTRATION OR CALL NUMBER ABOVE.

NOTE TO MOTOR CARRIER: THE STATE OF OREGON MAY PURSUE CIVIL ACTION AGAINST ANY MOTOR CARRIER WHO: (1) HAS NOT SUBMITTED AND PAID REGISTRATION FOR THIS VEHICLE PRIOR TO EXPIRATION OF THIS CREDENTIAL, AND (2) OPERATES THIS VEHICLE AFTER EXPIRATION OF THIS CREDENTIAL.

VOID IF ALTERED OR ERASED

PLATE NUMBER	OR ACCOUNT / FLEET NUMBER / SUP	EFFECTIVE DATE	EXPIRATION DATE
<b>Y114010</b>	<b>063764 /01/000</b>	<b>01/01/2014</b>	<b>12/31/2014</b>
VEHICLE YEAR	VEHICLE MAKE	VEHICLE IDENTIFICATION NUMBER	
<b>2007</b>	<b>KRYS</b>	<b>1HVBTAAM77H373808 EXEMPT</b>	
LESSOR NAME		EQUIPMENT NUMBER	VEHICLE TYPE
		<b>MAXI-1</b>	<b>BS</b>
			<b>28</b>

JUR	WEIGHT	JUR	WEIGHT	JUR	WEIGHT	JUR	WEIGHT	JUR	WEIGHT	JUR	WEIGHT
OR	025500	WA	025500	**	*****	**	*****	**	*****	**	*****
**	*****	**	*****	**	*****	**	*****	**	*****	**	*****
**	*****	**	*****	**	*****	**	*****	**	*****	**	*****
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DRIVER/VEHICLE EXAMINATION REPORT

Aspen 2.14.0.10

MOTOR CARRIER MUST SIGN AND RETURN WITHIN 15 DAYS.

Oregon Department of Transportation  
550 Capitol St. NE Salem OR 97301-2530

Phone: (503)373-0982 FAX: (503)373-7481

FAIL TO RETURN MAY RESULT IN ENFORCEMENT ACTION

Report Number: ORAAHK004038

Inspection Date: 08/05/2013

Start: 11:50:03 AM PT End: 12:09:47 PM PT

Inspection Level: V - Terminal

HM Inspection Type: None

LUCKY LIMOUSINE & TOWNCAR SERVICE LLC  
11824 AINSWORTH CIRCLE STE E  
PORTLAND, OR 97220

USDOT#: 01387637 Phone#: (503)254-0010

MC/MX#: 530904 Fax#:

State#: 063764

Location: MULTNOMAH COUNTY ROADSIDE

Highway:

County: MULTNOMAH, OR

MilePost:

Origin:

Destination:

Driver:

License#:

Date of Birth:

CoDriver:

License#:

Date of Birth:

Shipper:

Bill of Lading:

Cargo:

State:

State:

VEHICLE IDENTIFICATION

Unit	Type	Make	Year	State	Plate #	Equipment ID	VIN	GVWR	CVSA #	CVSA Issued #	OOS Sticker
1	BU	INTL	2007	OR	Y114010	LLC29	1HVBTAAM77H373808	25,500	17562484	18809636	

BRAKE ADJUSTMENTS

Axle #	1	2
Right	N/A	N/A
Left	N/A	N/A
Chamber	DISC	DISC

VIOLATIONS

Vio Code	Section	Unit	OOS	Citation #	Verify	Crash	Violations Discovered
393.95A	393.95(a)	1	N		N	N	Discharged and unsecured fire extinguisher.

HazMat: No HM Transported.

Placard: No

Cargo Tank:

Special Checks: No Data for Special Checks.

State Information:

OR RECEIPT #: NONE; ODOMETER: 113279; Medcard Expires (mm/dd/yy): N/A; DR wearing seatbelt (Y, N, U)?: U; Inspector 2 #: AP9017;

DO YOUR DRIVERS WEAR THEIR SEATBELTS? IT'S NOT JUST A GOOD IDEA - IT'S THE LAW!

CARRIER CERTIFICATION: Undersigned certifies all violations have been corrected.

Signature Of Motor Carrier X:

*Steve Kilbuck*

Title:

*General Manager*

Date:

*8/5/13*

Report Prepared By:  
R. NEIL BYRNE

Badge #:  
AP0775

Copy Received By:

Page 1 of 1



01387637 OR ORAAHK004038

X *[Signature]*

X *[Signature]*

# STATE OF OREGON APPORTIONED REGISTRATION CAB CARD

THIS VEHICLE IS PROPORTIONATELY REGISTERED AT THE WEIGHT INDICATED  
WITH OREGON AND ALL JURISDICTIONS LISTED BELOW

ATTENTION ENFORCEMENT: VERIFY THIS CREDENTIAL @ [WWW.OREGONTRUCKINGONLINE.COM](http://WWW.OREGONTRUCKINGONLINE.COM)

REGISTRANT NAME AND ADDRESS

GRACE PERIOD ENFORCEMENT  
DATE: MARCH 16, 2015

BE SO LUCKY TOURS

11824 NE AINSWORTH CIR STE B  
PORTLAND OR 97220

THIS CARD MUST BE CARRIED IN THE POWER UNIT AT ALL TIMES AND DOES NOT AUTHORIZE OPERATION IN EXCESS OF LEGAL SIZE OR WEIGHT LIMITS. OPERATIONS SUBJECT TO ORS 825.450 MUST ALSO CARRY AN OREGON WEIGHT RECEIPT. THE LICENSE PLATE ISSUED WITH THIS CARD MAY BE CANCELED BY THE MOTOR CARRIER OR THE OREGON DEPARTMENT OF TRANSPORTATION.

THE LICENSE PLATE AND CAB CARD MAY NOT BE TRANSFERRED TO ANOTHER VEHICLE. A NEW CAB CARD MUST BE OBTAINED PRIOR TO OPERATING WHEN THERE ARE CHANGES TO CARRIER NAME, VEHICLE DESCRIPTION OR REGISTRATION WEIGHT. CONTACT THE OREGON DEPARTMENT OF TRANSPORTATION, MOTOR CARRIER TRANSPORTATION DIVISION, 550 CAPITOL ST NE, SALEM, OR 97301-2530. TELEPHONE 503-378-6699. MANY TRANSACTIONS MAY BE COMPLETED ONLINE @ [WWW.OREGONTRUCKINGONLINE.COM](http://WWW.OREGONTRUCKINGONLINE.COM). TO CANCEL REGISTRATION, RETURN PLATE TO MOTOR CARRIER TRANSPORTATION DIVISION: ATTN VEHICLE REGISTRATION OR CALL NUMBER ABOVE.

NOTE TO MOTOR CARRIER: THE STATE OF OREGON MAY PURSUE CIVIL ACTION AGAINST ANY MOTOR CARRIER WHO: (1) HAS NOT SUBMITTED AND PAID REGISTRATION FOR THIS VEHICLE PRIOR TO EXPIRATION OF THIS CREDENTIAL AND (2) OPERATES THIS VEHICLE AFTER EXPIRATION OF THIS CREDENTIAL.

VOID IF ALTERED OR ERASED

PLATE NUMBER	OR ACCOUNT / FLEET NUMBER / SUP	EFFECTIVE DATE	EXPIRATION DATE
<b>Y113617</b>	<b>063764 /01/000</b>	<b>01/01/2014</b>	<b>12/31/2014</b>
VEHICLE YEAR	VEHICLE MAKE	VEHICLE IDENTIFICATION NUMBER	FUEL TYPE
<b>2003</b>	<b>INTL</b>	<b>1HVBTFM53H597470 EXEMPT</b>	<b>D</b>
LESSOR NAME	EQUIPMENT NUMBER	VEHICLE TYPE	SEATS
	<b>LLC7</b>	<b>BS</b>	<b>24</b>

JUR	WEIGHT	JUR	WEIGHT	JUR	WEIGHT	JUR	WEIGHT	JUR	WEIGHT	JUR	WEIGHT
OR	023500	WA	023500	**	*****	**	*****	**	*****	**	*****
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DRIVER/VEHICLE EXAMINATION REPORT

Aspen 2.14.0.10

MOTOR CARRIER MUST SIGN AND RETURN WITHIN 15 DAYS.

Oregon Department of Transportation

550 Capitol St. NE Salem OR 97301-2530

Phone: (503)373-0982 FAX: (503)373-7481

FAIL TO RETURN MAY RESULT IN ENFORCEMENT ACTION

Report Number: ORAAHK004043

Inspection Date: 08/05/2013

Start: 1:30:28 PM PT End: 1:49:24 PM PT

Inspection Level: V - Terminal

HM Inspection Type: None

LUCKY LIMOUSINE & TOWNCAR SERVICE LLC

11824 AINSWORTH CIRCLE STE B

PORTLAND, OR 97220

USDOT#: 01387637

Phone#: (503)254-0010

MC/MX#: 530904

Fax#:

State#: 063764

Location: MULTNOMAH COUNTY ROADSIDE

MilePost:

Highway:

Origin:

County: MULTNOMAH, OR

Destination:

Driver:

License#:

State:

Date of Birth:

CoDriver:

License#:

State:

Date of Birth:

Shipper:

Bill of Lading:

Cargo:

VEHICLE IDENTIFICATION

Unit	Type	Make	Year	State	Plate #	Equipment ID	VIN	GVWR	CVSA #	CVSA Issued #	OOS Sticker
1	BU	INTL	2003	OR	Y113617	LLC7	IHVBTAFM53H597470	23,500	17562483	18809641	

BRAKE ADJUSTMENTS

Axle #	1	2
Right	N/A	N/A
Left	N/A	N/A
Chamber	DISC	DISC

VIOLATIONS : No Violations Were Discovered.

HazMat: No HM Transported.

Placard: No

Cargo Tank:

Special Checks: No Data for Special Checks.

State Information:

OR RECEIPT #: NONE; ODOMETER: 77654; Medcard Expires (mm/dd/yy): N/A; DR wearing seatbelt (Y, N, U)?: U; Inspector 2 #: AP9017;

DO YOUR DRIVERS WEAR THEIR SEATBELTS? IT'S NOT JUST A GOOD IDEA - IT'S THE LAW!

CARRIER CERTIFICATION: Undersigned certifies all violations have been corrected.

Signature Of Motor Carrier X:

Title:

Date:

Report Prepared By:  
R. NEIL BYRNE

Badge #:  
AP0775

Copy Received By:

Page 1 of 1



01387637 OR ORAAHK004043

X

X

# STATE OF OREGON APPORTIONED REGISTRATION CAB CARD

THIS VEHICLE IS PROPORTIONATELY REGISTERED AT THE WEIGHT INDICATED  
WITH OREGON AND ALL JURISDICTIONS LISTED BELOW

ATTENTION ENFORCEMENT: VERIFY THIS CREDENTIAL @ [WWW.OREGONTRUCKINGONLINE.COM](http://WWW.OREGONTRUCKINGONLINE.COM)

REGISTRANT NAME AND ADDRESS

GRACE PERIOD ENFORCEMENT  
DATE: MARCH 16, 2015

BE SO LUCKY TOURS

11824 NE AINSWORTH CIR STE B  
PORTLAND OR 97220

THIS CARD MUST BE CARRIED IN THE POWER UNIT AT ALL TIMES AND DOES NOT AUTHORIZE OPERATION IN EXCESS OF LEGAL SIZE OR WEIGHT LIMITS. OPERATIONS SUBJECT TO ORS 825.450 MUST ALSO CARRY AN OREGON WEIGHT RECEIPT. THE LICENSE PLATE ISSUED WITH THIS CARD MAY BE CANCELED BY THE MOTOR CARRIER OR THE OREGON DEPARTMENT OF TRANSPORTATION.

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NOTE TO MOTOR CARRIER: THE STATE OF OREGON MAY PURSUE CIVIL ACTION AGAINST ANY MOTOR CARRIER WHO: (1) HAS NOT SUBMITTED AND PAID REGISTRATION FOR THIS VEHICLE PRIOR TO EXPIRATION OF THIS CREDENTIAL AND (2) OPERATES THIS VEHICLE AFTER EXPIRATION OF THIS CREDENTIAL.

VOID IF ALTERED OR ERASED

PLATE NUMBER	OR ACCOUNT / FLEET NUMBER / SUP	EFFECTIVE DATE	EXPIRATION DATE
<b>Y113614</b>	<b>063764 /01/000</b>	<b>01/01/2014</b>	<b>12/31/2014</b>
VEHICLE YEAR	VEHICLE MAKE	VEHICLE IDENTIFICATION NUMBER	FUEL TYPE
<b>2003</b>	<b>FORD</b>	<b>1FDXE45F53HA46056 EXEMPT</b>	<b>D</b>
LESSOR NAME	EQUIPMENT NUMBER	VEHICLE TYPE	SEATS
	<b>LLC2</b>	<b>BS</b>	<b>16</b>

JUR	WEIGHT	JUR	WEIGHT	JUR	WEIGHT	JUR	WEIGHT	JUR	WEIGHT	JUR	WEIGHT
OR	014100	WA	018600	**	*****	**	*****	**	*****	**	*****
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**	*****	**	*****	**	*****	**	*****	**	*****	**	*****

# DRIVER/VEHICLE EXAMINATION REPORT

Aspen 2.14.0.1C

**MOTOR CARRIER MUST SIGN AND RETURN WITHIN 15 DAYS.**

**Oregon Department of Transportation**

550 Capitol St. NE Salem OR 97301-2530

Phone: (503)373-0982 FAX: (503)373-7481

**FAIL TO RETURN MAY RESULT IN ENFORCEMENT ACTION**

Report Number: ORAAHK004039

Inspection Date: 08/05/2013

Start: 12:10:57 PM PT End: 12:32:03 PM PT

Inspection Level: V - Terminal

HM Inspection Type: None

LUCKY LIMOUSINE & TOWNCAR SERVICE LLC

11824 AINSWORTH CIRCLE STE B

PORTLAND, OR 97220

USDOT#: 01387637

Phone#: (503)254-0010

MC/MX#: 530904

Fax#:

State#: 063764

Location: MULTNOMAH COUNTY ROADSIDE

MilePost:

Highway:

Origin:

County: MULTNOMAH, OR

Destination:

Driver:

License#:

State:

Date of Birth:

CoDriver:

License#:

State:

Date of Birth:

Shipper:

Bill of Lading:

Cargo:

## VEHICLE IDENTIFICATION

Unit	Type	Make	Year	State	Plate #	Equipment ID	VIN	GVWR	CVSA #	CVSA Issued #	OOS Sticker
1	BU	FORD	2003	OR	Y113614	LLC2	1FDXE45F53HA46056	14,050	15000457	18809637	

## BRAKE ADJUSTMENTS

Axle #	1	2
Right	N/A	N/A
Left	N/A	N/A
Chamber	DISC	DISC

**VIOLATIONS:** No Violations Were Discovered.

**HazMat:** No HM Transported.

Placard: No

Cargo Tank:

**Special Checks:** No Data for Special Checks.

## State Information:

OR RECEIPT #: NONE; ODOMETER: 115219; Medcard Expires (mm/dd/yy): N/A; DR wearing seatbelt (Y, N, U)?: U; Inspector 2 #:: AP9017;

DO YOUR DRIVERS WEAR THEIR SEATBELTS? IT'S NOT JUST A GOOD IDEA - IT'S THE LAW!

CARRIER CERTIFICATION: Undersigned certifies all violations have been corrected.

Signature Of Motor Carrier X: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Report Prepared By:  
R. NEIL BYRNE

Badge #:  
AP0775

Copy Received By:

Page 1 of 1



01387637 OR ORAAHK004039

OREGON WEIGHT RECEIPT AND TAX IDENTIFIER  
CARRY THIS CREDENTIAL IN THE CAB OF THE POWER UNIT AT ALL TIMES

OREGON DOT, MCTD  
3930 FAIRVIEW INDUSTRIAL DR SE  
SALEM, OR 97302-1166

\* \* \* \* \*  
\* RECEIPT NO: YAPZ593OR \*  
\* BASE STATE: OR \*  
\* LICENSE NO: YAPZ593 \*  
\* EFFECTIVE: 01/01/2014 \*  
\* EXPIRATION: 12/31/2014 \*  
\* ISSUED: 12/13/2013 \*  
\* 06:37 PM \*  
\* PACIFIC TIME \*  
\* \* \* \* \*

BE SO LUCKY TOURS  
11824 NE AINSWORTH CIR STE B  
PORTLAND OR 97220

ACCT NO: 063764 USDOT NO: 1387637 YEAR: 2005 MAKE: INTL  
BODY STYLE: B VIN: 1HVBTAANX6H233226 FUEL CODE: D UNIT #: LLC24  
CLASSES: 1R 4A FEE BASIS: 1 (MONTHLY MILEAGE) ODOMTR: NA O M  
OWNED: X LEASED: FROM: NONE  
VEHICLE TYPE: BS EMPTY WEIGHT: 22,230 SEATS: 31  
AUTHORIZED BY: RECEIPT FEE (14) \$ .00  
PHONE: REINSTATEMENT FEE (15) \$ .00  
SUSPENSION FEE (19) \$ .00  
TOTAL AMOUNT PAID \$ .00

DECLARED WEIGHTS: SOLO: 27500 COMBO: ADDITIONAL WEIGHTS & AXLES:

+--- INSTRUCTIONS/COMMENTS: SENT TO: SALEM PREPARED BY: DDH ---+  
| |  
| |  
| |  
+--- +---

RENEWAL DOCUMENT ISSUED: 12/13/2013

THIS RECEIPT IS VALID ONLY FOR THE IDENTIFIED VEHICLE. IT IS NOT VALID IF ALTERED OR WHEN BASE LICENSE PLATE OR VEHICLE INFORMATION CHANGES. CONTACT ODOT TO OBTAIN A NEW RECEIPT.

LIABILITY FOR WEIGHT-MILE TAX CONTINUES UNTIL THIS RECEIPT IS CANCELLED. CONTACT ODOT TO CANCEL THIS RECEIPT. CONFIRMATION WILL BE MAILED TO THE CARRIER'S ADDRESS OF RECORD.

THIS RECEIPT IS A WEIGHT MILE TAX CREDENTIAL AND DOES NOT MEET OREGON REGISTRATION REQUIREMENTS. WITHOUT PROOF OF OREGON REGISTRATION, A HEAVY MOTOR VEHICLE TRIP PERMIT MUST BE OBTAINED.

THIS RECEIPT DOES NOT AUTHORIZE OPERATION IN EXCESS OF LEGAL SIZE OR WEIGHT. CHECK OREGON ROUTE MAPS 1 AND 7 FOR ALLOWABLE LENGTHS ON ROUTES TRAVELED IN OREGON.

\*\* CONTACT ODOT REGISTRATION @ 503-378-6699; OR BY FAX @ 503-378-6880 \*\*  
\*\* VISIT ODOT TRUCKING ONLINE @ WWW.OREGONTRUCKINGONLINE.COM \*\*

DRIVER/VEHICLE EXAMINATION REPORT

Aspen 2.14.0.10

MOTOR CARRIER MUST SIGN AND RETURN WITHIN 15 DAYS.

Report Number: ORAAHK004037

Oregon Department of Transportation

Inspection Date: 08/05/2013

550 Capitol St. NE Salem OR 97301-2530

Start: 11:28:04 AM PT End: 11:49:02 AM PT

Phone: (503)373-0982 FAX: (503)373-7481

Inspection Level: V - Terminal

FAIL TO RETURN MAY RESULT IN ENFORCEMENT ACTION

HM Inspection Type: None

LUCKY LIMOUSINE & TOWNCAR SERVICE LLC

Driver:

11824 AINSWORTH CIRCLE STE B

License#:

State:

PORTLAND, OR 97220

Date of Birth:

USDOT#: 01387637

Phone#: (503)254-0010

CoDriver:

MC/MX#: 530904

Fax#:

License#:

State:

State#: 063764

Date of Birth:

Location: MULTNOMAH COUNTY ROADSIDE

MilePost:

Shipper:

Highway:

Origin:

Bill of Lading:

County: MULTNOMAH, OR

Destination:

Cargo:

VEHICLE IDENTIFICATION

Unit	Type	Make	Year	State	Plate #	Equipment ID	VIN	GVWR	CVSA #	CVSA Issued #	OOS Sticker
1	BU	INTL	2006	OR	YAPZ593	LLC24	1HVBTAANX6H233226	27,500	17562489	18809635	

BRAKE ADJUSTMENTS

Axle #	1	2
Right		
Left		
Chamber	L-20	L-30

VIOLATIONS : No Violations Were Discovered.

HazMat: No HM Transported.

Placard: No

Cargo Tank:

Special Checks: No Data for Special Checks.

State Information:

OR RECEIPT #: 063764; ODOMETER: 72289; Medcard Expires (mm/dd/yy): N/A; DR wearing seatbelt (Y, N, U)?: U; Inspector 2 #: AP9017;

DO YOUR DRIVERS WEAR THEIR SEATBELTS? IT'S NOT JUST A GOOD IDEA - IT'S THE LAW!

CARRIER CERTIFICATION: Undersigned certifies all violations have been corrected.

Signature Of Motor Carrier X: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

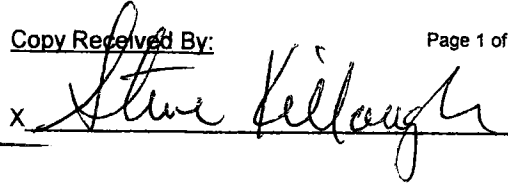
Report Prepared By:  
R. NEIL BYRNE

Badge #:  
AP0775

Copy Received By:

Page 1 of 1

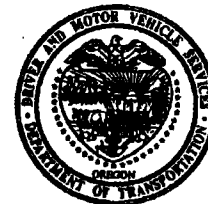
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01387637 OR ORAAHK004037

PLATE NUMBER <b>LUCKYH</b>		TITLE NUMBER <b>0603905827</b>		FUEL TYPE <b>GASOLINE</b>	FARM ID NO.	NEW EXPIRATION DATE <b>JAN 21, 2016</b>	
YEAR <b>2006</b>	MAKE <b>HUMM</b>	STYLE <b>4W</b>	MODEL <b>HU2</b>	VEHICLE IDENTIFICATION NUMBER <b>5GRGN23U56H105460</b>		HVUT DATE	
EQUIPMENT NO.	WEIGHT/LENGTH		TITLE BRANDS <b>- NONE -</b>				FEE <b>\$224.00</b>
ODOMETER READING	ODOMETER DATE	ODOMETER MESSAGE					



**\*LUCKY LIMOUSINE/TOWNCAR SERVICE LLC  
11824 NE AINSWORTH CIR STE B  
PORTLAND OR 97220-1170**

COUNTY OF RESIDENCE  
**MULTNOMAH**      COUNTY OF USE

NEW ADDRESS (HOUSE NUMBER, STREET, CITY, STATE, ZIP CODE)

VALIDATING STAMP  
**011414943**

NEW PLATE NUMBER

NEW STICKER NUMBER  
**A6564265**

DRIVER/VEHICLE EXAMINATION REPORT

Aspen 2.14.0.10

MOTOR CARRIER MUST SIGN AND RETURN WITHIN 15 DAYS.
Oregon Department of Transportation
550 Capitol St. NE Salem OR 97301-2530
Phone: (503)373-0982 FAX: (503)373-7481
FAIL TO RETURN MAY RESULT IN ENFORCEMENT ACTION

Report Number: ORAAHK004042
Inspection Date: 08/05/2013
Start: 1:09:30 PM PT End: 1:29:11 PM PT
Inspection Level: V - Terminal
HM Inspection Type: None

LUCKY LIMOUSINE & TOWNCAR SERVICE LLC
11824 AINSWORTH CIRCLE STE B
PORTLAND, OR 97220
USDOT#: 01387637 Phone#: (503)254-0010
MC/MX#: 530904 Fax#:
State#: 063764

Driver:
License#: State:
Date of Birth:
CoDriver:
License#: State:
Date of Birth:

Location: MULTNOMAH COUNTY ROADSIDE MilePost:
Highway: Origin:
County: MULTNOMAH, OR Destination:

Shipper:
Bill of Lading:
Cargo:

VEHICLE IDENTIFICATION

Table with columns: Unit, Type, Make, Year, State, Plate #, Equipment ID, VIN, GVWR, CVSA #, CVSA Issued #, OOS Sticker. Row 1: 1, LM, OTHR, 2006, OR, LUCKYH, LUCKY H, 5GRGN23U56H105460, 12,830, 18809640

BRAKE ADJUSTMENTS

Table with columns: Axle #, 1, 2. Rows: Right (N/A, N/A), Left (N/A, N/A), Chamber (DISC, DISC)

VIOLATIONS : No Violations Were Discovered.

HazMat: No HM Transported.

Placard: No Cargo Tank:

Special Checks: No Data for Special Checks.

State Information:

OR RECEIPT #: NONE; ODOMETER: 61397; Medcard Expires (mm/dd/yy): N/A; DR wearing seatbelt (Y, N, U)?: U; Inspector 2 #: AP9017;

DO YOUR DRIVERS WEAR THEIR SEATBELTS? IT'S NOT JUST A GOOD IDEA - IT'S THE LAW!

CARRIER CERTIFICATION: Undersigned certifies all violations have been corrected.

Signature Of Motor Carrier X: Title: Date:

Report Prepared By:
R. NEIL BYRNE

Badge #:
AP0775

Copy Received By:

Page 1 of 1

X

X



01387637 OR ORAAHK004042



# PFHT ASE VEHICLE INSPECTION CHECK LIST

Inspection must be completed by an ASE Certified Master Automobile Mechanic. Invoices for repairs are required for all inspection items marked "Needs Repair" by the mechanic.

Private for Hire Transportation Company Name Lucky Limo

Vehicle Permit # (if applicable) \_\_\_\_\_

License # Lucky H Year 2005 Make Hummer Model HU2

VIN # 5BRGN23U56H105460 Odometer 59436

- |                                     |                          |   |
|-------------------------------------|--------------------------|---|
| In Good Repair                      | Needs Repair             |   |
| <input checked="" type="checkbox"/> |                          | Road Test:  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | - Engine Performance _____  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | - Transmission Operation _____  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | - Emergency Brake _____   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | - Brake Operation _____   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Wipers and Washers _____  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Guages, Dash & Interior Lights _____  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Safety Belts _____  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Horn & Back Up Lights _____   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Heater/Air Conditioner _____  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Condition of Seats & Interior _____   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Loose Wires Under Dash _____  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Glass _____   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Mirrors _____   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Body and Subframe _____   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Exterior Lights, T-Sigs & Em. Flashers _____  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Emission Control Equipment/S.e.s. _____   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Engine Drive Belt & Hoses _____   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Battery & Cables _____  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Cooling System _____  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Brake System _____  |
|                                     |                          | Front Pads <u>90</u> %  |
|                                     |                          | Rear Brakes <u>70</u> %   |
|                                     |                          | Rotors & Drums <u>ok</u>  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Suspension & Steering Linkage _____   |
|                                     |                          | Shocks & Struts _____   |
|                                     |                          | Ball Joints & Bushings _____  |
|                                     |                          | Tie Rods & St. Gear _____   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Drive Train & Drive Axles _____   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Fluid Leaks _____   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Exhaust System _____  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Tires: LF <u>90%</u> RF <u>90%</u> LR <u>90%</u> RR <u>90%</u>  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Spare Tires <input checked="" type="checkbox"/> Jack <input checked="" type="checkbox"/> Lug Wrench <input checked="" type="checkbox"/> Tie Downs <input checked="" type="checkbox"/> |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Lube, Oil, Filter or other service due: _____   |

Mechanic's Signature Mark W. Harrison Date 5-28-13

Mechanic's Name: MARK HARRISON

ASE ID # ASE 27296916

Repair Shop Silverton Phone# 503-995-3446

Please submit the completed form and ASE certificate to : City of Portland Revenue Bureau, Attn: Patrick Kramer 503.279.3936 (fax); or