

WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION  
STAFF RESPONSE TO BENCH REQUEST

DATE PREPARED: January 9, 2024		WITNESS: Jason Sharp
DOCKET: TV-230957		RESPONDER: Jason Sharp
REQUESTER: Bench		TELEPHONE: 360-701-1603

**BENCH REQUEST NO. 1:**

On December 4, 2023, the Washington Utilities and Transportation (Commission) issued a Notice of Intent to Cancel Permit as a Household Goods Carrier; Notice of Brief Adjudicative Proceeding; Setting Time for Oral Statements (NOIC) against Door to Door Moving LLC (Door to Door or Company).

On January 4, 2024, Commission staff (Staff) filed its Evaluation of Safety Management Plan (Evaluation) in this Docket, and the Company filed a waiver of its right to a hearing. In light of the parties' consent, the scheduled hearing was canceled today by separate copy.

This proceeding is related to WAC 480-15-999(1)(2), which incorporates by reference the federal safety requirements found in Title 49 of the CFR. Under the federal regiment, companies which are found to have deficient safety ratings may (1) challenge the rating on appeal, see 49 CFR 385.15; or (2) request a rating change, see 49 CFR 385.17. A carrier which chooses the latter must demonstrate corrective actions were taken to bring safety practices into compliance. Id.

Further, under WAC 480-15-305(1)(b), in order to extend a company's provisional authority beyond 18 months, the Commission must find "good cause" that the Company is "making substantial progress toward a satisfactory rating." As a matter of Commission practice, these findings are generally made upon submission of a Safety Management Plan (SMP) by the Company to Staff and Staff's subsequent evaluation of the SMP filed to the docket.

In its January 4, 2024, filing, Staff offered the conclusion that "Door to Door Moving submitted a SMP that addresses each violation, identifies how the violations occurred, describes the steps taken to correct them, and put controls in place to ensure the Company maintains compliance." However, the evaluation did not include for the record: (1) the referred to SMP, or (2) a description of the contents of the Company's SMP which supports Staff's conclusions (i.e. the "how," the "steps," and the "controls.").

As a result, in order to aid an evaluation on the papers:

1. Please provide a copy of the Company's SMP, or



2. In the alternative, please provide a concise explanation of the portions of the SMP which specifically support Staff's proffered conclusion that the SMP "is acceptable and meets the requirements of 49 C.F.R. § 385." Specifically, please explain those portions of the SMP that address documentation of driver qualifications, hours of service records, carrier registration information, and vehicle maintenance documents.

**RESPONSE:**

Please see Attachment A to Staff's Response to Bench Request No. 1, which contains the Company's Safety Management Plan and supporting documentation.



## ATTACHMENT A

### Door To Door Moving LLC

#### Safety Management Plan

Violation number 1: Failure to complete hours of service for the month of september.

Correction: The Violation occurred due to my own fault of not completing the proper form. I had the form printed out but never filled it in. I have since the compliance review made a stronger effort in keeping up and updating my service of hours. I have incorporated this time log into my daily efforts to stay in compliance. I fill it out before I start work and when I arrive home I end my time. I have attached the following months of Nov/Dec to show upkeep of documentation. I plan to maintain this process by doing monthly upkeep on my reports by scheduling a time before the month is over and upkeep the records. To correct my mistake and resolve the issue I have since put a monthly check on the calendar as well as a quarterly check on a schedule to keep records to stay in compliance.

Violation number 2: Failing to file the appropriate form under 390.19

Correction: I did not correctly enter the right information into the MCS-150 for the total miles driven. I misinterpreted the form and put a 1 when it was not accurate. I was under the impression it was strictly for out of state miles. I have recently gone back to the FMCSA and updated the appropriate miles. I'm currently dropping my MC number but will be marking on the calendar to keep the FMCSA updated yearly and bi yearly on miles and registrations. I had updated my miles in May of 2022 and was updated to the accurate number of miles.

Violation number 3: Using a driver not medically examined and certified

Correction: I did not keep up on my expiration date of my medical evaluation card and haven't renewed it at the appropriate time. Since my inspection, I have resolved my issue and renewed my medical examination card. To keep this from happening again I have Northwest family that has put me on a schedule bi- yearly to make sure this issue stays resolved. I have written a list of dates of expiration to be able to keep up with my certifications and to not have this issue again in the future moving forward.

Violation number 4: Failing to maintain driver qualifications file on each driver employed

Correction: I did not have all the proper driver files filled out that was needed. Since my review I have completed my driver qualification form and files. I have set up reminders each year for the medical examinations which is bi-annual. I have also put into my schedule a list of important dates to ensure that it won't happen again. I have in my schedule at the end of the year to go over all the drivers for reviews. Currently I have updated all my files, as well as made a list of priorities needed in order to stay in compliance with any new driver that I decide to hire on. I currently only have one driver and it is myself and since the review I have completed the proper



paperwork to be up to date and now a format to lead to success in any new drivers Review of driving records was on 10/16/23.

Violation number 5: Failing to keep minimum records of inspection and vehicle maintenance.

Correction: I have failed in keeping up documentation of my vehicle in any maintenance or upkeep. I unfortunately did not document properly and was using invoices as a way to show documentations of upkeep instead of my own file. I have started my own file and work with my mechanic on filling out the proper records that were completed on the vehicle and how we can work on solving this issue. I'm using the Vehicle, inspection, repair and maintenance record as mine prevention maintenance plan that has the next due service of when the vehicle is needing its periodic check.

Violation number 6: Using a commercial motor vehicle not periodically inspected.

Correction: I unfortunately did not have an annual inspection done on my vehicle. I have since corrected this mistake and have an up to date Annual report for my vehicle. To avoid this issue and the issue with the documentation with maintenance I have personally scheduled on a calendar of my own a month before its laps to make sure that it stays up to date and I have enough time to schedule a visit. Annual inspections as well as maintenance will be filled out properly. To avoid this issue again I have a list of dates of expiration. One of them is the annual report so if it is missed by the mechanic I will be able to catch it.

Violation number 7: Failure to complete a criminal background check for every person the carrier intends to hire.

Correction: I made the mistake of bringing on an employee before he had a valid background check completed. To stop this from happening again I have every new hire go to the checkr and fill out a background check form before they can be hired on. I have a checklist for new hires that is a start to finish of what an employee must do in order to be hired on.

I Dylan V. Morris owner of Door To Door Moving LLC. Verify that I will follow all operating of state and federal regulations and that the safety plan meets all the specific requirements.

A handwritten signature in black ink, appearing to read 'Dylan V. Morris', with a long horizontal stroke extending to the right.



Last Name: Morris First Name: Dylan DOB:                      Exam Date:                     **Please complete only one of the following (Federal or State) Medical Examiner Determination sections:****MEDICAL EXAMINER DETERMINATION (Federal)**

Use this section for examinations performed in accordance with the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49):

- ☐ Does not meet standards (specify reason): \_\_\_\_\_
- ☒ Meets standards in 49 CFR 391.41; qualifies for 2-year certificate
- ☐ Meets standards, but periodic monitoring required (specify reason): \_\_\_\_\_
- Driver qualified for: ☐ 3 months ☐ 6 months ☐ 1 year ☐ other (specify): \_\_\_\_\_
- ☐ Wearing corrective lenses ☐ Wearing hearing aid ☐ Accompanied by a waiver/exemption (specify type): \_\_\_\_\_
- ☐ Accompanied by a Skill Performance Evaluation (SPE) Certificate ☐ Qualified by operation of 49 CFR 391.64 (Federal)
- ☐ Driving within an exempt intracity zone (see 49 CFR 391.62) (Federal)
- ☐ Determination pending (specify reason): \_\_\_\_\_
- ☐ Return to medical exam office for follow-up on (must be 45 days or less): \_\_\_\_\_
- ☐ Medical Examination Report amended (specify reason): \_\_\_\_\_
- (if amended) Medical Examiner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_
- ☐ Incomplete examination (specify reason): \_\_\_\_\_

**If the driver meets the standards outlined in 49 CFR 391.41, then complete a Medical Examiner's Certificate as stated in 49 CFR 391.43(h), as appropriate.**

I have performed this evaluation for certification. I have personally reviewed all available records and recorded information pertaining to this evaluation, and attest that, to the best of my knowledge, I believe it to be true and correct.

Medical Examiner's Signature: Medical Examiner's Name (please print or type): Penix, BrandonMedical Examiner's Address: 821 E Broadway Ave Ste. 1 City: Moses Lake State: WA Zip Code: 98837Medical Examiner's Telephone Number: (509) 350-4785 Date Certificate Signed: Oct 13, 2023Medical Examiner's State License, Certificate, or Registration Number: OP61115065 Issuing State: WA☐ MD ☒ DO ☐ Physician Assistant ☐ Chiropractor ☐ Advanced Practice Nurse☐ Other Practitioner (specify): \_\_\_\_\_National Registry Number: 3790250272Medical Examiner's Certificate Expiration Date: Oct 13, 2025



Calendar

Today < > October 2025

+ Create

October 2025

S	M	T	W	T	F	S
28	29	30	1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	1
2	3	4	5	6	7	8

Search for people

My calendars



- ☒ Meeting
- ☒ Birthdays
- ☒ Cleaning
- ☒ Days Off
- ☒ Moving
- ☒ Pay Day
- ☐ Tasks
- ☒ Transport/Delivery

Other calendars

- ☒ 23 Colts 5/6 - Morris / Lozar
- ☒ Holidays in United States

SUN 28	MON 29	TUE 30 ● 12pm Rotary	WED Oct 1	THU 2 Cargo payment	● 7:30am BNI
5	6 Update Medical examiner card	7 ● 12pm Rotary	8	9	10 Payroll ● 7:30am BNI
12	13 Medical Examiner card expires Columbus Day Indigenous Peoples' Day	14 ● 12pm Rotary	15 IRA withdraw	16	17 ● 7:30am BNI
19	20	21 ● 12pm Rotary	22	23 ● 10am Micro To Macro building payment	24 Payroll ● 7:30am BNI
26	27	28 Drive log inspection ● 12pm Rotary	29	30	31 Halloween ● 7:30am BNI



  
**Dr. Brandon Penix**  
Doctor - MD (Physician)  
   
**Practice Business Name**  
Northwest Medical Group PLLC  
**Address**  
823 E Broadway Ave Suite 1000 Everett, WA 98201  
**Hours of Operation**  
0700-1800  
**National Registry Number** **Certification Date**  
3790180272 05/11/2019  
**Distance** **Business Phone**  
N/A (509) 550-4765  
**Business Fax Number**  
  
**Business Email**  
dpenix@nwmedicalgroupwa.com  
**Business Website**  
www.nwmedicalgroupwa.com



 **GAME UPDATE Honkai: Star Rail**  
Version 1.4 "Dotted Awake From a Winter Dream" is now online!



**Driver Information**

DLN: [REDACTED]  
Last: MORRIS  
First: DYLAN  
Middle: VINCENT  
Suffix:  
DOB: [REDACTED]  
Gender: M

**Address Information**

Address on file

**License and ID Details**

Personal Driver License:  
Status: Licensed  
Issue: 10/28/2021  
Expire: 07/01/2027  
Original issue: 10/28/2021

**Restrictions**

Description	Lic type	Code
Two-Wheel Motorcycle Only	PDL	J

**Endorsements**

Description	Code
Motorcycle Issue: 10/28/2021 Expire: 7/1/2027	L

**Reinstatements**

Requirement  
No requirements

**Document History**

Type	Issue	Expire	DLN	Issue type	Current Document
Personal Driver License	10/28/2021	07/01/2027	[REDACTED]	Transfer	Yes
Personal Driver License	05/04/2020	07/01/2024	[REDACTED]	Duplicate	No
Personal Driver License	03/26/2019	07/01/2024	[REDACTED]	Replacement	No
Personal Driver License	06/29/2018	07/01/2024	[REDACTED]	Renewal	No
Personal Driver License	07/15/2016	07/01/2018	[REDACTED]	Duplicate	No
Intermediate Driver License	12/27/2014	07/01/2018	[REDACTED]	Duplicate	No
Intermediate Driver License	01/03/2014	07/01/2018	[REDACTED]	Original	No
Instruction Permit	03/07/2013	03/07/2014	[REDACTED]	Original	No

**DLN History**

DLN	Start	End
[REDACTED]	03/26/2019	
[REDACTED]	03/07/2013	03/26/2019

**Nonresident Licenses**

Jurisdiction	License Number
Arizona	[REDACTED]



**ANNUAL DRIVER'S CERTIFICATION OF VIOLATIONS**

**MOTOR CARRIER INSTRUCTIONS:** Each motor carrier must at least once every 12 months, require each driver to prepare a list of all violations of motor vehicle traffic laws and ordinances (other than violations involving only parking) of which the driver has been convicted, or of which he/she has forfeited bond or collateral during the preceding 12 months (49 CFR 391.27). Drivers who have provided information required by 49 CFR 383.31 need not repeat that information on this form.

**DRIVER REQUIREMENTS:** Each driver will provide the list as required by the motor carrier above. If the driver has not been convicted of, or forfeited bond or collateral on account of, any violation which must be listed, he/she shall so certify (49 CFR 391.27).

DRIVER NAME: LAST, FIRST, MI

SOCIAL SECURITY NUMBER

DATE OF EMPLOYMENT

HOME TERMINAL (CITY AND STATE)

DRIVER'S LICENSE NUMBER

STATE

EXPIRATION DATE

**COMPLETED BY DRIVER - CERTIFICATION OF VIOLATIONS**

I certify that the following is a true and complete list of traffic violations required to be listed (other than those I have provided under 49 CFR 383) for which I have been convicted or forfeited bond or collateral during the past 12 months.

☐ Check this box if you have had no violations in the past 12 months.

DATE	OFFENSE	LOCATION	TYPE OF VEHICLE OPERATED

If no violations are listed above, I certify that I have not been convicted or forfeited bond or collateral on account of any violation required to be listed during the past 12 months.

DATE

DRIVER'S SIGNATURE

**ANNUAL REVIEW OF DRIVING RECORD**

**MOTOR CARRIER INSTRUCTIONS:** Review the driver's motor vehicle record, annual Certification of Violations, and other information described in 49 CFR 391.25 of the Federal Motor Carrier Safety Regulations. Complete information below.

I have reviewed the driving record of the above-named driver in accordance with 49 CFR 391.25 and find that he/she (check one):



Meets minimum requirements for safe driving



Is disqualified to drive a motor vehicle pursuant to Section 391.15 Actions taken with driver:

--

MOTOR CARRIER NAME

MOTOR CARRIER ADDRESS

REVIEWER PRINTED NAME

REVIEWER SIGNATURE

TITLE

DATE OF REVIEW



# APPLICATION FOR EMPLOYMENT

COMPANY Door To Door Moving STREET ADDRESS [REDACTED]  
 CITY, STATE AND ZIP CODE Moses Lake, WA, 98837  
 APPLICANT'S NAME Dylan V. Morris  
 (First) (Middle) (Maiden Name, if any) (Last)  
 ADDRESS [REDACTED] WA/98837 HOW LONG? 3  
 (Street) (City) (State and Zip Code)  
 DATE OF BIRTH [REDACTED] PHONE 509-361-0729 SOCIAL SECURITY NO. [REDACTED]

## PAST ADDRESSES (previous three years)

	STREET	CITY	STATE & ZIP CODE	HOW LONG?
1	[REDACTED]	<u>ML</u>	<u>WA 98837</u>	<u>3</u>
2				
3				
4				

(ATTACH SHEET IF MORE SPACE IS NEEDED)

## EXPERIENCE AND QUALIFICATIONS--DRIVER

DRIVER LICENSE	STATE	LICENSE NUMBER	TYPE	EXPIRATION DATE
	<u>WA</u>	[REDACTED]	<u>Class 9</u>	<u>07/01/2027</u>

## DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATES		APPROX. # OF MILES (TOTAL)
		FROM	TO	
STRAIGHT TRUCK	<u>Van</u>	<u>01-01-22</u>	<u>Current</u>	<u>5,000</u>
TRACTOR/SEMI-TRAILER				
TRACTOR/2 TRAILERS				
OTHER:				

## ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED)

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	FATALITIES	INJURIES
<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>

(Form 2 Rev. 10-2001)



## TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)

LOCATION	DATE	CHARGE	PENALTY
Moses Lake	03-12-21	Seat belt	\$250

(ATTACH SHEET IF MORE SPACE IS NEEDED)

- A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? YES \_\_\_\_\_ NO X
- B. Has any license, permit, or privilege ever been suspended or revoked? YES \_\_\_\_\_ NO X

IF THE ANSWER TO EITHER A OR B IS YES, ATTACH A STATEMENT GIVING FULL DETAILS

## EMPLOYMENT RECORD (Attach Sheet if More Space is Needed)

Note: DOT requires that employment for at least 3 years and/or Commercial Driving experience (CDL) for the past 10 years be shown.

LAST EMPLOYER NAME N/A

ADDRESS N/A

POSITION HELD N/A FROM N/A TO N/A SALARY N/A

REASON FOR LEAVING N/A

Subject to Federal Motor Carrier Safety Regulations YES \_\_\_\_\_ NO X

Performed safety sensitive function subject to DOT Controlled Substance/Alcohol testing YES \_\_\_\_\_ NO X

SECOND LAST EMPLOYER NAME N/A

ADDRESS N/A

POSITION HELD N/A FROM N/A TO N/A SALARY N/A

REASON FOR LEAVING N/A

Subject to Federal Motor Carrier Safety Regulations: YES \_\_\_\_\_ NO X

Performed safety sensitive function subject to DOT Controlled Substance/Alcohol testing YES \_\_\_\_\_ NO X

THIRD LAST EMPLOYER NAME N/A

ADDRESS N/A

POSITION HELD N/A FROM N/A TO N/A SALARY N/A

REASON FOR LEAVING N/A

Subject to Federal Motor Carrier Safety Regulations: YES \_\_\_\_\_ NO X

Performed safety sensitive function subject to DOT Controlled Substance/Alcohol testing YES \_\_\_\_\_ NO X

## TO BE READ AND SIGNED BY APPLICANT

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

01-04-24

(Date)

[Signature]

(Applicant's Signature)

NOTE: A motor carrier may require an applicant to provide information in addition to the information required by the Federal Motor Carrier Safety Regulations.

(Form 2 - Rev. 1-2004)



## Driver Investigation History File

No previous Driving Experience  
Dylan V. Morris



DRIVER'S ROAD TEST EXAMINATION

LAST NAME: Morris FIRST NAME: Dylan MI: V (MAIDEN NAME IF APPLICABLE):  
ADDRESS: [REDACTED]  
CITY: Moses Lake STATE: WA ZIP: 98837  
TELEPHONE: (H): \_\_\_\_\_ (CELL) 509-361-0729 SPE TESTING SITE STATE: WA

The road test shall be given by the motor carrier or a person designated by it. However, a driver who is a motor carrier must be given the test by another person. The test shall be given by a person who is competent to evaluate and determine whether the person who takes the test has demonstrated that he or she is capable of operating the vehicle and associated equipment that the motor carrier intends to assign.

## Rating of Performance:

- 1 Pre-trip inspection (As required by Sec. 392.7)
- 1 Coupling and un-coupling of combination units, (if the equipment the driver may drive includes combination units)
- 1 Placing the equipment in operation
- 1 Use of the vehicle's controls and emergency equipment
- 1 Operating the vehicle in traffic and while passing other vehicles.
- 1 Turning the vehicle
- 1 Braking, and slowing the vehicle by means other than braking
- 1 Backing, and parking the vehicle.
- 1 Other, Explain

Type of equipment used in giving test: \_\_\_\_\_

Date: 10-10-23 (DD/MM/YYYY) EXAMINER'S NAME (PRINT) Dylan V. Morris  
EXAMINER'S NAME (SIGNATURE) [Signature]

If the road test is successfully completed, the person who administered the test will complete a certificate of driver's road test.

Remarks: Best Driver Since Ricky Bobby #1




**CERTIFICATE OF DRIVER'S ROAD  
TEST**

**Instructions:** If the road test is successfully completed, the person who gave it shall complete a Certificate of the driver's road test. The original or copy of the Certificate shall be retained in the employing motor carrier's driver qualification file of the person examined and a copy given to the person who was examined. (49 CFR 391.33(e) (f) (g))

**CERTIFICATION OF ROAD  
TEST**

DRIVERS LAST NAME: Morris FIRST NAME: Dylan MI: V

(MAIDEN NAME IF APPLICABLE): \_\_\_\_\_

Social Security Number: 

Operator's or Chauffeur's License Number: \_\_\_\_\_

State of Issuance: WA

Type of Power Unit: \_\_\_\_\_

Type of Trailer(s): \_\_\_\_\_

If Passenger carrier, type of Bus: N/A

This is to certify that the above-named driver completed a road test under my supervision on 10-10-21 (DD/MM/YYYY) consisting of approximately: 5000 miles of driving.


It is my considered opinion that this driver possesses sufficient driving skill to safely operate the type of commercial motor vehicle listed above.

Examiner's Name (Print): Dylan V. Morris

Examiner's Name (Signature): [Signature]

Title: owner

State Test Site: WA

Organization and Address of Examiner: 



This form is an example only. Certificates may look different, but should contain similar information.

## CERTIFICATE OF DRIVER'S ROAD TEST

Instructions: If the road test is successfully completed, the person who gave it shall complete a certificate of the driver's road test. The original or copy of the certificate shall be retained in the employing motor carrier's driver qualification file of the person examined and a copy given to the person who was examined. (49 CFR 391.31(e)(f)(g))

Driver's Name

Dylan V. Morris

Social Security Number

Operator's or Chauffeur's

License Number

State

WA

Type of Power Unit

24ft box truck

Type of Trailer(s)

If passenger carrier, type of bus

N/A

This is to certify that the above-named driver was given a road test under my supervision on 10-10-23 consisting of approximately 5,000+ miles of driving.

It is my considered opinion that this driver possesses sufficient driving skill to operate safely the type of commercial motor vehicle listed above.

Dylan V. Morris

EXAMINER FIRST & LAST NAME

*[Signature]*

SIGNATURE OF EXAMINER

10-10-23

DATE

BUSINESS NAME AND ADDRESS OF ORGANIZATION



**DRIVER'S TIME RECORD**Driver's Name (print) Dylan V. Morris Employee No. 1 Month NOV Year 23

DRIVERS MAY PREPARE THIS REPORT INSTEAD OF "DRIVERS DAILY LOG" IF THE FOLLOWING APPLIES:

- \* Operates within 150 mile radius.
- \* Returns to headquarters and is released from work within 14 consecutive hours.
- \* At least 10 consecutive hours off duty separate each 14 hours of duty (property).
- \* At least 8 consecutive hours off duty separate each 14 hours of duty (passenger).

**INTERMITTENT DRIVERS**

Shall complete this form for 7 days preceding any day driving is performed.  
This includes the preceding month.

Date	Start Time "All Duty"	End Time "All Duty"	Total Hours	Driving Hours	Truck Number	Headquarters
1	8	3	7	1hr	1	
2	N/A					
3	8	4	7	1.45	1	
4	N/A					
5	N/A					
6	N/A					
7	8	12	4	.30	1	
8	12	1	1	0	0	estimate
9	8	2	6	.30	1	
10	12	1	1	.30	1	Deliveries
11	N/A					
12	N/A					
13	8	7	11	2	1	
14	8	7	11	2	1	
15	8	4:30	7.	2.5	1	
16	8	4	7	1	1	
17	8	4	7	1	1	
18	12	4	7	2	0	
19	N/A					
20	8	4:30	7.5	1.5		
21	10	11	1	.15		
22	11	1:30	2.5	.30		
23	N/A					
24	11	1	2	.15		Thanks giving
25	N/A					
26	N/A					
27	7:45	6:15	9.5	1.5		
28	7:45	5	8	1.5		
29	9	9	8	1.5		
30						
31						



To be prepared monthly by each DOT certified driver unless time record is exclusively kept on Driver's Daily Log. Indicate "days off". Check box if no driving is performed during this month and the first 7 days of the following month. Mail this report to your Division Manager of Administration.



**DRIVER'S TIME RECORD**

Driver's Name (print) Dylan V. Morris Employee No. 1 Month Dec Year 2023

DRIVERS MAY PREPARE THIS REPORT INSTEAD OF "DRIVERS DAILY LOG" IF THE FOLLOWING APPLIES:

- \* Operates within 150 mile radius.
- \* Returns to headquarters and is released from work within 14 consecutive hours.
- \* At least 10 consecutive hours off duty separate each 14 hours of duty (property).
- \* At least 8 consecutive hours off duty separate each 14 hours of duty (passenger).

**INTERMITTENT DRIVERS**

Shall complete this form for 7 days preceding any day driving is performed. This includes the preceding month.

Date	Start Time "All Duty"	End Time "All Duty"	Total Hours	Driving Hours	Truck Number	Headquarters
1	8:00	9:00	12:00	2:00	1	
2						
3						
4	9	9	12	2		
5	9	9	12	1.5		
6	9	3	6	1.30		
7						
8	7	9	14	1		
9						
10						
11						
12						
13	11	4	5	1.5		
14	9	5	8	1.5		
15	9	5	8	1		
16	9	4	7	1.5		
17	9	9	12	3		
18	9	1	4	0.5		
19	9	9	12	2.3		
20						
21	9	5	8	1.5		
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						



To be prepared monthly by each DOT certified driver unless time record is exclusively kept on Driver's Daily Log. Indicate "days off". Check box if no driving is performed during this month and the first 7 days of the following month. Mail this report to your Division Manager of Administration.



Create

January 2024

S	M	T	W	T	F	S
31	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31	1	2	3
4	5	6	7	8	9	10

Search for people

My calendars

- ☒ Meeting
- ☒ Birthdays
- ☒ Cleaning
- ☒ Days Off
- ☒ Moving
- ☒ Pay Day
- ☐ Tasks
- ☒ Transport/Delivery

Other calendars

- ☒ 23 Colts 5/6 - Morris / Lozar
- ☒ Holidays in United States

SUN 31	MON Jan 1	TUE 2	WED 3
New Year's Eve	New Year's Day	Cargo payment ● 12pm Rotary	
7	8	9	10
		Young Professionals Speech ● 12pm Rotary	● 2pm UTC briefing ● 1pm Cindy ● 2:10pm Dentist ortho
14	15	16	17
	IRA withdraw Martin Luther King Jr. Day	● 12pm Rotary	
21	22	23	24
	● 1pm Evelyn	● 10am Micro To Macro building payment ● 12pm Rotary	
28	29	30	31
Drive logs inspections		● 12pm Rotary	● 4pm Dentist First Day of Black History Mon



Please note, the expiration date as stated on this form relates to the process for renewing the Information Collection Request for this form with the Office of Management and Budget. This requirement to collect information as requested on this form does not expire. For questions, please contact the Office of Registration and Safety Information, Registration, Licensing, and Insurance Division.

The collection of this information is authorized under the provisions of 49 CFR, Parts 390-399.

Public reporting for this collection of information is estimated to be 20 minutes (and 7.5 minutes for the biennial updates) per response, including the time for reviewing the instructions and completing and reviewing the data inserted on the form electronically. All responses to this collection of information are mandatory, and will be provided in confidence to the extent allowed by law. Notwithstanding any other provision of law, no person is required to respond to nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a current valid OMB Control Number. The valid OMB Control Number for this information collection is 2126-0013. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: Information Collection Clearance Officer, Federal Motor Carrier Safety Administration, MC-MBI, U.S. Department of Transportation, Washington, D.C. 20590.



United States Department of Transportation  
Federal Motor Carrier Safety Administration

## Motor Carrier Identification Report

(Application for USDOT Number)

# FORM MCS-150

### REASON FOR FILING (select only one):

- ☐ New Application ☐ Biennial Update or Changes ☐ Out of Business Notification ☐ Reapplication (after revocation of new entrant)

1. LEGAL BUSINESS NAME: Door To Door Moving LLC

2. DOING BUSINESS AS NAME (if different from Legal Business Name): \_\_\_\_\_

3-7. PRINCIPAL PLACE OF BUSINESS:  
 3. STREET ADDRESS/ROUTE NUMBER: [REDACTED] 4. CITY: Moses Lake 5. STATE/PROVINCE: WA 6. ZIP CODE: 98837 7. COLONIA (Mexico only): \_\_\_\_\_

8-12. MAILING ADDRESS: ☒ Same as Principal Address ☐ Mailing address below:  
 8. STREET ADDRESS/ROUTE NUMBER: \_\_\_\_\_ 9. CITY: \_\_\_\_\_ 10. STATE/PROVINCE: \_\_\_\_\_ 11. ZIP CODE: \_\_\_\_\_ 12. COLONIA (Mexico only): \_\_\_\_\_

13-15. CONTACT NUMBERS:  
 13. PRINCIPAL BUSINESS PHONE NUMBER: 509-361-0724 14. PRINCIPAL CONTACT CELL PHONE NUMBER: 509-361-0792 15. PRINCIPAL BUSINESS FAX NUMBER: \_\_\_\_\_

16-19. IDENTIFICATION NUMBERS:  
 16. USDOT NUMBER: 3722201 17. MC or MX NUMBER: MC1551278 18. DUN & BRADSTREET NUMBER: [REDACTED] 19. IRS/TAX ID NUMBER: [REDACTED]  
 (see instructions before completing this section)

20. E-MAIL ADDRESS: dylan.morris@doortodoorllc.com

21. CARRIER MILEAGE (to nearest 10,000 miles for the previous 12 months): 10,000

### 22. COMPANY OPERATIONS (check all that apply):

- ☐ A. Interstate Carrier ☐ B. Intrastate Hazmat Carrier ☒ C. Intrastate Non-Hazmat Carrier ☐ D. Interstate Hazmat Shipper ☐ E. Intrastate Hazmat Shipper



**FORM MCS-150 • Page 2 of 3**



**27. DRIVER INFORMATION:**

DRIVER INFORMATION	INTERSTATE	INTRASTATE	TOTAL DRIVERS	TOTAL CDL DRIVERS
Within 100-Mile Radius	0		1	0
Beyond 100-Mile Radius	0			

**28. IS YOUR USDOT NUMBER REGISTRATION CURRENTLY REVOKED BY THE FMCSA?**

☐ Yes ☒ No If yes, enter your USDOT Number: \_\_\_\_\_

**29. COMPLIANCE CERTIFICATION:**

ALL MOTOR PASSENGER CARRIER APPLICANTS must certify as follows:

*Applicant is fit, willing, and able to provide the proposed operations and to comply with all pertinent statutory and regulatory requirements, including the U.S. Department of Transportation's Americans with Disabilities Act regulations for over-the-road bus companies located at 49 CFR Part 37, Subpart H, if applicable.*

☒ YES

Private entities that are primarily in the business of transporting people, whose operations affect commerce, and that transport passengers in an over-the-road bus (defined as a bus characterized by an elevated passenger deck over a baggage compartment) are subject to the U.S. Department of Transportation's Americans with Disabilities Act regulations located at 49 CFR Part 37, Subpart H. For a general overview of these regulations, go to the Federal Motor Carrier Safety Administration's Web site at [www.fmcsa.dot.gov/rules-regulations/bus/company/ada-guidelines.htm](http://www.fmcsa.dot.gov/rules-regulations/bus/company/ada-guidelines.htm).

**30. PLEASE ENTER NAME(S) OF SOLE PROPRIETOR, PARTNERS, OR OFFICERS AND TITLES**

(e.g., president, treasurer, general partner, limited partner)

1. Dylan V. Morris Owner
2. \_\_\_\_\_  
(please type or print names)

**31. CERTIFICATION STATEMENT** (to be completed by authorized official):

I, Dylan V. Morris, certify that I am familiar with the Federal Motor Carrier Safety Regulations and/or Federal Hazardous Materials Regulations. Under penalties of perjury, I declare that the information entered on this report is, to the best of my knowledge and belief, true, correct, and complete.

Signature: [Signature] Title: Owner Date: 11-2-23  
(please type or print)



### VEHICLE IDENTIFICATION

16D16H1P9N1508042

**MAKE**

VIN

1992

245/70 R19.5

MODEL YEAR

TIRE SIZE

COMPANY NUMBER

Door To Door Moving LLC

OWNER (If leased)

[illegible]

Note: For buses, pushout windows, emergency exits, and exit lighting must be inspected every 90 days.



# ANNUAL VEHICLE INSPECTION REPORT

VEHICLE HISTORY RECORD	
REPORT NUMBER	FLEET UNIT NUMBER
	01
DATE 10/13/23	

MOTOR CARRIER OPERATOR

Door to Door Moving

8328 Teal Rd. N.E.

Moab, Utah 98837

VEHICLE TYPE ☐ TRACTOR ☐ TRAILER ☒ TRUCK ☐ BUS ☐ (OTHER)

INSPECTOR'S NAME (PRINT OR TYPE)

Edward Anderson

THIS INSPECTOR MEETS THE QUALIFICATION REQUIREMENTS IN SECTION 396.19

☒ YES

VEHICLE IDENTIFICATION (✓ AND COMPLETE) ☐ LIC. PLATE NO. ☒ VIN ☐ OTHER

1GD56HLP94J508042

INSPECTION AGENCY/LOCATION (OPTIONAL)

VEHICLE COMPONENTS INSPECTED				ITEM	
OK	NEEDS REPAIR	REPAIRED DATE	ITEM	OK	NEEDS REPAIR
<b>1. BRAKE SYSTEM</b>			<b>6. SAFE LOADING</b>	<b>12. WINDSHIELD GLAZING</b>	
<input checked="" type="checkbox"/>			a. Vehicle parts, load, dunnage, spare tire, etc., secured.	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>			b. Front End Structure	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>			c. Intermodal Container Securement Devices	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>			<b>7. STEERING MECHANISM</b>	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>			a. Steering Wheel Free Play	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>			b. Steering Column	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>			c. Front Axle Beam/All Other Steering Components	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>			d. Steering Gear Box	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>			e. Pitman Arm	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>			f. Power Steering	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>			g. Ball and Socket Joints	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>			h. Tie Rods and Drag Links	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>			i. Nuts	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>			j. Steering System	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>			<b>8. SUSPENSION</b>	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>			a. Axle Positioning Parts	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>			b. Spring Assembly	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>			c. Torque, Radius or Tracking Components	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>			<b>9. FRAME</b>	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>			a. Frame Members	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>			b. Tire and Wheel Clearance	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>			c. Adjustable Axle Assemblies (Sliding Subframes)	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>			<b>10. TIRES</b>	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>			a. Steer-Axle Tires	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>			b. All Other Tires	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>			c. Speed-Restricted Tires	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>			<b>11. WHEELS AND RIMS</b>	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>			a. Lock or Side Ring	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>			b. Wheels and Rims	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>			c. Fasteners	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>			d. Welds	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>			<b>13. WINDSHIELD WIPERS</b>	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>			No missing, damaged, or inoperable wipers.	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>			<b>14. MOTORCOACH SEATS</b>	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>			Seats securely fastened to the vehicle structure.	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>			<b>15. REAR IMPACT GUARD</b>	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>			In place, securely attached, proper size, proper placement (see 393.86).	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>			<b>16. OTHER</b>	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>			List any other condition(s) which may prevent safe operation of this vehicle.	<input checked="" type="checkbox"/>	

INSTRUCTIONS: MARK COLUMN ENTRIES TO VERIFY INSPECTION: ☒ OK, ☒ NEEDS REPAIR, ☒ NA IF ITEMS DO NOT APPLY, ☒ REPAIRED DATE

CERTIFICATION: THIS VEHICLE HAS PASSED ALL THE INSPECTION ITEMS FOR THE ANNUAL VEHICLE INSPECTION ACCORDANCE WITH 49 CFR PART 396.

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ORIGINAL

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(Rev. 1/1)



