

ROUTING SLIP

ASSIGNMENT NO.: 105263 MOTCAR NO.: 43492 PERMIT: HG-61789

CARRIER NAME: Barnoli, INC ✓

INVESTIGATOR(S): A DICKSON DATE: 9-29-05

RECOMMENDATION: No economic violations Noted. Minor equipment safety defects will be repaired and driver/owner will obtain a medical exam.

The compliance review produced a satisfactory safety rating.

I would recommend this company be considered for issuance of a permanent HG permit.

Should carrier be rechecked? No

REVIEWED BY: M. Hooley DATE: 10-03-05

Concur with recommendation to grant permanent HIG authority.

FINAL RECOMMENDATION BY: _____ DATE: _____

OTHER INFORMATION: 10/3/05 Closed case

cc: Alan Dickson
Licensing

Posted RMS
RA

MEMORANDUM

September 29, 2005

Assignment No.: 105263

Industry Code: 207

To: Mark Halliday, Compliance Manager

From: Alan Dickson, Special Investigator

Subject: Barnoli, Inc.
3703 Norton Avenue
Everett, WA 98201
425 259-9913

Permit Number: HG-61789

Mr. Sean McElroy, president and vice-president Jona McElroy were contacted at the above address on September 23, 2005 and they submitted records and equipment for inspection. This inspection was conducted as part of the provisional household goods check and safety compliance review.

The company was found to be in compliance with the economic moving regulations and rules. No violations were noted. The terminal safety review found violations of Part 393, parts and accessories and Part 391, driver qualifications.

A total of four minor safety defects were encountered concerning the moving truck consisting of inoperable lights, cracked windshield, and a missing fire extinguisher. The owner/driver Sean McElroy did not have a medical examination certificate. He stated the vehicle would be repaired prior to the next dispatch and he would obtain a physical examination as soon as possible. This review resulted in a satisfactory safety rating.

Summary:

I would recommend this company to be considered for issuance of the permanent household goods authority.

Completed household goods technical assistance and records review, compliance safety review, and MCSAP data sheet are attached.


Alan Dickson

WASHINGTON UTILITIES & TRANSPORTATION COMMISSION



US DOT #
000000

Legal: BARNOLI INC
Operating (DBA): BARNOLI MOVING

MC/MX #: **State #:** A-105263 **Federal Tax ID:** 68-0527384 (EIN)

Review Type: Compliance Review (CR) - Receipt

Scope: Principal Office **Location of Review/Audit:** Company facility in the U. S. **Territory:**

Operation Types **Interstate** **Intrastate**

Carrier: N/A Non-HM
Shipper: N/A N/A
Cargo Tank: N/A

Business: Corporation
Gross Revenue: \$49,000.00 **for year ending:** 9/23/2005

Company Physical Address:

3703 Norton Avenue
Everett, WA 98201

Contact Name: Sean McElroy

Phone numbers: (1) 425 259-9913 (2) **Fax**

E-Mail Address:

Company Mailing Address:

3703 Norton Avenue
Everett, WA 98201

Report Summary

Report	# of Pages
Part A - General	<u>1</u>
Part B - Violations	<u>1</u>
Part B - Recommendations	<u>1</u>
Total Pages	<u>3</u>

Disclaimer: By signing below, I acknowledge that I have received a copy of this review/audit and agree with the total number of pages indicated (above) for each document. My signature does not imply agreement with the findings of the review/audit.

QUESTIONS regarding this report or the Federal Motor Carrier Safety Regulations may be addressed to the WUTC at:

1720 Ellis Street, Suite #200
Bellingham, WA 98225

This report will be used to assess your safety compliance.

Person(s) Interviewed

Name: Sean McElroy

Title: President

Name: Jona McElroy

Title: Vice-President

Reported By: *Alan Dickson* **Title:** *Motor Carrier Safety* **Code:** WA0553 **Date:** 9/23/2005

Received By: **Title:**

WASHINGTON UTILITIES & TRANSPORTATION COMMISSION



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3703 Norton Avenue
Everett, WA 98201

Contact Name: Sean McElroy

Phone numbers: (1) 425 259-9913 (2) **Fax**

E-Mail Address:

Company Mailing Address:

3703 Norton Avenue
Everett, WA 98201

Carrier Classification

Other: HG-61789

Cargo Classification

General Freight Other: HG-61789

Does carrier transport placardable quantities of HM? No

Is an HM Permit required? N/A

Driver Information

	Inter	Intra	Average trip leased drivers/month: 0
< 100 Miles:		1	Total Drivers: 1
>= 100 Miles:			CDL Drivers: 0

Equipment

	Owned	Term Leased	Trip Leased	Owned	Term Leased	Trip Leased
Truck	1	0	0			

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Bellingham, WA 98225

This report will be used to assess your safety compliance.

Person(s) Interviewed

Name: Sean McElroy

Title: President

Name: Jona McElroy

Title: Vice-President

Reported By: *Alan Dickson* **Title:** Motor Carrier Sfty **Code:** WA0553 **Date:** 9/23/2005

Received By: *[Signature]* **Title:** *PRESIDENT*



BARNOLI MOVING (BARNOLI INC dba)

U.S. DOT #: 000000

State #: A-105263

Review Date:

09/23/2005

Part B Violations

1 STATE	Primary: 391.45(a) Secondary: 391.11(a) CFR Equivalent: 391.45(a)	Discovered 1	Checked 1	Drivers/Vehicles In Violation 1	Checked 1
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Description

Using a driver not medically examined and certified.

Example

Sean McElroy
9-22-2005

No driver medical exam certificate

2 STATE	Primary: 393.9 CFR Equivalent: 393.9	Discovered 1	Checked 1	Drivers/Vehicles In Violation 1	Checked 1
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Description

Operating a motor vehicle not having the required operable lamps.

Example

9-23-2005

Inoperable ID, high beam headlamp, and backup lamps
1997 GMC, Wa lic # A25336S

3 STATE	Primary: 395.95 (a)	Discovered 1	Checked 1	Drivers/Vehicles In Violation 1	Checked 1
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Description

Failure to equip vehicle with a fire extinguisher.

Example

No Fire Extinguisher on vehicle

1997 GMC

9-23-2005

Safety Fitness Rating Information:

Total Miles Operated	3,000
Recordable Accidents	0
Recordable Accidents/Million Miles	0.000

OOS Vehicle (CR):	0
Number of Vehicle Inspected (CR):	1
OOS Vehicle (MCMIS):	0
Number of Vehicles Inspected (MCMIS):	0

Your proposed safety rating is :

SATISFACTORY

Rating Factors

Acute

Critical

Factor 1:	S	0	0
Factor 2:	S	0	0
Factor 3:	S	0	0
Factor 4:	S	0	0
Factor 5:	N	0	0
Factor 6:	S	-	-

Received by

Title

Date



BARNOLI MOVING (BARNOLI INC dba)

U.S. DOT #: 000000

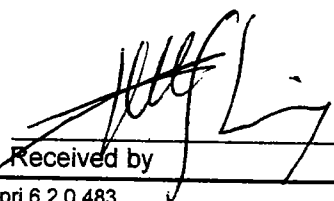
State #: A-105263

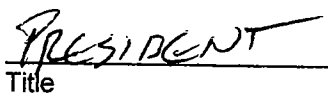
Review Date:

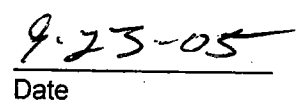
09/23/2005

Part B Recommendations

1. Ensure that all vehicles are systematically repaired and maintained. Establish a complete file for each vehicle, and record all inspection, maintenance, and repair operations performed. Consider keeping records pertaining to each individual unit in its own folder.
2. This review will result in a Safety Rating.
3. Do not allow drivers to drive interstate unless they have been physically re-examined each 24 months.
4. Ensure that all vehicles are properly marked with your name or trade name and U.S. DOT number. If your vehicles are also periodically operating for other carriers, they must be marked with that carrier's name and U.S. DOT#.

Received by 


Title


Date



BARNOLI MOVING (BARNOLI INC dba)

U.S. DOT #: 000000

State #: A-105263

Review Date:
09/23/2005

Part C

Reason for Review: Other
Planned Action: Compliance Monitoring
Safestat Category:

Parts Reviewed Certification:

325	382	383	387	390	391	392	393	395	396	397	398	399	171	172	173	177	178	180
			✓	✓	✓	✓	✓	✓	✓									

Prior Reviews Prior Prosecutions

Special Study Information:

Unsat/Unfit Information

Does passenger vehicle transport more than 15 passengers, including driver?

Does carrier transport placardable quantities of hazardous materials?

Unsat/Unfit rule:Not Applicable

Corporate Contact: Sean McElroy
Corporate Contact Title: President

Remarks:

This review was conducted as part of the provisional household goods carrier records review checklist and and terminal safety review.

One violation was noted of the driver qualification file requirements, in that owner Sean McElroy did not have a medical examination certificate.

Inspection of the moving truck found a total of five violations of the minor nature comprising lighting, cracked windshield, and missing fire extinguisher.

The carrier stated he would repair the defects prior to next dispatch and obtain a medical examination as soon as possible. A satisfactory safety rating was received.

Principal Reviewer Signature <i>Alan Dickson</i>	WA0553	Upload Authorized: Yes No
Assistant Reviewers Signature(s)		Authorized by: Date:
		Uploaded: Yes No Failure Code:
		Verified by: Date:

Washington Utilities and Transportation Commission
**Household Goods Technical Assistance and
 Records Review Checklist**

Carrier: <i>BARNOLI, INC</i> d/b/a:	HG- <i>61789</i>
Location: <i>3703 Norton Ave</i>	Assignment #: <i>105263</i>
Investigator: <i>ADICKSON</i> <i>Everett, WA</i>	UBI #: <i>602 236 297</i>
Period of Records Checked: From: <i>Mar. 05</i> To: <i>9-22-05</i> Total Number of Bills: <i>120</i>	

WAC Rule	WAC Rule Reference	Findings	Number Checked	Number in Violation
480-15-	Does the company have current accounts with: Labor & Industries Employment Security Secretary of State Dept. of Revenue	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
110	Address/Phone Number - Are the carrier's address and phone number those listed in Commission records?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
360	Permits - Is original kept in main office?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
480	Annual Report/Regulatory Fees - Has the carrier filed the most recent annual report? Was the annual report filed on or before May 1 st ? <i>N/A</i> If not, were late fees and interest included?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No		
530	Insurance - Does the carrier have current public liability and property damage insurance? Does it match the information on file with the Commission? Liability and property damage insurance information: Company: <u><i>Progressive</i></u> Policy: <u><i>088 5747 2-0</i></u> Liability Limits: <u><i>\$ 750,000</i></u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
550	Cargo Insurance - Does the carrier have adequate cargo insurance? Cargo Insurance information: Company <u><i>Progressive</i></u> Policy: <u><i>088 57472 0</i></u> Limits: <u><i>\$ 20,000</i></u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

480-15-	WAC Rule Reference	Findings	Number Checked	Number in Violation
590/600	Leasing - Does the carrier lease equipment? (Not to include leasing companies) If yes: Were the leases filed with and approved by the Commission? Were the terms of the lease complied with?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No		
610	Advertising - Is the carrier's HG or TCC permit number included in all advertisements?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

Tariffs - Rates & Charges

490	Does the carrier have a copy of Tariff 15-A? If yes: Is it current? Is it in the office and available to the public?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
490 Hourly	Does the carrier accurately record start and stop times for each job?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
	Are the charged hourly rates within the rate band?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
	Are the extra labor charges within the rate band?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
	Does the carrier charge travel time to and from job sites?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
	Charging overtime is optional. If the carrier charges overtime, are the charges within the rate band?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
	Has the carrier assessed hourly rates for any moves that have exceeded 35 miles from origin to destination?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	Has the carrier charged for any services not authorized under time rates? (Long carry, stairs, piano charge, etc.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	Packing Material rates - are the charges within the rate band? Does the carrier charge for materials not in the tariff? (Such as: paper, tape, padding, bubble wrap, shrink wrap, tape, etc.) Has the carrier provided packing material to the shipper at no cost?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
490 Mileage	Does the carrier use the Rand McNally mileage guide to determine mileage for tariff purposes?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
	Is mileage computed correctly?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
	Does the carrier use correct tariff mileage/weight charges?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
	Packing Material rates - are the charges within the rate band? Does the carrier charge for materials not in the tariff? (Such as: paper, tape, padding, bubble wrap, shrink wrap, tape, etc.) Has the carrier provided packing material to the shipper at no cost?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	Storage-in Transit - Has the carrier improperly classified or converted and storage-in-transit into long term storage?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	Does the carrier use correct rates for movements into and/or out of storage-in-transit?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
	Have shipments properly classified as storage-in-transit been charged long term storage rates?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	Has the carrier provided temporary storage-in-vehicle? If yes: Are the charges within the rate band? Did the carrier obtain the shipper's authorizing signature?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No		

480-15-	WAC Rule Reference	Findings	Number Checked	Number in Violation
	Are charges for stairs, elevators, and long carry calculated within the rate band?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
	Are extra stop(s) charges calculated within the rate band?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
	Are piano/organ charges calculated within the rate band?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
	Are valuation charges computed correctly?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
	Has the carrier charged for "Expedited Service"? If yes: Did the carrier obtain the shippers' authorizing signature?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No		
620	Notice to Shippers - Is the carrier providing shippers with the "Rights and Responsibilities" guide Has the notation on the Bills of Lading been signed by the shipper?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

Estimates

640	Is the company aware that verbal estimates are not allowed?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
630-690	Does the carrier issue written estimates? If yes: Are written estimates based on a written inventory (cube sheet)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
	Do written estimates include all required information?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
	Does the carrier provide written estimates without visually inspecting the goods at the origin?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	Binding Estimates - Does the carrier issue binding estimates? If yes: Is required documentation attached to binding estimates? Has carrier failed to honor any binding estimates? Have any binding estimates exceeded the highest legal tariff rate? Has the carrier issued any supplemental estimates on binding estimates? If yes: Is a signed supplemental estimate attached to the original estimate?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Have all written estimates been signed by the customer?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
	Does the carrier retain all written estimates of moves they have conducted?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
	Has the carrier issued any Supplemental Estimates? If yes: Do supplemental estimates show what additional services were requested by the customer that would cause the increase? Is a signed supplemental estimate attached to the original estimate?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Has the carrier refused to agree to release a shipment upon payment of 110% of a written and any supplemental estimates?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	If the goods were released upon payment of 110% of a written estimate, has the customer been allowed 30 days to pay the balance?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
	Has the carrier collected more than 25% over the written non-binding estimate (plus any supplemental estimate) for time charges on hourly moves, or collected more than 15% over the estimate for accessorial or other services?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	Has the carrier collected more than 15% over a written non-binding estimate (plus any supplemental estimate) for mileage rated moves?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

480-15-	WAC Rule Reference	Findings	Number Checked	Number in Violation
	Has the carrier underestimated any shipments? If yes, How many were underestimated _____ How many total moves did company conduct _____	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	Does carrier understand that if they choose not to issue written estimates, they can not provide service by offering to meet or beat another company's estimate?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
720	Bills of Lading - Is the carrier using a Uniform Household Goods Bill of Lading that meets the requirement of Tariff 15-A?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
	Has the carrier issued a Bill of Lading for each shipment?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
740	Does each Bill of Lading contain all required information?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
750	Determination of weights - has the carrier weighed all shipments that have exceeded 35 miles from origin to destination? Are empty and loaded weight tickets maintained with the bill of lading?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

Claims

800-870	Does the carrier maintain a Complaints and Claims Register? If yes: Does the register include all required information?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
	Have all complaints been recorded in the register?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
	Are all complaints and claims consecutively numbered?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
	Have all claims for loss and damage filed within 9 months of delivery date been recorded and processed?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
	Are all claim record documents retained for 6 years?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
	Are complaint records maintained in office for 3 years after resolution or shipment date?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
	Does the carrier notify the customer in writing, within 10 days, that claim or complaint was received?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
	Does the carrier investigate the claim quickly?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
	Does the carrier advise customer of resolution? Advisement is: Written <input checked="" type="checkbox"/> Verbal <input type="checkbox"/>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
	Does the carrier pay, refuse, or offer a compromise on a claim within 120 days?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
	If claim is not settled within 120 days, does the carrier continue to inform claimant every 60 days?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
	If a customer is not satisfied with the carrier's resolution, is the customer referred to the Commission? Does the carrier provide the customer with the Commission's toll-free line to Consumer Affairs?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

Operations

190	Permit - Is carrier operating within the scope of the permit?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
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480-15-	WAC Rule Reference	Findings	Number Checked	Number in Violation
300	Temporary Permit - Is carrier in compliance with conditions attached to its temporary authority?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
390	Carrier Name - Is the carrier operating under its permitted name or an approved d/b/a?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
430-450	Suspension/Cancellation - Has the carrier's permit been suspended or canceled during the time frame of this records check? If yes: Did the carrier operate during the suspension or cancellation period?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
900	Interstate Authority - Has the carrier operated in interstate commerce? If yes:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
930	Is the carrier properly registered? Is a copy of the SSRS/Exempt receipt in each vehicle	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No		
360	Permits - Does carrier keep copies in each vehicle?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
560	Vehicle Identification - Is the carrier's equipment properly identified by name and permit number?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
600	Leased vehicles: are copies of leases in each vehicle?	N/A <input type="checkbox"/> Yes <input type="checkbox"/> No		

- This records review indicated that the carrier's records are in compliance with WUTC rules and regulations.
- This records review indicated that some records, as indicated in this form, need to be corrected. The items that need correction have been discussed.
- This records review found numerous record violations. All of the items that need correction were discussed.

Company Representatives contacted during this records review.	Position Held	Phone Number
Sean McElroy	Owner/President 425	259-9913
Jana McElroy	Vice-President 425	259-9913

Other information:

Carrier will identify vehicle with permit Number within 15 days. - Name is displayed on track.

If you have any questions, or would like further technical assistance, please contact:

Alan Dickson
Investigator

360 647-7348
Telephone

647-7310
FAX

I, as a representative of this company, acknowledge receipt of this records review form and understand the findings as stated herein.

[Signature]
Received By

PRESIDENT
Title

9-23-05
Date

UNIFORM DRIVER/VEHICLE INSPECTION REPORT

1176080

PERSONNEL NO. J553 DIST / DET _____ LEVEL: 1 _____ 2 _____ 3 _____ 4 _____ 5 X

GENERAL				HAZARDOUS MATERIALS			
DATE <u>9/23/05</u>	TIME (MILITARY) BEGUN <u>11:45</u>	TIME (MILITARY) FINISHED <u>1205</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. <u>31</u>				

CARRIER

CARRIER NAME (Include DBA when applicable)
Barnoli INC

ADDRESS
3703 Norton Ave

CITY Everett STATE WA ZIP CODE 98201 INTERSTATE YES NO DOT NO. _____ ICC NO. HG-61789

DRIVER

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

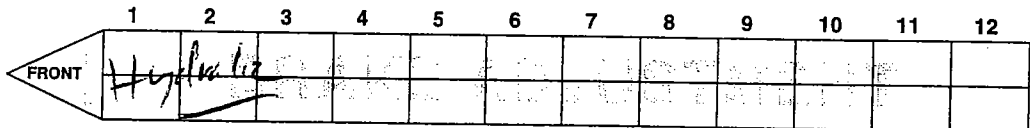
DATE OF BIRTH _____ MED. CERT. Y N _____ SHIPPER NAME _____ SHIPPING NO. _____
WAIVER Y N _____

VEHICLE

REGISTERED OWNER NAME/ADDRESS
Carrier

G.V.W. 26000 PBT RATE _____

UNIT	TYPE	YEAR/MAKE	CO. UNIT NO.	LICENSE NO. / VIN NO.	STATE
1	TR	97 GMC		<u>A 25336S</u>	<u>WA</u>
2					
3					
4					



CFR	VIOLATIONS	D	1	2	3	4	Unit #s O/S	Complied
393.24B	High Beam Headlamps Inop		X					
393.9	TR Front ID Lamp Inop		X					
393.95	No Fire Extinguisher		X					
393.60	Cracked Windshield		X					
393.9	Back up Lamps Inop		X					

CVSA DECALS UNIT 1 1903564 UNIT 2 _____ UNIT 3 _____ UNIT 4 _____ NOIC NO. _____

DRIVER SIGNATURE _____ OFFICER SIGNATURE A. Dickson

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