



UTILITIES AND TRANSPORTATION COMMISSION

Luciano

Assignment Report Motor Carrier Safety

Upload? Yes No - Reason For Not Uploading: Application for authority

1. Investigator(s): Richard Smith 2. Assignment No.: 112044

3. Current Date: 3/15/2012 4. Date of Activity: 3/14/2012

5. Carrier Name: Apollo Healthcare Supply, Inc. d/b/a Apollo Tour

6. Permit: Pending 7. New Entrant date of authority: _____

8. MOTCAR No.: _____ 9. Carrier is: Intrastate Only
 Interstate Only
 Intra and Interstate

10. Industry Code: 232

11. USDOT No.: 2274657 12. MC No.: _____

13. **Destination Check**

Copy of the Destination Check Safety Plan is attached.

- Number of Buses/Motor Coaches inspected: 7-15 passenger _____ 16+ passenger _____
- Number of vehicle inspections: Level 1 _____ Level 2 _____ Level 3 _____ Level 5 _____
- Any special emphasis placed on the destination check Yes No
- Describe Special Emphasis _____
- What might we do differently to increase our success at the next destination check:

14. **Safety Complaint**

Attach a copy of the Individual Safety Complaint Plan.

- What activity did staff complete for this safety complaint:
 - Compliance review
 - Technical assistance
 - Number of vehicle inspections: Level 1 _____ Level 2 _____ Level 5 _____
 - Unannounced terminal visit
 - Other (please explain): _____

15. **New Entrant - Charter, Auto Transportation**

- Is this carrier referred by FMCSA, operating intra and interstate: Yes No
- Is this carrier based in another state, requesting intrastate authority: Yes No
- Is this carrier based in Washington, requesting intrastate authority: Yes No
- Did staff complete the following:
 - ♦ Inspect all vehicles between three and nine months? Yes No
 - Number of vehicle inspections: Level 1 _____ Level 2 _____ Level 5 1

16. **New Entrant- HHG**

AS

- Is this carrier referred by FMCSA, operating intra and interstate: Yes No
- Is this carrier based in another state, requesting intrastate authority: Yes No
- Is this carrier based in Washington, requesting intrastate authority: Yes No
- Did staff complete the following:
 - ◆ Inspect all vehicles between three and eighteen months? Yes No
 Number of vehicle inspections: Level 1 _____ Level 2 _____ Level 5 _____
 - ◆ Conduct a SI/SA between three and eighteen months? Yes No SI SA
 - ◆ Conduct technical assistance within three months? Yes No

17. **CSA Investigation**

- Full Investigation
- Focused Investigation
- Basic is for:** Passenger Carrier HHG Carrier Solid Waste Carrier
- Basic Threshold Percentile is;**
 - Unsafe Driving _____%
 - Fatigued Driving (HOS) _____%
 - Crash _____%
 - Driver Fitness _____%
 - Drug/Alcohol _____%
 - Vehicle Maintenance _____%

18. **Individual Safety Plan Only:**

What activity did staff complete for this safety complaint?

- Attach a copy of the Individual Carrier Safety Plan.
- Safety Investigation
- Technical assistance
- Number of vehicle inspections: Level 1 _____ Level 2 _____ Level 5 _____
- Unannounced terminal visit
- Other (please explain): _____

19. **Safety Investigation:**

Safety Audit:

- SI Rating: Satisfactory Unsatisfactory Conditional
- SA Rating: Pass Fail
- Number of vehicles operated: _____
- Number of drivers operated: _____
- Total miles for prior year: _____
- Recordable accidents for prior year: _____
- Accident Ratio: _____

20. **Part B Violations:**

Part	Violations	Part	Violations	Part	Violations
382/40		383		387	
390		391		392	
395		396		397	

21. **Vehicle Inspection Data:**

	MC	MB 1-15	MB 16+	SB 1-8	SB 9-15	SB 16+	VAN 1-8	VAN 9-15	TRK	TT	TRA
Inspections		1									
Defective Vehicles		0									
OOS Vehicles		0									
Level		5									

22. **Vehicle Inspection Violations:**

	MC	MB 1-15	MB 16+	SB 1-8	SB 9-15	SB 16+	VAN 1-8	VAN 9-15	TRK	TT	TRA
Brakes											
Steering											
Lights											
Tires, wheels, rims											
Horn											
Windshield and Wipers											
Mirrors											
Emergency Equip, Exits											
Coupling Devices											
Frame											
Suspension											
Exhaust											
Other											
Comment:											

23. **Driver Inspection Violations:**

Medical Card	Medical Waiver	Hours of Service	Drivers License
Comment:			

24. Relevant Carrier History:

This carrier is currently applying for new entrant intrastate authority industry 232 Charter/excursion.

25. Findings:

This is a father son operation that will begin as only part-time. The son Mauziar Nikzad is a practicing medical doctor and the father who is the primary for this charter/excursion operation is Ghoum Reza Nikzad who is a fulltime Insurance agent for home mortgage insurance. The terminal is an office building with several different businesses in the Tukwilla area on South center Blvd.

The bus is a 1999 15 passenger Ford mini-bus in excellent condition, obviously after very good care was applied to it over the years. It easily passed a level 5 inspection and was issued a CVSA decal. Mauziar Nikzad could not attend due to his other business, but I provided the UTC safety training to Mr. Ghoum Reza Nikzad who appeared eager to learn safety requirements and apply them to his business management procedures.

26. Recommended Action:

- No further action.
- Notify the company in writing of the findings by providing a copy of the safety investigation, vehicle inspection report, safety audit or other similar document.
- Require the company to submit a compliance plan in response to the 15-day letter requirement.
- Recheck – Safety Investigation (Date: _____)
- Revisit to recheck a specific issue (Date: _____)
- Send the company a compliance letter. Require a response: Yes No
- Issue administrative penalties in the amount of \$
- Issue a complaint.
- Stop company operations.

27. Is this carrier considered a high risk carrier as a result of this activity?

- Carrier accident ratio is higher than aggregate ratio.
- Carrier had an out-of-service ratio 25% or higher at the last vehicle inspection.
- Carrier had a defect ratio 75% or higher at the last vehicle inspection.
- Carrier received more than one conditional or unsatisfactory safety investigation rating in more than one of the last four safety investigations (or less than four if four are not completed).
- Other (please explain): _____

28. Additional Comments:

I recommend this carrier be granted authority to operate. Close and file.

Investigator's Signature: Richard Smith



Initial Review By: D Pratt Date: 3/15/12

Reviewer's Recommendation: AGREE WITH RECOMMENDATIONS.

OK to issue authority
Bill

Final Review By: _____ Date: _____

Reviewer's Recommendation:

OFFICE USE ONLY

Date Closed: 3-19-12 By: CAC

Company Name: Apollo Healthcare Supply, Inc. d/b/a Apollo Tour

Assignment #: 112044

Staff Assigned: Rick Smith
CC: Licensing Section Team

UNIFORM DRIVER/VEHICLE INSPECTION REPORT

1312627

PERSONNEL NO. 5580 DIST / DET HA

LEVEL: 1 ___ 2 ___ 3 ___ 4 ___ 5 X

GENERAL				HAZARDOUS MATERIALS			
DATE <u>3/14/2017</u>	TIME (MILITARY) BEGIN <u>10:00</u>	TIME (MILITARY) FINISHED <u>10:37</u>	HAZARD CLASS / DIVISION NO.				
LOCATION: SR/MP <u>5200 Southway Blvd Tukula</u>		SCALEHOUSE NO.	CNTY CODE <u>17</u>	REPORTABLE QTY? Y N	HAZARDOUS WASTE? Y N		
				PLACARD REQUIRED? Y N	CARGO TANKS? Y N		

CARRIER

CARRIER NAME (Include DBA when applicable)
APOLLO HEALTHCARE SUPPLY DBA APOLLO TOUR

ADDRESS
14404 SE 16TH ST

CITY BELLEVUE STATE WA ZIP CODE 98007 INTERSTATE YES NO DOT NO. 2274657 ICC NO.

DRIVER

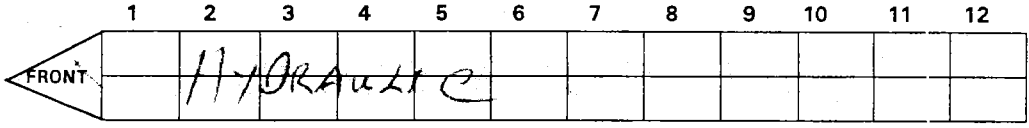
DRIVER NAME _____ LICENSE NO. _____ STATE _____ EXP. YEAR _____

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

VEHICLE

REGISTERED OWNER NAME/ADDRESS Same as above G.V.W. 15 PAS PBT RATE 14000

UNIT	TYPE	YEAR/MAKE	CO. UNIT NO.	LICENSE NO. / VIN NO.	STATE
1	<u>Bu</u>	<u>1999</u>	<u>1</u>	<u>B54061 U</u>	<u>WA</u>
2		<u>FORD RVC/MH</u>		<u>1FOXET0S5XHA08899</u>	
3					
4					



CFR	VIOLATIONS	D	1 2 3 4				Unit # O/S	Complied
			1	2	3	4		
	<u>No Violations</u>							
CVSA DECALS UNIT 1	UNIT 2	UNIT 3	UNIT 4	NOIC NO.				
<u>16438514</u>								

DRIVER SIGNATURE _____

OFFICER SIGNATURE _____

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

3000-150-160 R (2/99)

DRIVER/VEHICLE EXAMINATION REPORT

Aspen 2.13.3.9

Utilities and Transportation Commission
1300 S. Evergreen Park Dr. SW
Olympia, WA 98504-7250
(360) 664-1236

Report Number: WAU001000495
Inspection Date: 03/14/2012
Start: 9:01:00 AM PT End: 9:53:00 AM PT
Inspection Level: V - Terminal
HM Inspection Type: None

APOLLO HEALTHCARE SUPPLY, INC. D/B/A APOLLO TOUR
5200 SOUTHCENTER BLVD SUITE 200
TUKWILA, WA 98188
USDOT#: 02274657 Phone#: (206)243-6070
MC/MX#: Fax#: State#: PENDING
Location: TERMINAL
Highway: MilePost:
County: KING, WA Origin: SEATTLE, WA
Destination: SEATTLE, WA

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	1999	WA	B54061U	1	1FDXE40S5XHA08899	14,000		16438514	

BRAKE ADJUSTMENTS

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

VIOLATIONS : No Violations Were Discovered.

HazMat: No HM Transported.

Placard: No Cargo Tank:

Special Checks: No Data for Special Checks.

Copy

Report Prepared By:
SMITH, RICHARD

Badge #:
J580

Copy Received By:

Page 1 of 1



02274657 WA WAU001000495

X

X 1312627

Form E
UNIFORM MOTOR CARRIER BODILY INJURY AND PROPERTY
DAMAGE LIABILITY CERTIFICATE OF INSURANCE

Filed with **Washington Utilities and Transportation Commission** (hereinafter called Commission)

This is to certify, that the **Berkshire Hathaway Homestate Insurance Company** (hereinafter called Company)
Of **PO BOX 2048 OMAHA, NE 68103-2048**

has issued to **APOLLO HEALTH CARE SUPPLY INC DBA APOLLO HEALTH CARE SUPPLY**
11404 SE 15TH ST BELLEVUE, WA 98007

a policy or policies of insurance effective from **01/26/2012** 12:01 A.M. standard time at the address of the insured stated in said policy or policies and continuing until cancelled as provided herein, which, by attachment of the Uniform Motor Carrier Bodily Injury and Property Damage Liability Insurance Endorsement, has or have been amended to provide automobile bodily injury and property damage liability insurance covering the obligations imposed upon such motor carrier by the provisions of the motor carrier law of the State in which the Commission has jurisdiction or regulations promulgated in accordance therewith.

Whenever requested, the Company agrees to furnish the Commission a duplicate original of said policy or policies and all endorsements thereon.

This certificate and the endorsement described herein may not be cancelled without cancellation of the policy to which it is attached. Such cancellation may be effected by the Company or the insured giving thirty (30) days' notice in writing to the State Commission, such thirty (30) days' notice to commence to run from the date notice is actually received in the office of the Commission.

Countersigned at **PO BOX 2048, OMAHA, NE 68103**

this **13th day of March, 2012**

Insurance Company File **10 WAA100524**
(Policy Number)

JANET RICHTER
(Authorized Company Representative)



STATE OF WASHINGTON

WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION

1300 S. Evergreen Park Dr. S.W., P.O. Box 47250 • Olympia, Washington 98504-7250
(360) 664-1160 • TTY (360) 586-8203

Apollo Healthcare Supply, Inc.
5200 Southcenter Blvd. Suite 200
Tukwila WA 98188

February 7, 2012

Notice of Deficient Application – TE-120154

The following items either need to be completed and/or corrected for prompt processing of your application for operating authority:

- X You need to have a USDOT number. You can obtain one online at www.fmcsa.dot.gov/online-registration or you can contact (360)596-3810 for assistance. *2/14 still nothing*
- X Your Company's status with the Secretary of State's office is currently **Inactive**. This must be activated before we can continue processing your application. You can contact the Secretary of State's office at 360-725-0377. *2/9/12*
- X Obtain a Uniform Motor Carrier Certificate of Insurance (Form E) from your insurance company. The insurance must show your name EXACTLY as it is shown above. *2/14*
- X After we have a Uniform Motor Carrier Certificate on file, our Compliance staff we will contact you to set up a CVSA safety inspection of your vehicle(s).

Who do I contact if I have questions?

You may contact me at 360-664-1170 or e-mail at tleipski@utc.wa.gov. Our fax number is 360-586-1181.

Sincerely,

Tina Leipski
Licensing Services



Washington
Secretary of State
SAM REED

Customer Receipt

Apollo Healthcare Supply Inc

MAUZIAR NIKZAD -

Received: \$210.00

Check #0

Received On: 02/14/2012

Transaction Number: 2122247

Tracking ID: 2261414

Thank you!

120154
(7)



Washington
Secretary of State
SAM REED

Customer Receipt

Apollo Healthcare Supply Inc

REINSTATEMENT EXPEDITE

Received: \$49.00

Cash

Received On: 02/14/2012

Transaction Number: 2122246

Tracking ID: 2261414

Thank you!

02/14/12 2122247-
002
\$210.00 K #0
id: 2251414



**STATE OF WASHINGTON
SECRETARY OF STATE**

**Domestic Corporation
Reinstatement Report**

Chapter 23B.14.220 RCW

Entity Name: APOLLO HEALTHCARE SUPPLY INC.

Current Registered Agent/Office Address:

MAUZIAR NIKZAD

~~5200 SOUTHCENTER BLVD~~ 5200 Southcenter Blvd #200
TUKWILA WA 98188

This Box For Office Use Only

02/14/12 2122246-
001
\$49.00 C
id: 2251414

FILED
SECRETARY OF STATE

FEB 14 2012

STATE OF WASHINGTON

UBI Number: 603 029 452

EXPEDITE (Add \$50.00 to the amount shown below.)

Please submit completed paperwork with the required fee.
For an explanation of fees please refer to the instruction page.

Reinstatement period: 8/1/2011 – 7/31/2012*

Delinquent license fees: \$69.00

Reinstatement fee: \$140.00

Date of incorporation: 7/6/2010

Annual renewal fee for: -

TOTAL FEES DUE: \$209.00

Date of dissolution: 11/1/2011

If the last date of the reinstatement period* shown above has passed, please call 360-725-0377 as new forms and fees will be required. 2/10/12 NC

SECTION 1: New registered agent information
(Required if changing registered agent or registered agent address(es))

Name: MAUZIAR NIKZAD

Physical Street Address (required) 5200 Southcenter Blvd. Ste. 200

City TUKWILA WA Zip Code 98188

Mailing or Postal Address (optional):

City WA Zip Code

CONSENT TO SERVE AS REGISTERED AGENT (If new agent):

I consent to serve as Registered Agent in the State of Washington for the above named corporation. I understand it will be my responsibility to accept Service of Process on behalf of the corporation; to forward mail to the corporation; and to immediately notify the Office of the Secretary of State if I resign or change the Registered Office Address.

X Signature of NEW Registered Agent

Mauziar Nikzad 2/10/12
Printed Name Date

Sections 2 - 4 are required in order to complete your filing.

SECTION 2: Principal Place of Business

Address: 5200 Southcenter Blvd. Suite 200
City: Tukwila WA Zip Code 98188

SECTION 3: Nature of Business

Briefly describe the business the Corporation is conducting in the State of Washington:

Sales & services of medical supplies

SECTION 4: List Names and Addresses of Officers and Directors:

(attach additional list if needed)

President: Mauziar NIKZAD

Address: 14404 SE 15th St.
City Bellview State WA Zip Code 98007

Vice President: REZA NIKZAD

Address: 14404 SE 15th St.
City Bellview State WA Zip Code 98007

Secretary: _____

Address: _____

City _____ State _____ Zip Code _____

Treasurer: _____

Address: _____

City _____ State _____ Zip Code _____

Chair Bd of Directors: _____

Address: _____

City _____ State _____ Zip Code _____

Director: _____

Address: _____

City _____ State _____ Zip Code _____

SECTION 5: Controlling Interest Transfer

Ownership of real property

• Does the company own land, buildings, or other real property in Washington? Yes OR No

Controlling Interest Transfer

A Controlling Interest Transfer is when 50% or more of the ownership in an entity changes hands as defined under RCW 82.45.010(2).

• Has there been a transfer of stock, other financial interest change, or an option agreement exercised during the last 12 months that resulted in a transfer of controlling interest? Yes OR No

• Has an option agreement been executed in the last 12 months allowing for the future purchase or acquisition of the entity, that, if exercised would result in a transfer of controlling interest? Yes OR No

If the company owns land, buildings, or other real estate in Washington State, you must contact the Washington State Department of Revenue to report a transfer of Controlling Interest. Failure to report the transfer is subject to the penalty of RCW 82.45.220

For more information please call the Dept. of Revenue at (360) 570-3265 and choose option 1, or visit their website at www.dor.wa.gov.

SECTION 6: Signature

• I certify that the grounds for dissolution either did not exist or have been eliminated and that the corporation's name satisfies the requirements of RCW 23B.14.220.

This document is hereby executed under penalties of perjury, and is, to the best of my knowledge, true and correct.

X		REZA NIKZAD	2/10/12	_____
	Signature of Officer or Chair Bd of Directors	Printed Name and Title	Date	Phone Number

• THE DOMESTIC CORPORATION REINSTATEMENT APPLICATION AND APPLICABLE FEES MUST BE DELIVERED (MAILED) TO:

- Corporations Division
- Office of the Secretary of State
- 801 Capitol Way South
- PO BOX 40234
- Olympia, WA 98504-0234

• THE REINSTATEMENT FEE IS \$140.00 PLUS ALL DELINQUENT LICENSE OR ANNUAL REPORT.

• EXPEDITED SERVICES ARE AVAILABLE FOR AN ADDITIONAL \$50.00. PLEASE WRITE "EXPEDITE" ON YOUR COVER LETTER OR ON THE OUTSIDE OF YOUR ENVELOPE.

• THE REINSTATEMENT DOCUMENTS MUST BE FILED WITHIN FIVE (5) YEARS OF THE EFFECTIVE DATE OF THE ADMINISTRATIVE DISSOLUTION.