

UNIFORM DRIVER/VEHICLE INSPECTION REPORT

1225393

PERSONNEL NO. J540 DIST / DET _____ LEVEL: 1 _____ 2 _____ 3 _____ 4 _____ 5 X

GENERAL				HAZARDOUS MATERIALS			
DATE <u>09.05.07</u>	TIME (MILITARY) BEGUN <u>1435</u>	TIME (MILITARY) FINISHED <u>1455</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>VANCOUVER</u>		SCALEHOUSE NO.	CNTY CODE <u>06</u>				

CARRIER

CARRIER NAME (Include DBA when applicable)
WHALEN, DOUGLAS R

ADDRESS
920 NW 95th ST

CITY VANCOUVER STATE WA ZIP CODE 98685 INTERSTATE YES NO DOT NO. ICC NO.

DRIVER

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

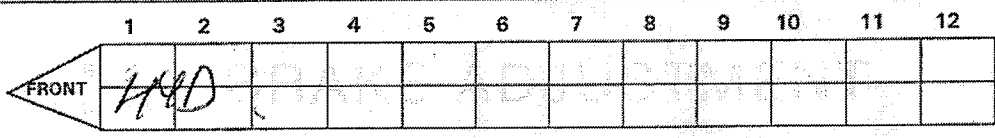
DATE OF BIRTH _____ MED. CERT. Y N SHIPPER NAME _____ SHIPPING NO. _____

WAIVER Y N

VEHICLE

REGISTERED OWNER NAME/ADDRESS WHALEN, DOUGLAS R, VANCOUVER G.V.W. 14000 PBT RATE _____

UNIT	TYPE	YEAR/MAKE	CO. UNIT NO.	LICENSE NO. / VIN NO.	STATE
1	<u>BU</u>	<u>03 FORD</u>		<u>B14700C</u>	<u>WA</u>
2					
3					
4					



CFR	VIOLATIONS	D	1	2	3	4	Unit # O/S	Complied

CVSA DECALS UNIT 1 0569544 UNIT 2 _____ UNIT 3 _____ UNIT 4 _____ NOIC NO. _____

DRIVER SIGNATURE: Douglas R Whalen

OFFICER SIGNATURE: _____

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

VIN/EDXE 45F93HA67850

UNIFORM DRIVER/VEHICLE INSPECTION REPORT

1225392

PERSONNEL NO. J540 DIST / DET _____ LEVEL: 1 _____ 2 _____ 3 _____ 4 _____ 5 X

GENERAL				HAZARDOUS MATERIALS			
DATE <u>090507</u>	TIME (MILITARY) BEGUN <u>14:10</u>	TIME (MILITARY) FINISHED <u>14:30</u>	HAZARD CLASS / DIVISION NO. _____				
LOCATION: SR/MP <u>VANCOUVER</u>		SCALEHOUSE NO.	CNTY CODE <u>06</u>	REPORTABLE QTY? Y N	HAZARDOUS WASTE? Y N	PLACARD REQUIRED? Y N CARGO TANKS? Y N	

CARRIER

CARRIER NAME (include DBA when applicable)
WHALEN DOUGLAS R

ADDRESS
920 NW 95th ST

CITY VANCOUVER STATE WA ZIP CODE 98685 INTERSTATE YES NO DOT NO. ICC NO.

DRIVER

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

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

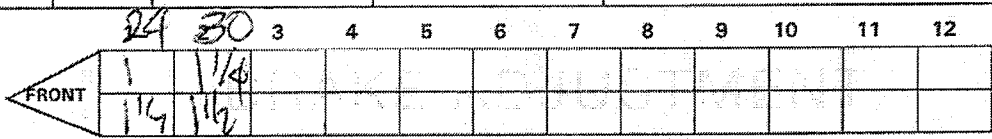
WAIVER Y N

VEHICLE

REGISTERED OWNER NAME/ADDRESS
INTERSTATE LIMOUSINE SVC VANCOUVER

G.V.W. 26000 PBT RATE _____

UNIT	TYPE	YEAR/MAKE	CO. UNIT NO.	LICENSE NO. / VIN NO.	STATE
1	<u>BLU</u>	<u>00 BLUE</u>		<u>B52024C</u>	<u>WA</u>
2					
3					
4					



CFR	VIOLATIONS	D	1	2	3	4	Unit #s	Complied
							O/S	

CVSA DECALS UNIT 1 6569543 UNIT 2 _____ UNIT 3 _____ UNIT 4 _____ NOIC NO. _____

DRIVER SIGNATURE _____
OFFICER SIGNATURE _____

VIN / IBA CGBXAA4N3096626

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