WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION RECEIVED

PENALTY ASSESSMENT TN-100260

PLEASE NOTE: You must complete and sign this document, and send it to the Commission within 15 days after you receive the penalty assessment.

I have read and understand RCW 9A.72.020 (printed below), which states that making false statements under oath is a class B felony. I am over the age of 18, am competent to testify to the matters set forth below and I have personal knowledge of those matters. I hereby make, under

oath, the	e following statements.
[] 1.	Payment of penalty. I admit that the violations occurred and enclose \$100 in payment of the penalty.
[] 1. [] 2. [] 3. OR Altacke I declare including Dated:	Request for a hearing. I believe that the alleged violations did not occur, based on the following information, and request a hearing for a decision by an administrative law judge:
<u>[</u> /3.	Application for mitigation. I admit the violation, but I believe that the penalty should be reduced for the reason(s) set out below.
	a) I ask for a hearing for a decision by an administrative law judge b) I waive a hearing and ask for an administrative decision on the information I present here:
l was	under the assumption that only CDI drivers Can not drive expired medical carel. ed is a Copy of Mr. Mohammed Abdallah Current medical Ca
4 Hack	ed is a Copy of Mr. Mohammed Abdallah Current medical Co
I declare	e under penalty of perjury under the laws of the State of Washington that the foregoing, g information I have presented on any attachments, is true and correct.
Dated: _	2/23/10 [month/day/year], at Seattle [city, state]
1ds15	ELHAMAR / TRANSIA ONG
Name of	Respondent (company) – please print Signature of Applicant
RCW 94	A 72 020

"Perjury in the first degree. (1) A person is guilty of perjury in the first degree if in any official proceeding he makes a materially false statement which he knows to be false under an oath required or authorized by law. (2) Knowledge of the materiality of the statement is not an element of this crime, and the actor's mistaken belief that his statement was not material is not a defense to a prosecution under this section. (3) Perjury in the first degree is a class B felony."

	The information I have provided regarding this physical examination is true and complete. A complete examination form with any attachment embodies my findings I completely and correctly, and is on file in my office.
	SIGNATURE OF MEDICAL EXAMINER SIGNATURE OF MEDICAL EXAMINER SIGNATURE OF MEDICAL EXAMINER SIGNATURE OF MEDICAL EXAMINER CATHERINE SMITH. M.D CHIVER'S LICENSE NO. STATE M.C.M.A. M.D. COC. 4153. A SIGNATURE OF DRIVER ADDRESS OF DRIVER ADDRESS OF DRIVER TELEPHONE 2/12/10 Chiropractor Advanced Prisocice Assistant ADDRESS OF DRIVER TELEPHONE Provice Approximation CHIVER'S LICENSE NO. STATE M.C.M.A. M.D. W.A. ADDRESS OF DRIVER
12558hinney Ave H Seattle WA98133	TELEPHONE 206 - 320 - 3400 Chiropr Advance Practice Assistant Nurse DRIVER'S LICENSE NO.
Seattle WA98133	TELEPHONE 20½ - 320 - 3400 Chiropr Assistant Telephone Action Practice Assistant Telephone
NOWAMILE WA98133	TELEPHONE 20 (e - 320 - 3400 Chiropr Assistant TELEPHONE 20 (e - 320 - 3400 Chiropr Advance Practice Assistant Nurse
MD 00041529 DRIVER'S LICENSE NO. MCHAMIRK 43813A NOWAMANTAK 43813A	TH, M.D TELEPHONE 2012 - 320 - 3400 Chiropr Advance Practice Assistant TH, M.D TELEPHONE 2012 - 320 - 3400 Chiropr Advance Practice Assistant Nurse
DRIVER'S LICENSE NO. MOHAMAK 438 13 A WA98133	7 TELEPHONE
DRIVER'S LICENSE NO. MOMAPHIA U38 13 A W #198133	7 TELEPHONE 206-320-3400
DRIVER'S LICENSE NO. DRIVER'S LICENSE NO. MCHANIK 138 13 A	
The information I have provided regarding this physical examination is true and complete. A complete examination form with any attachment embodies my findings completely and correctly, and is on file in my office. SIGNATURE OF MEDICAL EXAMINERS NAME (PRINT) MEDICAL EXAMINERS LICENSE OR CERTIFICATE NO/ISSUING STATE MAND COO 4/15 A SEATHLE WAS STATE MORATURE OF DRIVER ADDRESS OF DRIVER DRIVER'S LICENSE NO. STATE MORATURE OF DRIVER DRIVER'S LICENSE NO. STATE DRIVER'S LICENSE NO. STATE MORATURE OF DRIVER DRIVER'S LICENSE NO. STATE DRIVER'S LICENS	
CATHERINE SMITH, M.D COO 415 A q SIGNATURE OF DRIVER SIGNATURE OF DRIVER ADDRESS OF DRIVER ADDRESS OF DRIVER ADDRESS OF DRIVER CATHERINE SMITH ADDRESS OF DRIVER ADDRESS OF DRIVER CATHERINE SMITH ADDRESS OF DRIVER ADDRESS OF DRIVER CATHERINE SMITH ADDRESS OF DRIVER ADDRESS OF DRIVER ADDRESS OF DRIVER CATHERINE SMITH ADDRESS OF DRIVER ADDRESS OF DRIVER CATHERINE CAT	waiver exemption
wearing hearing aid	waiver exemption
Wearing corrective lenses	waiver exemption
Locatify that I have examined Abda Abd	In accordance with the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) and with knowledge of the driving duties, I find this person is qualified; and, if applicable, only when: Macondance with the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) and with knowledge of the driving duties, I find this person is qualified; and, if applicable, only when: Macondance with the Federal Motor Carrier Safety Regulations (49 CFR 391.62)