



UTILITIES AND TRANSPORTATION COMMISSION

Licensing

Assignment Report Motor Carrier Safety

Upload? Yes No - Reason For Not Uploading: _____

1. Investigator(s): Richard Smith 2. Assignment No.: 112024

3. Current Date: 2/14/2012 4. Date of Activity: 2/16/2012

5. Carrier Name: International District Parking Association dba Merchants Parking/Transia

6. Permit: Pending 7. New Entrant date of authority: 10/17/2011

8. MOTCAR No.: 8948 9. Carrier is: Intrastate Only
 Interstate Only
 Intra and Interstate

10. Industry Code: 232

11. USDOT No.: 1827193 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 5

16. **New Entrant- HHG**

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

17. **CSA Investigation**

<input type="checkbox"/> Full Investigation
<input type="checkbox"/> Focused Investigation
Basic is for: <input type="checkbox"/> Passenger Carrier <input type="checkbox"/> HHG Carrier <input type="checkbox"/> Solid Waste Carrier
Basic Threshold Percentile is;
<input type="checkbox"/> Unsafe Driving _____%
<input type="checkbox"/> Fatigued Driving (HOS) _____%
<input type="checkbox"/> Crash _____%
<input type="checkbox"/> Driver Fitness _____%
<input type="checkbox"/> Drug/Alcohol _____%
<input type="checkbox"/> Vehicle Maintenance _____%

18. **Individual Safety Plan Only:**

What activity did staff complete for this safety complaint?
<input type="checkbox"/> Attach a copy of the Individual Carrier Safety Plan.
<input type="checkbox"/> Safety Investigation
<input type="checkbox"/> Technical assistance
<input type="checkbox"/> Number of vehicle inspections: Level 1 _____ Level 2 _____ Level 5 _____
<input type="checkbox"/> Unannounced terminal visit
<input type="checkbox"/> Other (please explain): _____

19. **Safety Investigation:**

Safety Audit:

▪ SI Rating: <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Conditional
▪ SA Rating: <input type="checkbox"/> Pass <input type="checkbox"/> 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		5									
Defective Vehicles		1									
OOS Vehicles		1									
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		1									
Steering											
Lights											
Tires, wheels, rims											
Horn											
Windshield and Wipers											
Mirrors											
Emergency Equip, Exits											
Coupling Devices											
Frame											
Suspension											
Exhaust											
Other											

Comment: Defective emergency brake on one vehicle was repaired and the vehicle re-inspected for pass.

23. **Driver Inspection Violations:**

Medical Card	Medical Waiver	Hours of Service	Drivers License
Comment:			

24. Relevant Carrier History:

International District Parking Association/Merchants Parking/Transia had been operating with intrastate authority for non-profit carrier under permit C-965 and providing rides for medical passengers from local hospitals, etc. Recently management has been receiving calls for charter type work and decided to use four of their 15 passenger mini-buses from their 11 mini-bus fleet for this purpose.

25. Findings:

The four mini-buses to be used for charter service were inspected level 5. One was put out of service due to a defective (out of adjustment) emergency brake. The company mechanic immediately repaired the defect and after re-inspection the bus was put back into service. All mini-buses are in very good mechanical shape and are determined safe for passengers. The general manager Mike Olson was instructed in safe operating procedures by use of the UTC manual "Your Guide To Achieving a Satisfactory Safety Record". It was indicative after this training through the observed interest and behavior of management, this company will likely operate full-time within regulatory requirements and as result maintain a reputation of a safe company for transporting passengers.

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 approved for intrastate charter authority.

Close and file.

Investigator's Signature: Richard Smith 

Initial Review By: _____ Date: _____

Reviewer's Recommendation: _____

Final Review By: D Pratt Date: 2/21/12

Reviewer's Recommendation:

Agree with recommendations.

* OK to issue CH authority.

close & file.

OFFICE USE ONLY

Date Closed: 2/21/12 By: CAC

Company Name: International Parking Association dba Merchants Parking/Transia

Assignment #: 112024

Staff Assigned: Richard Smith
cc: Licensing

TE-11819-CT



1300 S. Evergreen Park Dr. SW
P.O. Box 47250
Olympia, WA 98504-7250
Phone: 360-664-1222
Fax: 360-586-1181
TTY: 360-586-8203
or
1-800-416-5289
e-mail: Transportation@utc.wa.gov

**APPLICATION FOR CHARTER AND EXCURSION CARRIER SERVICE
CERTIFICATE**

Application Fee and Initial Regulatory Fees due at time of application:
\$200 PLUS \$25 PER VEHICLE

Passenger Charter and Excursion Carrier Services	Fee Required
Application fee (Application for new certificate, to reinstate a previously canceled certificate, to transfer an existing certificate to a new owner or business structure)	\$200.00
Name Change (Application to change a company's corporate name, change a trade name, add a new trade name, or change the surname of an individual owner or partner)	\$ 35.00
Regulatory Fee (per vehicle)	\$ 25.00
TYPE OF PAYMENT	
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> AMEX <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa	
Credit Card Information (if applicable) Exp Date Month/Year	
Amount \$ _____ Company Name: <u>International District Parking Assoc.</u> <u>dba Merchants Parking / Transica</u>	
CERTIFICATION: I, the undersigned, under penalty for false statement, certify that the following information is true and correct, that I am authorized to execute and file this document on behalf of the applicant, and that all information on file is current and valid.	
Cardholder's signature: _____ Date: _____	

Check #31542	Company ID: <u>M8949</u>	Docket TE-
(For Commission Use Only) 111 0268 232 01 <u>275</u> Reg Fee	Date Filed: <u>10-17-11</u>	Safety Inspection:
111 0268 232 02 <u>200</u> App Fee	Reg Fees: <u>OK X 11</u>	Insurance:
111 0268 232 03	DOL:	SOS: <u>OK</u>
111 0268		

Receipt # 033823 Total Paid \$475.-

SECTION 1 – APPLICANT INFORMATION

PER UBL

Name of Applicant: ~~Michael Olson~~ International District Parking Association

Trade Name(s) (if applicable): _____

Mailing Address:

Physical Address:

Street 214 5th Avenue S Street 214 5th Avenue S.

City Seattle City Seattle

State/Zip WA / 98104 State/Zip WA / 98104

Phone Number: (206) 624-3426 Fax Number: (206) 682-4233

UBI #: 600-231-485-000 E-Mail: Transia@aol.com

Type of business structure:

- Individual Partnership Corporation Other (LP, LLP, LLC)

List the name, title, and percentage of partner's share or stock distribution for major stockholders:

<u>Name</u>	<u>Title</u>	<u>Stock Distributions or Percentage of Shares</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

List other certificates or permits held with the commission: WUTC, C00965

List your USDOT # 1827193 (If you don't have one you can go online at www.fmcsa.dot.gov/online-registration or contact the Washington State Patrol at 360-596-3816 or 360-596-3803 for assistance.)

SECTION 2 – EQUIPMENT

(Attach additional sheets if necessary)

License Number	Year And Make Of Vehicle	Vehicle ID Number	Seating Capacity
<u>(SEE ATTACHED LIST)</u>			

SECTION 3 – SAFETY AND OPERATIONS

In each of the categories shown below, list the person and position responsible for understanding and complying with the Federal Motor Carrier Safety Regulations (FMCSR) and Washington State laws and rules. Please refer to the WAC rules, fact sheets and publication "Your Guide to Achieving a Satisfactory Safety Rating" for assistance with requirements.

SAFETY RESPONSIBILITIES

- **COMMERCIAL DRIVER'S LICENSE (CDL) STANDARDS REQUIREMENTS AND PENALTIES** (Title 49, Code of Federal Regulations Part 383). If you operate commercial motor vehicles, your drivers must have a valid CDL.
- **DRIVER QUALIFICATION REQUIREMENTS** (Title 49, Code of Federal Regulations Part 391). Each of your drivers must meet minimum qualification requirements. You must maintain driver qualification files for each driver.
- **DRIVERS HOURS OF SERVICE** (Title 49, Code of Federal Regulations Part 395). Each of your drivers must maintain hours of service logs. You must maintain true and accurate hours of service records for each driver.
- **CONTROLLED SUBSTANCE AND ALCOHOL USE AND TESTING** (Title 49, Code of Federal Regulations Part 382 and Part 40). If you operate commercial motor vehicles, your drivers must be in a Controlled Substance and Alcohol Use and Testing program. You must have a alcohol and controlled substances testing program.
- **INSPECTION, REPAIR AND MAINTENANCE** (Title 49, Code of Federal Regulations Part 396). You must systematically inspect, repair and maintain all motor vehicles.
- **SAFETY REGULATIONS, GENERAL** (Title 49, Code of Federal Regulations Part 390). You must follow safety regulations.
- **DRIVING COMMERCIAL MOTOR VEHICLES** (Title 49, Code of Federal Regulations Part 392). You must follow regulations for driving commercial motor vehicles.
- **PARTS AND ACCESSORIES NECESSARY FOR SAFE OPERATION** (Title 49, Code of Federal Regulations Part 393). You must maintain parts and accessories in safe condition.

Name: ~~REDACTED~~ Position: **OPERATIONS MANAGER**

OPERATIONAL RESPONSIBILITIES

List the person and position responsible for understanding and complying with the requirements of each category shown below.

ANNUAL REPORTS AND REGULATORY FEES. You must file an annual safety report and pay regulatory fees by December 31 of each year.

Name: ~~REDACTED~~ Position: **OPERATIONS MANAGER**

STATE OF WASHINGTON GENERAL LAWS, RULES AND REGULATIONS. You must comply with the regulations of local, state, and federal agencies such as, but not limited to: Department of Labor and Industries, Department of Licensing, Secretary of State, Department of Revenue and Internal Revenue Service and Employment Security.

Name: **MICHAEL OLSON** Position: **EXEC. DIRECTOR**

SECTION 4 – DECLARATION OF APPLICANT

I understand that filing this application does not in itself constitute authority to operate as a passenger charter and excursion carrier.

As the applicant for a passenger charter and excursion certificate, I understand the responsibilities of a charter and excursion carrier, and I am in compliance with all local, state, and federal regulations governing business in the State of Washington.

I certify under penalty of perjury under the laws of the State of Washington that the information contained in this application is true and correct.

I certify that I am authorized to execute and file this document.

Printed name of applicant MICHAEL OLSON

Signature of applicant 

Date OCTOBER 13, 2011 County, State King County, WA

SECTION 2 - EQUIPMENT			
License#	Year and Make of Vehicle	Vehicle ID Number	Seating Capacity
RS06628	2006 Ford Cutaway	1FDXE45S56DB28247	20
RS06629	2006 Ford Cutaway	1FDXE45S76DB32655	20
RS06630	2006 Ford Cutaway	1FDXE45S96DB32656	12
RS06631	2006 Ford Cutaway	1FDXE45S26DB32658	20
RS06632	2006 Ford Cutaway	1EDXE45S36DB28246	20
RS06633	2006 Ford Cutaway	1FDXE45S66DB26054	25
RS06666	2006 Ford 15-Pass	1FBSS31L56DA20392	14
RS06665	2006 Ford 15-Pass	1FBSS31L96DA20394	14
RS07199	2006 Ford 15-Pass	1FBSS31L26DA84549	14
RS07198	2006 Ford 15-Pass	1FBSS31L36DA35392	14
RS05994	2006 Ford Goshen	1FDXE45S36HA97766	20

WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION
P.O. BOX 47250 Olympia, WA 98504-7250

CHARTER AND EXCURSION REGULATORY FEE CALCULATION SCHEDULE

Company Name International District Parking Assoc. dba Merchants
Parking / Transit

In accordance with RCW 81.70.350 "Regulatory Fees", the Commission requires Charter and Excursion companies to file reports of the number of vehicles operated by the company and pay the sum of \$25 for each vehicle operated. There is a minimum fee of \$25.

1 Total number of vehicles operated

11

2 Total Regulatory Fees owed (enter amount from line 1)

11	x 25.00 =	\$275.00
----	-----------	----------

There is a minimum fee of \$25.00.

(For Commission Use Only) 001-111-02-68-232-01 Reception Number:	Docket TE-	Permit No:
--	------------	------------

Merchants **T***ransia*
Parking

Merchants Parking/Transia is an independent, not-for-profit community association dedicated to the socio-economic advancement of the peoples of the International District through the development, management, and operation of parking and transportation services.

RECEIVED

OCT 14 2011

WASH. UT. & TP. COMM

October 13, 2011

Attention: Tina Leipski
Washington Utilities and Transportation Commission
1300 S. Evergreen Park Dr. S.W.
P.O. Box 47259
Olympia, WA 98504-7250

Re: WUTC Charter Certificate

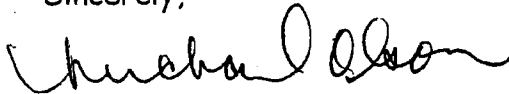
Dear Ms. Leipski,

Thank you for clarifying WUTC License Requirements.

Enclosed is our payment and documentation for WUTC Charter Certificate (in association with our current WUTC Certification # C00965)

If you need additional information, feel free to call me at (206) 624-3426.

Sincerely,



Michael Olson
Executive Director

Encl: a/s

MO/esl

DRIVER/VEHICLE EXAMINATION REPORT

Aspen 2.13.3.9

King State Patrol
Commercial Vehicle Enforcement Section
P.O. Box 42614
Olympia, WA 98504-2614
Phone: (360)596-3819 Fax: (360)596-3828

Report Number: WAU001000477
Inspection Date: 02/14/2012
Start: 8:25:00 AM PT End: 9:18:00 AM PT
Inspection Level: V - Terminal
HM Inspection Type: None

MERCHANTS PARKING ASSOCIATION
PO BOX 3152
SEATTLE, WA 98114-3152
USDOT#: 01827193 Phone#: (206)624-3426
MC/MX#: 000000 Fax#:
State#: PENDING

Driver:
License#: State:
Date of Birth:
CoDriver:
License#: State:
Date of Birth:

Location: 214 5TH AVE. S. SEATTLE
Highway:
County: KING, WA

MilePost:
Origin: SEATTLE, WA
Destination: SEATTLE, WA

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	2006	WA	RS07198	29	1FBSS31L36DA35392	8,000		16438486	

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.

Report Prepared By:
GARDNER, RAY

Badge #:
J577

Copy Received By:

Page 1 of 1



01827193 WA WAU001000477

X Ray Gardner

X [Signature]

DRIVER/VEHICLE EXAMINATION REPORT

Aspen 2.13.3.9

Washington State Patrol
Commercial Vehicle Enforcement Section
P.O. Box 42614
Olympia, WA 98504-2614
Phone: (360)596-3819 Fax: (360)596-3828

Report Number: WAU001000473
Inspection Date: 02/14/2012
Start: 9:35:00 AM PT End: 10:42:55 AM PT
Inspection Level: V - Terminal
HM Inspection Type: None

MERCHANTS PARKING ASSOCIATION
PO BOX 3152
SEATTLE, WA 98114-3152
USDOT#: 01827193 Phone#: (206)624-3426
MC/MX#: 000000 Fax#:
State#: PENDING
Location: 214 5TH AVE. S. SEATTLE
Highway:
County: KING, WA

Driver:
License#: State:
Date of Birth:
CoDriver:
License#: State:
Date of Birth:
Shipper:
Bill of Lading:
Cargo:

VEHICLE IDENTIFICATION

Table with columns: Unit, Type, Make, Year, State, Plate #, Equipment ID, VIN, GVWR, CVSA #, CVSA Issued #, OOS Sticker. Row 1: 1, BU, FORD, 2006, WA, RS06633, 17, 1FDXE45S66DB26054, 14,000

BRAKE ADJUSTMENTS

Table with columns: Axle #, 1, 2; Right, N/A, N/A; Left, N/A, N/A; Chamber, HYDR, HYDR

VIOLATIONS

Table with columns: Vio Code, Section, Unit, OOS, Citation #, Verify, Crash, Violations Discovered. Row 1: 393.41, 393.41, 1, Y, A, N, No or defective parking brake system on CMV

HazMat: No HM Transported.

Placard: No Cargo Tank:

Special Checks: No Data for Special Checks.

VIOLATIONS MARKED AS OUT OF SERVICE (OOS) MUST BE REPAIRED BEFORE VEHICLE/S CAN BE OPERATED. IF OOS FOR BRAKES ADJUSTMENT, ALL BRAKES MUST BE WITHIN PROPER ADJUSTMENT LIMITS BEFORE VEHICLE/S CAN BE OPERATED.

I CERTIFY THAT ALL MECHANICAL VIOLATIONS WERE REPAIRED.

Signature Of Repairer X: Facility: Date:

THE UNDERSIGNED CERTIFIES THAT ALL VIOLATIONS NOTED ON THIS REPORT HAVE BEEN CORRECTED AND ACTION HAS BEEN TAKEN TO ASSURE COMPLIANCE WITH ALL APPLICABLE FEDERAL AND STATE REGULATIONS. SIGN AND RETURN THIS ENTIRE REPORT WITHIN FIFTEEN (15) DAYS TO ABOVE ADDRESS.

Signature Of Motor Carrier X: Title: Date:

Report Prepared By: GARDNER, RAY

Badge #: J577

Copy Received By:

Page 1 of 1

X [Signature]

X [Signature]



01827193 WA WAU001000473

DRIVER/VEHICLE EXAMINATION REPORT

Aspen 2.13.3.9

Washington State Patrol
Commercial Vehicle Enforcement Section
P.O. Box 42614
Olympia, WA 98504-2614
Phone: (360)596-3819 Fax: (360)596-3828

Report Number: WAU001000475
Inspection Date: 02/14/2012
Start: 10:38:00 AM PT End: 11:11:01 AM PT
Inspection Level: V - Terminal
HM Inspection Type: None

MERCHANTS PARKING ASSOCIATION
PO BOX 3152
SEATTLE, WA 98114-3152
USDOT#: 01827193 Phone#: (206)624-3426
MC/MX#: 000000 Fax#:
State#: PENDING
Location: 214 5TH AVE. S. SEATTLE
Highway:
County: KING, WA

Driver:
License#: State:
Date of Birth:
CoDriver:
License#: State:
Date of Birth:
Shipper:
Bill of Lading:
Cargo:

MilePost:
Origin: SEATTLE, WA
Destination: SEATTLE, WA

VEHICLE IDENTIFICATION

Unit	Type	Make	Year	State	Plate #	Equipment ID	VIN	GVWR	CVSA #	CVSA Issued #	OOS Sticker
1	BU	FORD	2006	WA	RS06633	17	1FDXE45S66DB26054	14,000		16438485	

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.

Report Prepared By:
GARDNER, RAY

Badge #:
J577

Copy Received By:

Page 1 of 1

X Roy Gardner

X [Signature]



01827193 WA WAU001000475

DRIVER/VEHICLE EXAMINATION REPORT

Aspen 2.13.3.9

Washington State Patrol
Commercial Vehicle Enforcement Section
P.O. Box 42614
Olympia, WA 98504-2614
Phone: (360)596-3819 Fax: (360)596-3828

Report Number: WAU001000476
Inspection Date: 02/14/2012
Start: 10:48:00 AM PT End: 11:24:56 AM PT
Inspection Level: V - Terminal
HM Inspection Type: None

MERCHANTS PARKING ASSOCIATION
PO BOX 3152
SEATTLE, WA 98114-3152
USDOT#: 01827193 Phone#: (206)624-3426
MC/MX#: 000000 Fax#:
State#: PENDING
Location: 214 5TH AVE. S. SEATTLE
Highway:
County: KING, WA

Driver:
License#: State:
Date of Birth:
CoDriver:
License#: State:
Date of Birth:
Shipper:
Bill of Lading:
Cargo:

MilePost:
Origin: SEATTLE, WA
Destination: SEATTLE, WA

VEHICLE IDENTIFICATION

Unit	Type	Make	Year	State	Plate #	Equipment ID	VIN	GVWR	CVSA #	CVSA Issued #	OOS Sticker
1	BU	FORD	2006	WA	RS06629	10	1FDXE45S76DB32655	2,006		16438486	

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.

Report Prepared By:
SMITH, RICHARD

Badge #:
J580

Copy Received By:

Page 1 of 1



01827193 WA WAU001000476

X

X

DRIVER/VEHICLE EXAMINATION REPORT

Aspen 2.13.3.9

Washington State Patrol
Commercial Vehicle Enforcement Section
P.O. Box 42614
Olympia, WA 98504-2614
Phone: (360)596-3819 Fax: (360)596-3828

Report Number: WAU001000474
Inspection Date: 02/14/2012
Start: 10:30:00 AM PT End: 11:05:14 AM PT
Inspection Level: V - Terminal
HM Inspection Type: None

MERCHANTS PARKING ASSOCIATION
PO BOX 3152
SEATTLE, WA 98114-3152

USDOT#: 01827193 Phone#: (206)624-3426
MC/MX#: 000000 Fax#:
State#: PENDING

Location: 214 5TH AVE. S. SEATTLE
Highway:
County: KING, WA

MilePost:
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	GWWR	CVSA #	CVSA Issued #	OOS Sticker
1	BU	FORD	2006	WA	RS06628	8	1FDXE45S56DB28247	14,000		16438484	

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.

Report Prepared By:
SMITH, RICHARD

Badge #:
J580

Copy Received By:

Page 1 of 1



01827193 WA WAU001000474

X _____

X _____