

WASHINGTON



UTILITIES AND TRANSPORTATION COMMISSION

PASSENGER CHARTER/EXCURSION SERVICE CARRIER OF PASSENGERS 2005 REGULATORY FEE

PHONE 360-664-1222 FAX 360-586-1181

1300 South Evergreen Park Drive SW PO Box 47250 Olympia, WA 98504-7250

The UTC has a policy of providing equal access to its services. If you need special accommodations, please call 360-664-1133 or TTY 360-586-8203.

INSTRUCTIONS:

- 1. Complete both sides of the form.
2. Include payment of the \$11.00 per vehicle fee. If renewing by mail, DO NOT SEND CASH. Payment may be made by check, money order, or credit card.
3. This receipt for regulatory fees paid will expire December 31, 2005.
4. This receipt must be kept at your principal place of business, subject to inspection by Commission personnel.

CH- ES- MC US DOT
Applicant Name Anatoliy kukharenko
d/b/a ARCHIDEA Plus

FOR COMMISSION USE ONLY
Reception Number 0009947
111-0268-232-01 11.00 111-0268
Carrier ID

MAILING ADDRESS:

Street/PO Box 5804 64 Ave W
City, State/Zip University Place WA 98467
Telephone (253) 209-4950 FAX (253) 564-7314 (home phone also) E-mail

TYPE OF PAYMENT - DO NOT SEND CASH IN THE MAIL - Important new information: The WUTC now accepts credit card payments!

Check Money Order
Charge to: AMEX NOVUS VISA MASTER CARD
Card Number #4120437
Expiration Date Month Year

REGULATORY FEES:

Number of Vehicles: 1 X \$11.00 Fee = \$ 11.00
I hereby declare that the authority is no longer being used and is hereby surrendered to the Commission for cancellation.
Signature Date 04-15-05

FOR COMMISSION APPROVAL ONLY:

By signature below, this authorizes the above named passenger charter or excursion service certificate holder to operate vehicles for which fees have been paid on the public roadways of Washington State.

Customer Service Representative Date
Compliance Issues:

Please complete the following:

Current Insurance Company: Cornhusker Casualty

Policy #: WVA001006

Any recordable accidents in 2004: 0

If yes, how many recordable accidents: _____
(Please indicate total recordable accidents for all passenger charter/excursion service operations involved in both intrastate and interstate operations.)

Accident Definition: An accident is defined as an occurrence involving a commercial motor vehicle on a public road in intrastate or interstate commerce which results in one or more of the following:

1. A fatality,
2. Injury to a person requiring immediate treatment away from the scene of the accident, or
3. Disabling damage to a vehicle requiring it to be towed from the accident scene.

What were the total operating miles for the year 2004? 0
(Please list total operating miles involving passenger charter/excursion service in intrastate and/or interstate transportation involving a commercial vehicle.)

I certify that the information provided on the front and back of this document is true and correct, I am authorized to execute and file this document, and that all information on file is current and valid.

Signature  Title Owner

Date 04-15-05

For questions or comments regarding accident reporting requirements, please contact:

Tom McVaugh, MCLE Special Investigator
360-664-1237
Email: tmcvaugh@wutc.wa.gov

Washington Utilities and Transportation Commission
Transportation Operations
PO Box 47250
Olympia, WA 98504-7250

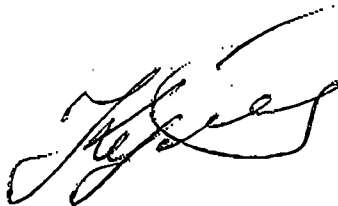
December 01, 2005

Dear Teri Wallace:

I, Anatoliy Kukharenko owner of Archidea Plus, decline my application for Ford Excursion because I sold it May 22, 2005. Please refund my application fee.

Thank you.

CHA079369
Kukharenko, Anatoliy
Archidea Plus
5804 64 Ave. W
University Place, WA 98467



FROM: Washington Utilities and Transportation Commission
Transportation Operations
PO Box 47250 Phone: (360) 664-1222
Olympia, WA 98504-7250 Fax: (360) 586-1181

Date: 11-18-2005 Staff: Teri Wallace

CHA079369
KUKHAVENKO, ANATOLIY
ARCHIDEA PLUS
5804 64 AVE. W.
UNIVERSITY PLACE, WA 98467

Return this document with the completed/corrected items listed below for prompt processing of your application for operating authority.

- X Obtain a CVSA safety inspection of your vehicle (s) and remit a copy of the completed inspection form. You may contact Carolyn Caruso at (360) 664-1244 for an appointment.
- 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.
- X This is your final notice. Please correct these application deficiencies by December 2, 2005 or your application will be dismissed.

FINAL NOTICE

FROM: Washington Utilities and Transportation Commission
Transportation Operations
PO Box 47250 Phone: (360) 664-1222
Olympia, WA 98504-7250 Fax: (360) 586-1181

Date: 08-10-2005 Staff: Kathy Hunter

CHA079369
KUKHAVENKO, ANATOLIY
ARCHIDEA PLUS
5804 64 AVE. W.
UNIVERSITY PLACE, WA 98467

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- 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.
- X Obtain a CVSA safety inspection of your vehicle (s) and remit a copy of the completed inspection form. You may contact Carolyn Caruso at (360) 664-1244 for an appointment.
- X Please note that this is a second notice. If these requirements are not met within 60 days your application may be dismissed.
Thank you.

FROM: Washington Utilities and Transportation Commission
Transportation Operations
PO Box 47250 Phone: (360) 664-1222
Olympia, WA 98504-7250 Fax: (360) 586-1181

Date: 04-19-2005 Staff: Linda Elhardt

CHA079369
KUKHAVENKO, ANATOLIY
ARCHIDEA PLUS
5804 64 AVE. W.
UNIVERSITY PLACE, WA 98467

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- X Obtain a CVSA safety inspection of your vehicle (s) and remit a copy of the completed inspection form. You may contact Carolyn Caruso at (360) 664-1244 for an appointment. *checked 8/10/05*
- 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. *checked 8/10/05*

WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION

1300 South Evergreen Park Drive SW, PO Box 47250

Olympia Washington 98504-7250

Phone: (360) 664-1222

Fax (360) 586-1181

APPLICATION FOR CHARTER BUS/EXCURSION SERVICE CERTIFICATE

Fee: \$150.00

V120437

111 0268 232 01	11-	CID	43635	CHA	79369
111 0268 232 02	150.00	DATE	4/15/05	SAFETY INSP	
111 0268 232 03			0009916	INS/BOND	
111 0268		Reg. fee - \$8		Docket # TE-050593	

THIS APPLICATION IS FOR:

(Check One Only) CHARTER BUS CERTIFICATE EXCURSION SERVICE CERTIFICATE

NAME OF APPLICANT Anatoliy Kukhareenko

D/B/A ARCHIDEA Plus

MAILING ADDRESS 5804 64 Ave W PHYSICAL ADDRESS same
University Place WA 98467

BUSINESS TELEPHONE NUMBER (253) 209-4950 FAX NUMBER () _____

UBI # 602-025-775 E-MAIL _____

IF APPLICANT IS A CORPORATION, LIST NAME, TITLES, AND PERCENTAGE OF STOCK OF PRINCIPAL SHAREHOLDERS. IF APPLICANT IS A PARTNERSHIP, LIST NAMES, ADDRESSES, AND PERCENTAGE OF INTEREST OF ALL PERSONS HAVING AN EQUITY IN THE BUSINESSES:

IF APPLICANT HOLDS ANY OTHER CERTIFICATE OR PERMIT WITH THE COMMISSION, LIST PERMIT NUMBERS:

N/A

EQUIPMENT LIST:

LICENSE NUMBER	YEAR AND MAKE OF VEHICLE	SERIAL NUMBER (VEHICLE IDENTIFICATION NUMBER)	SEATING CAPACITY
<u>A8226IT</u>	<u>2002</u>	<u>IFMNU40S32ED0136222</u>	<u>10</u>

DESCRIBE OPERATIONS (Territory) _____

SAFETY COMPLIANCE REVIEW AND QUESTIONNAIRE:

GENERAL

	YES	NO	N/A
Do you have a copy of the laws and rules relating to passenger charter and excursion service carriers?.....	<u>✓</u>	_____	_____
Have you been cited within the last three years by the Commission for violations of its rules or laws?.....	_____	<u>✓</u>	_____

If Yes, explain: _____

Are you familiar with the state motor carrier safety rules?.....	<u>✓</u>	_____	_____
Will management review the carrier's compliance status on a periodic basis?.....	<u>✓</u>	_____	_____

NOTIFICATION AND REPORTING OF ACCIDENTS

	YES	NO	N/A
Are you familiar with the Commission accident reporting rule?	<u>✓</u>	_____	_____
Will you take any action against drivers involved in preventable accidents?.....	<u>✓</u>	_____	_____

PART 391 - QUALIFICATION OF DRIVERS

	YES	NO	N/A
Do you have written hiring policies/procedures that are being followed when hiring new drivers?.....	<u>✓</u>	_____	_____
Are oral interviews conducted with new drivers to verify information submitted on their applications?.....	<u>✓</u>	_____	_____
Will you have a system established to ensure drivers' medical certificates remain current?.....	<u>✓</u>	_____	_____
Will you verify that physicians completing medical certifications are knowledgeable about the instructions for performing and recording driver physical examinations?.....	<u>✓</u>	_____	_____
Will you review the results of the health history and physical examination?.....	<u>✓</u>	_____	_____
Will you have a system established that will ensure drivers' operating licenses remain current?.....	<u>✓</u>	_____	_____
Will you have a system established that will ensure drivers' annual reviews and annual record of violations remain current?.....	<u>✓</u>	_____	_____
Will you comply with the road test provisions of Section 391.31?.....	<u>✓</u>	_____	_____
Can you maintain and produce complete driver qualification files on drivers?.....	<u>✓</u>	_____	_____

PART 392 - DRIVING OF MOTOR VEHICLES

	YES	NO	N/A
Do you have established procedures concerning the use of alcohol and drugs?.....	<u>✓</u>	_____	_____
Do you have a policy for monitoring speed?.....	<u>✓</u>	_____	_____

PART 395 - HOURS OF SERVICE OF DRIVERS

	YES	NO	N/A
Can you explain the hours of service limitations, i.e., 10, 15, 60 in 7, 70 in 8?.....	<u> ✓ </u>	_____	_____
Will you file records of duty status in systematic manner?.....	<u> ✓ </u>	_____	_____
Will drivers be required to complete recaps of their records of duty status?.....	<u> ✓ </u>	_____	_____
Will dispatchers be aware of drivers' hours of service prior to trip?.....	<u> ✓ </u>	_____	_____
Will other independent records be compared to drivers records of duty status for accuracy?.....	<u> ✓ </u>	_____	_____
Will you have a system for recording hours of duty status on 100 mile radius drivers?.....	<u> ✓ </u>	_____	_____
Will you have a disciplinary policy for noncompliance with Part 395?.....	<u> ✓ </u>	_____	_____

PART 396 - INSPECTION, REPAIR AND MAINTENANCE

	YES	NO	N/A
Will you have written procedures explaining a systematic, periodic maintenance program?.....	<u> ✓ </u>	_____	_____
Will you periodically review maintenance records for all equipment?.....	<u> ✓ </u>	_____	_____
Will you comply with the vehicle inspection procedure?.....	<u> ✓ </u>	_____	_____
Will you train drivers to perform pre-trip inspections?.....	<u> ✓ </u>	_____	_____
Will you maintain the prior three months vehicle inspection reports on a vehicle?.....	<u> ✓ </u>	_____	_____
Will you maintain a complete maintenance file on all vehicles?.....	<u> ✓ </u>	_____	_____

THE UNDERSIGNED APPLICANT REQUESTS THAT THE WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION MAKE ITS ORDER GRANTING A CERTIFICATE TO OPERATE AS A CHARTER PARTY OR EXCURSION SERVICE CARRIER AS PROVIDED FOR IN RCW 81.70 AND WAC 480-40

Dated at: Olympia Washington, 04-15-05
(City or Town) (Month/Day/Year)

 Anatoliy Kukharenko
(Name of applicant)

By: *[Signature]*
(Signature)

I certify (or declare) under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

 04-15-05
(Date and Place)

 [Signature]
(Signature)

VENDOR NAME AND ADDRESS ANATOLIY KUKHARENKO 5804 64 AVE. W. UNIVERSITY PLACE, WA 98467	AGENCY NUMBER 2150	LOCATION CODE
AGENCY P.R. OR AUTHORIZATION NUMBER REFUND		
AGENCY NAME AND LOCATION UTILITIES AND TRANSP. COMM. 1300 S. EVERGREEN PK DRIVE S.W. P.O. BOX 47250 OLYMPIA, WA 98504-7250		
FEDERAL I.D. NO. OR SOCIAL SECURITY NO. (FOR REPORTING PERSONAL SERVICES CONTRACT PAYMENTS TO I.R.S.)	RECEIVED BY BUSINESS OFFICE	DATE RECEIVED

USE SPACE BELOW AS A WORKSHEET TO DEVELOP OR EXPLAIN THE GOODS OR SERVICES PURCHASED

STAPLE INVOICES ON BACK

REVENUE REFUND - WITHDREW EXCURSION APPLICATION

RECEPTION OR FIELD RECEIPT NO. 9946 \$161.00 DATED 4/15/05

PREPARED BY TERI WALLACE				TELEPHONE NUMBER 664-4891				DATE 12/6/05				AGENCY APPROVAL <i>Kathy Hu</i>				DATE 12-6-05	
DOC. DATE		PMT DUE DATE		CURRENT DOC. NO.				REF. DOC. NO.		VENDOR NUMBER VOD1		VENDOR MESSAGE		USE TAX		UBI NUMBER	
REF DOC SUF	TRANS CODE	M O D	FUND	MASTER INDEX APPN INDEX	PROGRAM INDEX	SU B OBJ	SUB SUB OBJECT	ORG INDEX	WORK CLASS ALLOC	COUNTY BUDGET UNIT	CITY/ TOWN MOS	PROJEC T	SUB- PROJ	PROJ PHAS	AMOUNT	INVOICE NUMBER	
	198		111			02	68								\$ 161.00	REFUND	
ACCOUNTING APPROVAL FOR PAYMENT										DATE				WARRANT TOTAL		WARRANT NUMBER	
														\$ 161.00			