

Leavenworth

SHUTTLE & TAXI LLC

Washington Utilities and Transportation Commission
1300 S. Evergreen Park Drive S.W.
Olympia, WA. 98504

David Witt
P.O. box 1041
Leavenworth, WA 98826

Concerning Docket # TE-161021, TE-1616020:

I would like to request to be heard on the above matter. I purchased Leavenworth Shuttle three and a half years ago prior to that my background had been in tourism and recreation for 20 years. The previous ownership had virtually no records or documentation that transferred. I had very little information and was ignorant in where to find what I need to conduct this business according to UTC rules. What had in place I had learned from my drivers and periodicals from Foley. I mention this because my deficiencies are not done out of disrespect for the rules of the road, but because I was uneducated in what I need to have in place to run this company. I understand it is my responsibility to comply and run this company under the UTC rules, I fully acknowledge that and will never have this happen again. I have spent the last three and a half months working on the deficiencies in my company. My focus was there and not in creating this report, which is my mistake. I have put policies in place, some as simple as adding reminders on our outlook calendar schedule and others as to completely create new files for personnel and vehicles. I have eliminated Foley as my alcohol monitoring company and have since gone with Confluence Health out of Wenatchee, WA. I have completed my 60 minutes of reasonable suspicion training for Alcohol/Controlled Substances. I will go through each of the items.

1. 382.301(a)

This violation occurred because I was unaware that I needed to do a pre-employment test. Foley was the provider I was going through and I relied on their system. I have since had every current employee tested and I've changed our controlled substance program to Confluence Health which is an easier and more local company to work with. I have provided Sandra with all those current results and have attachments in the packet.

2. 391.45(a) 391.11(a)

This is part of the above violation. Each driver has had a physical and has a medical card to drive, we are utilizing Confluence Health to provide that service with us too. The failure was all of my own ignorance. I didn't realize I need every driver to have a medical card. In each drivers file I have a copy and the expiration dates are attached to my Outlook Calender.

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SHUTTLE & TAXI LLC

3. 396.11(a)

This violation occurred because I didn't realize that I need to keep a written record of the DVIR or that it need to be recorded. I have directly used page 189 out of the "Your Guide to Achieving a Satisfactory Safety Record." Also as part of the employment process going through how to properly conduct a walk around a DVIR. I've enclosed a two-week time period of Hilary Mason's DVIR forms, more can be provided for each driver if requested. Have a detailed filing system now in place for each driver.
4. 382.305(i)(2)

This violation occurred because of my reliance on Foley services and my lack of knowledge as well. I have since changed this with working with Confluence Health. There is a copy of the group that my drivers are in in each packet, I am notified quarterly of random in our pool with Confluence Health.
5. 382.413 secondary 40.25
This violation occurred because of my ignorance at what the requirements were. I've changed the hiring process to ensure that previous employers are contacted about alcohol and controlled substances information. It was as simple to remedy as adding this into our hiring procedures.
6. 382.603
This violation occurred because I was ignorant to what the requirements were. I have since received the above 60 minutes in Alcohol and 60 minutes in controlled substances training. I've developed a reasonable suspicion checklist. My certificate and suspicion checklist are attached.
7. 383.35(b)
This violation occurred because I was ignorant to the requirement. I have since adopted the employment application form on pages 77-78 out of the "Your Guide to Achieving a Satisfactory Safety Record." The solution to this was to add this into our hiring procedures.
8. 390.19(b)(2)
This violation occurred because I was ignorant to the requirement that I needed to renew my MCS-150, this was simply done at the time of inspection and I've put it on my outlook calendar to be renewed at the appropriate time.
9. 391.21(a)
This violation occurred because I was ignorant to the requirement. I didn't realize I needed to keep these documents after hiring process. I now realize that you need to keep these documents in the employee's company file. The solution was to add this to our hiring procedures.

Leavenworth

SHUTTLE & TAXI LLC

10. 391.23(a)

This violation occurred because I was ignorant to the requirement of background checks. The solution was to add this to our hiring procedures.

11. 391.51(b)(9)

This violation occurred because I was ignorant to the requirement of checking the national registry of Certified medical examiners. I have since added this to our hiring procedures.

12. 395.8(a)

This violation occurred because I was ignorant to the requirement. I didn't realize I needed to track my own time at the company. This was simply changed by adding an excel form to my daily tasks that I fill out every day listing my time off and on duty.

13. 395.8(f)

This violation occurred because I was ignorant to the requirement. I have since adjusted the Shuttle Driver Trip Log to include: Name, Start time, End Time, Total hours & Date.

I appreciate the time you have spent reviewing my company. I want to apologize for being so ignorant in identifying what my requirements were. I want to thank Sandra Yeomans with all of her help and recommendations to improve my company's compliance. I want you to know that this small company provides for my employees, their families and my family. I don't take this lightly that I've managed this company into it's current situation with the UTC. I will be more diligent in the future and utilize the tools now provided to me by the UTC on book and by USB. I most humbly apologize and will do better in the future.

Thank you for your time,

 10-15-16

David Witt

Leavenworth Shuttle & Taxi LLC.

P.O. Box 1041

894 Hwy 2 Suite L

Leavenworth, WA. 98826

509-670-1849

SHUTTLE DRIVER TRIP LOG

Driver First & Last Name: Dilary Mason

Date (dd/mm/yy): 08/26/16

Vehicle# 06

Start 5:PM

End 2:15

Total Hours 9 1/4

Record the following when you sell a fare.

Column 5 is to be completed at the end of shift.

Column 1	Column 2	Column 3	*Column 4	Column 5
Departure Time	Location	Number of Passengers	Fare Paid	Multiply Column 3 by Column 4
5:40	Safeway Jerry → town	1	5/each	5
6:00	6861 Johnson Rd - town	1	6.2 miles	17
6:45	Fiddle Inn - town	2	5/each	10
7:00	Wedge mtw - town	4	10/each	40
7:30	Victorian Simplicity - kitchen	2	7	14
8:00	Wedge mtw → Town Millroy	2	5.5 miles	18
8:45	Barry Long → Jones	1	5/each	5
8:15	Barry Long Jerry	1	5/each	5
9:15	Pete - Alpine RV	2	5/each	10
10:15	Gazibo - Fiddle Island	1	4.5 miles	13
11:20	Gaz - Wedge	4	10/each	40
12:00	Blur Sports - Wedge	2	5.5 miles	18 (190)
1:00	Turnwater → Bluet	1	9 miles	25
1:45	Fiddle → Chums tic	4 + 1	5/each	25
4:30	P + D →	5	5/each	25
			Total Fares:	\$ 240

Drivers Signature Dilary Mason
 Previous _____

Mileage recorded _____ Deficiencies noted on maintenance request _____ Employee _____

Mechanic Signature _____

See 49 CRF 396.11 requirement

Driver instruction: Check any defective item that was observed by or reported to you and give details under "Remarks."

DATE: 08/26/16 VEHICLE NUMBER: 06

- SERVICE BRAKES, PARKING BRAKE
- STEERING
- LIGHTS
- TIRES
- HORN
- OTHER
- WINDSHIELD WIPERS
- MIRRORS
- COUPLING DEVICES
- WHEELS & RIMS
- EMERGENCY EQUIPMENT

REMARKS:

Condition of the above vehicle is SATISFACTORY.

Driver's Signature: W. Mason

- Above defects corrected.
- Above defects need not be corrected for safe operation of vehicle.

Mechanic's or carrier official's signature certifying repairs:

_____ Date _____

Next day driver's signature:

_____ Date _____

(Note: The motor carrier will maintain the original driver vehicle inspection report, the certification of repairs and the certification of the driver's review for three months from the date the written report was prepared.)

See 49 CRF 396.11 requirement

Driver instruction: Check any defective item that was observed by or reported to you and give details under "Remarks."

DATE: 08/23/16 VEHICLE NUMBER: 06

- SERVICE BRAKES, PARKING BRAKE
- STEERING
- LIGHTS
- TIRES
- HORN
- OTHER
- WINDSHIELD WIPERS
- MIRRORS
- COUPLING DEVICES
- WHEELS & RIMS
- EMERGENCY EQUIPMENT

REMARKS:

Condition of the above vehicle is SATISFACTORY.

Driver's Signature: H. Mason

Above defects corrected.

Above defects need not be corrected for safe operation of vehicle.

Mechanic's or carrier official's signature certifying repairs:

_____ Date _____

Next day driver's signature:

_____ Date _____

(Note: The motor carrier will maintain the original driver vehicle inspection report, the certification of repairs and the certification of the driver's review for three months from the date the written report was prepared.)

See 49 CRF 396.11 requirement

Driver instruction: Check any defective item that was observed by or reported to you and give details under "Remarks."

DATE: 08/20/16 VEHICLE NUMBER: 223 453

SERVICE BRAKES, PARKING BRAKE

WINDSHIELD WIPERS

STEERING

MIRRORS

LIGHTS

COUPLING DEVICES

TIRES

WHEELS & RIMS

HORN

EMERGENCY EQUIPMENT

OTHER

REMARKS:

Condition of the above vehicle is SATISFACTORY.

Driver's Signature: *A. Mason*

Above defects corrected.

Above defects need not be corrected for safe operation of vehicle.

Mechanic's or carrier official's signature certifying repairs:

_____ Date _____

Next day driver's signature:

_____ Date _____

(Note: The motor carrier will maintain the original driver vehicle inspection report, the certification of repairs and the certification of the driver's review for three months from the date the written report was prepared.)

SHUTTLE DRIVER TRIP LOG

Driver First & Last Name: Hilary Mason Date (dd/mm/yy): 08/22/16

Start 5:pm

End 12:00

Vehicle# 06

Total Hours 7

Record the following when you sell a fare.
 Column 5 is to be completed at the end of shift.

Column 1	Column 2	Column 3	*Column 4	Column 5
Departure Time	Location	Number of Passengers	Fare Paid	Multiply Column 3 by Column 4 CARD
5:30	Hospital → Fairbridge	1	\$10	
7:30	Enzian - train	1	5	5
8:25	train Pension Anna	2	5	10
Total Fares:			\$	15

Drivers Signature H. Mason
 Previous _____

_____ Mileage recorded _____ Deficiencies noted on maintenance request _____ Employee

[Handwritten signature]

Mechanic Signature

See 49 CRF 396.11 requirement

Driver instruction: Check any defective item that was observed by or reported to you and give details under "Remarks."

DATE: 08/22/16 VEHICLE NUMBER: 06

- SERVICE BRAKES, PARKING BRAKE
- STEERING
- LIGHTS
- TIRES
- HORN
- OTHER

- WINDSHIELD WIPERS
- MIRRORS
- COUPLING DEVICES
- WHEELS & RIMS
- EMERGENCY EQUIPMENT

REMARKS:

Condition of the above vehicle is SATISFACTORY.

Driver's Signature: Ed. Mason

Above defects corrected.

Above defects need not be corrected for safe operation of vehicle.

Mechanic's or carrier official's signature certifying repairs:

_____ Date _____

Next day driver's signature:

_____ Date _____

(Note: The motor carrier will maintain the original driver vehicle inspection report, the certification of repairs and the certification of the driver's review for three months from the date the written report was prepared.)

SHUTTLE DRIVER TRIP LOG

Driver First & Last Name: Hilary Mason

Date (dd/mm/yy): 08/19/16

Start 5:PM

End 2:30

Vehicle# 06

Total Hours 9 1/2

Record the following when you sell a fare.

Column 5 is to be completed at the end of shift.

Column 1	Column 2	Column 3	*Column 4	Column 5
Departure Time	Location	Number of Passengers	Fare Paid	Multiply Column 3 by Column 4
5:15	Community Cup → Alder	1	5 miles	5
5:45	Icele Rv → Icele Village	2	3.2 miles	6.4
6:15	Haus Rotbach → town	2	5/each	10
7:00	Det RIF Ski Hill	3	5/each	15
7:35	Linderhoff - Ski Hill	2	5/each	10
7:30	Enziaw - Ski Hill	2	5/each	10
6:30	Icele Village → V. Saad's	3	5/each	15
Watershed (S) 847 217-1266				
7:45	South → Joyful PL	2	2.3 miles	4.6
9:30	Timmer - Haus Rotbach	2	5/each	10
10:30	12787 Spring St -	3 + 4	5/each (39)	117
10:30	Ski Hill → hotels	7	MIKE	CARD
10:50	Safeway -	7	MIKE	CARD
11:00	Crystal - SK. Hill	1	5/each	5
11:15	Wedge mtrv - Loft	2	5.5 miles (18)	11
12:30	Gazibo → 440 B. Miller Wren	1	22.8 m (59)	22.8
1:30	Loft - Wedge mtrv	2	5.5 miles (18)	11
2:05	Sleeping lady - Hospital	4	7/each	28
			Total Fares:	\$ 143.00

Drivers Signature H. Mason

cc tips - 16.00
127.00

_____ Mileage recorded _____ Deficiencies noted on maintenance request _____ Employee

Mechanic Signature

See 49 CRF 396.11 requirement

Driver instruction: Check any defective item that was observed by or reported to you and give details under "Remarks."

DATE: 08/19/16 VEHICLE NUMBER: 06

- | | |
|---|---|
| <input checked="" type="checkbox"/> SERVICE BRAKES, PARKING BRAKE | <input checked="" type="checkbox"/> WINDSHIELD WIPERS |
| <input checked="" type="checkbox"/> STEERING | <input checked="" type="checkbox"/> MIRRORS |
| <input checked="" type="checkbox"/> LIGHTS | <input checked="" type="checkbox"/> COUPLING DEVICES |
| <input checked="" type="checkbox"/> TIRES | <input checked="" type="checkbox"/> WHEELS & RIMS |
| <input checked="" type="checkbox"/> HORN | <input checked="" type="checkbox"/> EMERGENCY EQUIPMENT |
| <input checked="" type="checkbox"/> OTHER | |

REMARKS:

Condition of the above vehicle is SATISFACTORY.

Driver's Signature: At. Mason

Above defects corrected.

Above defects need not be corrected for safe operation of vehicle.

Mechanic's or carrier official's signature certifying repairs:

_____ Date _____

Next day driver's signature:

_____ Date _____

(Note: The motor carrier will maintain the original driver vehicle inspection report, the certification of repairs and the certification of the driver's review for three months from the date the written report was prepared.)

See 49 CRF 396.11 requirement

Driver instruction: Check any defective item that was observed by or reported to you and give details under "Remarks."

DATE: 08/17/16 VEHICLE NUMBER: 06

- SERVICE BRAKES, PARKING BRAKE
- STEERING
- LIGHTS
- TIRES
- HORN
- OTHER

- WINDSHIELD WIPERS
- MIRRORS
- COUPLING DEVICES
- WHEELS & RIMS
- EMERGENCY EQUIPMENT

REMARKS:

Condition of the above vehicle is SATISFACTORY.

Driver's Signature: A. Mason

Above defects corrected.

Above defects need not be corrected for safe operation of vehicle.

Mechanic's or carrier official's signature certifying repairs:

_____ Date _____

Next day driver's signature:

_____ Date _____

(Note: The motor carrier will maintain the original driver vehicle inspection report, the certification of repairs and the certification of the driver's review for three months from the date the written report was prepared.)

REASONABLE SUSPICION CHECKLIST

Directions: Supervisor or Manager, please document your observations of the employee's behavior and indications on this form. You must personally observe the probable indicators of substance and/or alcohol use and note your observations below.

Employee name: _____ Date: _____

Location of observations: _____

Time: _____ Name of observer: _____

Check All That Apply:

<p style="text-align: center;">Speech</p> <input type="checkbox"/> Slurred, thick <input type="checkbox"/> Slow <input type="checkbox"/> Rapid <input type="checkbox"/> Silent <input type="checkbox"/> Loud <input type="checkbox"/> Hostile <input type="checkbox"/> Talkative <input type="checkbox"/> Incoherent <input type="checkbox"/> Difficulty speaking <input type="checkbox"/> Cursing, inappropriate <input type="checkbox"/> Nonsensical, silly	<p style="text-align: center;">Eyes</p> <input type="checkbox"/> Bloodshot/Reddened <input type="checkbox"/> Pupils dilated <input type="checkbox"/> Pupils constricted <input type="checkbox"/> Repetitive jerky motion <input type="checkbox"/> Glazed appearance <input type="checkbox"/> Droopy/partially closed <input type="checkbox"/> Tearing, watery <input type="checkbox"/> Unfocused, blank stare	<p style="text-align: center;">Odor</p> <input type="checkbox"/> Alcohol smell on breath or clothing <input type="checkbox"/> Chemical odor <input type="checkbox"/> Burnt rope odor <input type="checkbox"/> Other odor: _____ _____ _____
<p style="text-align: center;">Mood</p> <input type="checkbox"/> Hostile/ Angry <input type="checkbox"/> Elated, "up" <input type="checkbox"/> Irritable, agitated <input type="checkbox"/> Anxious <input type="checkbox"/> Combative <input type="checkbox"/> Aggressive <input type="checkbox"/> Violent <input type="checkbox"/> Evasive <input type="checkbox"/> Sad/depressed	<p style="text-align: center;">Mental</p> <input type="checkbox"/> Poor judgment <input type="checkbox"/> Decreased inhibitions <input type="checkbox"/> Disoriented <input type="checkbox"/> Unpredictable <input type="checkbox"/> Distracted <input type="checkbox"/> Drowsy/sleepy <input type="checkbox"/> Restless <input type="checkbox"/> Suspicious/paranoid <input type="checkbox"/> Withdrawn	<p style="text-align: center;">Balance</p> <input type="checkbox"/> Slowed <input type="checkbox"/> Normal <input type="checkbox"/> Quickened <input type="checkbox"/> Staggering <input type="checkbox"/> Swaying <input type="checkbox"/> Falling <input type="checkbox"/> Holding on <input type="checkbox"/> Unsteady/uncoordinated <input type="checkbox"/> Clumsy
<p style="text-align: center;">Movement</p> <input type="checkbox"/> Slowed <input type="checkbox"/> Normal <input type="checkbox"/> Quickened <input type="checkbox"/> Shaking <input type="checkbox"/> Tremors	<p style="text-align: center;">Appearance</p> <input type="checkbox"/> Flushed <input type="checkbox"/> Sweating <input type="checkbox"/> Cold, clammy <input type="checkbox"/> Disheveled, messy <input type="checkbox"/> Vomit on clothing	<p style="text-align: center;">Other</p> <input type="checkbox"/> Frequent use of breath mints, gum, mouthwash <input type="checkbox"/> Physical evidence (like liquor bottle, drug paraphernalia) <input type="checkbox"/> Other: _____

I certify that I have had training in the signs & symptoms of substance use and alcohol abuse, and to the best of my judgment reasonable suspicion exists based on the physical and behavior indicators noted above.

Signed: _____ Date: _____

2nd Observer, if required: _____ Date: _____

CERTIFIED TRAINING SOLUTIONS

Awards this

Certificate of Completion

To

David Witt

For successful completion of

Reasonable Suspicion Training

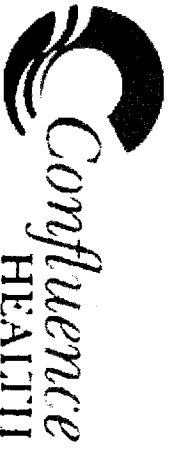
(For Department of Transportation (DOT) Covered Supervisors)

Signs & Symptoms of Drug Use (1 hour)

Signs & Symptoms of Alcohol Misuse (1 hour)



Awarded on 07/27/2016



Pool Membership Report Wenatchee

Employee Name	ID	Company	Location	Region	Dept	User3	User4	User5
Kaelin, Michael	4604	Leavenworth Shuttle &						
Mason, Hilary	4623	Leavenworth Shuttle &						
Miland, Jeff	1311	Leavenworth Shuttle &						
Witt, David	5712	Leavenworth Shuttle &						

Total Number of Employees: 4



Wenatchee Valley Medical Center

To: Leavenworth Shuttle & Taxi, LLC
11610 Eagle Creek Rd.
Leavenworth, WA 98826

Medical Review Officer Report

- Confidential -

This is a notification of a controlled substance test result on:

Individual Tested: Jeff Miland
Donor ID: 1311
Collection Site: US Healthworks
140 4th Ave North, Ste 150
Seattle, WA 98109
(206) 682 - 7418

Reason for Test: Pre-Employment
Specimen ID#: B02798282
Date of Collection: 07/28/2016 Time: 1253
Lab Accession #: 16164262
Lab Reported Date: 07/29/2016 Time: 0348
MRO: Dr. Paul Allen
MRO Received Date: 07/29/2016 Time: 0830
MRO Report Date: 07/29/2016 Time: 1020
MRO Date CCF2: 07/28/2016
Specimen Type: Urine
Drug Panel: SAMHSA

Laboratory: PAML
110 W. Cliff Ave
Spokane, WA 99220

Substances included in test profile:

6 Monocytal Acid Morphine	Amphetamines
Cocaine	Marijuana
Opiates	Phencyclidine

This controlled substance test was conducted in accordance with 49 CFR Part 40

The verified result is: *** Negative ***

Comments:

Dr. Paul Allen



Wenatchee Valley Medical Center

To: Leavenworth Shuttle & Taxi, LLC
11610 Eagle Creek Rd.
Leavenworth, WA 98826

Medical Review Officer Report

- Confidential -

This is a notification of a controlled substance test result on:

Individual Tested: David Witt
Donor ID: 5712
Collection Site: Wenatchee Valley Hospital
820 N Chelan
Wenatchee, WA 98801
(509) 663 - 8711

Reason for Test: Pre-Employment
Specimen ID#: B02798285
Date of Collection: 07/28/2016 Time: 1343
Lab Accession #: 16164252
Lab Reported Date: 07/29/2016 Time: 0348
MRO: Dr. Paul Allen
MRO Received Date: 07/29/2016 Time: 0830
MRO Report Date: 07/29/2016 Time: 1015
MRO Date CCF2: 07/28/2016
Specimen Type: Urine
Drug Panel: SAMHSA

Laboratory: PAML
110 W. Cliff Ave
Spokane, WA 99220

Substances included in test profile:

6 Monocytal Acid Morphine	Amphetamines
Cocaine	Marijuana
Opiates	Phencyclidine

This controlled substance test was conducted in accordance with 49 CFR Part 40

The verified result is: *** Negative ***

Comments:

Dr. Paul Allen



Wenatchee Valley Medical Center

To: Leavenworth Shuttle & Taxi, LLC
11610 Eagle Creek Rd.
Leavenworth, WA 98826

Medical Review Officer Report

- Confidential -

This is a notification of a controlled substance test result on:

Individual Tested: Michael Kaelin
Donor ID: 4604
Collection Site: Wenatchee Valley Hospital
820 N Chelan
Wenatchee, WA 98801
(509) 663 - 8711

Reason for Test: Pre-Employment
Specimen ID#: B02798264
Date of Collection: 07/26/2016 Time: 1540
Lab Accession #: 16161818
Lab Reported Date: 07/27/2016 Time: 0607
MRO: Dr. Paul Allen
MRO Received Date: 07/27/2016 Time: 0800
MRO Report Date: 07/27/2016 Time: 0846
MRO Date CCF2: 07/26/2016
Specimen Type: Urine
Drug Panel: SAMHSA

Laboratory: PAML
110 W. Cliff Ave
Spokane, WA 99220

Substances included in test profile:

6 Monocytal Acid Morphine	Amphetamines
Cocaine	Marijuana
Opiates	Phencyclidine

This controlled substance test was conducted in accordance with 49 CFR Part 40

The verified result is: *** Negative ***

Comments:

Dr. Paul Allen



07/27/2016

Federal Regulated

Wenatchee Valley Medical Center

To: Leavenworth Shuttle & Taxi, LLC
11610 Eagle Creek Rd.
Leavenworth, WA 98826

Medical Review Officer Report

- Confidential -

This is a notification of a controlled substance test result on:

Individual Tested: Hilary Mason
Donor ID: 4623
Collection Site: Wenatchee Valley Hospital
820 N Chelan
Wenatchee, WA 98801
(509) 663 - 8711

Reason for Test: Pre-Employment
Specimen ID#: B02798265
Date of Collection: 07/26/2016 Time: 1606
Lab Accession #: 16161792
Lab Reported Date: 07/27/2016 Time: 0605
MRO: Dr. Paul Allen
MRO Received Date: 07/27/2016 Time: 0800
MRO Report Date: 07/27/2016 Time: 0852
MRO Date CCF2: 07/26/2016
Specimen Type: Urine
Drug Panel: SAMHSA

Laboratory: PAML
110 W. Cliff Ave
Spokane, WA 99220

Substances included in test profile:

6 Monocytal Acid Morphine	Amphetamines
Cocaine	Marijuana
Opiates	Phencyclidine

This controlled substance test was conducted in accordance with 49 CFR Part 40

The verified result is: *** Negative ***

Comments:

Dr. Paul Allen

**U.S. Department of Transportation
Federal Motor Carrier
Safety Administration**

MOTOR CARRIER IDENTIFICATION REPORT

(Application for U.S. DOT NUMBER)

REASON FOR FILING (Check Only One)
 NEW APPLICATION BIENNIAL UPDATE OR CHANGES OUT OF BUSINESS NOTIFICATION REAPPLICATION (AFTER REVOCATION OF NEW ENTRANT)

1. NAME OF MOTOR CARRIER LEAVENWORTH SHUTTLE & TAXI LLC		2. TRADE OR D.B.A. (DOING BUSINESS AS) NAME LEAVENWORTH SHUTTLE & TAXI		
3. PRINCIPAL ADDRESS 11610 EAGLE CREEK RD		4. CITY LEAVENWORTH	5. STATE/PROVINCE WASHINGTON	6. ZIP CODE + 4 98826
8. MAILING ADDRESS PO BOX 1041		9. CITY LEAVENWORTH	10. STATE/PROVINCE WASHINGTON	11. ZIP CODE+4 98826
13. PRINCIPAL BUSINESS PHONE NUMBER (509) 670-1849		14. PRINCIPAL CONTACT CELL PHONE NUMBER		15. PRINCIPAL BUSINESS FAX NUMBER
16. USDOT NO. 2393914	17. MC OR MX NO.	18. DUN & BRADSTREET NO.	19. IRS/TAX ID NO. EIN# 462366842 SSN#	
20. INTERNET E-MAIL ADDRESS leavenworthshuttle@outlook.com		21. CARRIER MILEAGE (to nearest 10,000 miles for Last Calendar Year) YEAR 115000 2015		

22. COMPANY OPERATION (Mark all that apply)
 A. Interstate Carrier B. Intrastate Hazmat Carrier C. Intrastate Non-Hazmat Carrier D. Interstate Hazmat Shipper E. Intrastate Hazmat Shipper F. Vehicle Registrant Only

23. OPERATION CLASSIFICATION (Circle All that Apply)
 A. Authorized For-Hire D. Private Passengers (Business) G. U. S. Mail J. Local Government
 B. Exempt For-Hire E. Private Passengers (Non-Business) H. Federal Government K. Indian Tribe
 C. Private Property F. Migrant I. State Government L. Other

24. CARGO CLASSIFICATIONS (Circle All that Apply)

A. GENERAL FREIGHT	F. LOGS, POLES, BEAMS, LUMBER	J. FRESH PRODUCE	P. GRAIN, FEED, HAY	V. COMMODITIES DRY BULK	BB. CONSTRUCTION
B. HOUSEHOLD GOODS	G. BUILDING MATERIALS	K. LIQUIDS/GASES	Q. COAL/COKE	W. REFRIGERATED FOOD	CC. WATER WELL
C. METAL; SHEETS; COILS; ROLLS	H. MOBILE HOMES	L. INTERMODAL CONT.	R. MEAT	X. BEVERAGES	DD. OTHER
D. MOTOR VEHICLES	I. MACHINERY, LARGE OBJECTS	<input checked="" type="checkbox"/> M. PASSENGERS	S. GARBAGE, REFUSE, TRASH	Y. PAPER PRODUCTS	
E. DRIVE AWAY/TOWAWAY	O. LIVESTOCK	N. OIL FIELD EQUIPMENT	T. U.S. MAIL	Z. UTILITY	
			U. CHEMICALS	AA. FARM SUPPLIES	

25. HAZARDOUS MATERIALS CARRIED OR SHIPPED (Circle All that Apply) C-CARRIED S-SHIPPED B(BULK) - IN CARGO TANKS NB(NON-BULK) - IN PACKAGE

C	S	A. DIV 1.1	B	NB	C	S	K. DIV 2.2A (Ammonia)	B	NB	C	S	U. DIV 4.2	B	NB	C	S	EE. HRCQ	B	NB
C	S	B. DIV 1.2	B	NB	C	S	L. DIV 2.3A	B	NB	C	S	V. DIV 4.3	B	NB	C	S	FF. CLASS 8	B	NB
C	S	C. DIV 1.3	B	NB	C	S	M. DIV 2.3B	B	NB	C	S	W. DIV 5.1	B	NB	C	S	GG. CLASS 8A	B	NB
C	S	D. DIV 1.4	B	NB	C	S	N. DIV 2.3C	B	NB	C	S	X. DIV 5.2	B	NB	C	S	HH. CLASS 8B	B	NB
C	S	E. DIV 1.5	B	NB	C	S	O. DIV 2.3D	B	NB	C	S	Y. DIV 6.2	B	NB	C	S	II. CLASS 9	B	NB
C	S	F. DIV 1.6	B	NB	C	S	P. Class 3	B	NB	C	S	Z. DIV 6.1A	B	NB	C	S	JJ. ELEVATED TEMP MAT.	B	NB
C	S	G. DIV 2.1	B	NB	C	S	Q. Class 3A	B	NB	C	S	AA. DIV 6.1B	B	NB	C	S	KK. INFECTIOUS WASTE	B	NB
C	S	H. DIV 2.1 LPG	B	NB	C	S	R. Class 3B	B	NB	C	S	BB. DIV 6.1 Poison	B	NB	C	S	LL. MARINE POLLUTANTS	B	NB
C	S	I. DIV 2.1 (Methane)	B	NB	C	S	S. COM LIQ	B	NB	C	S	CC. DIV 6.1 SOLID	B	NB	C	S	MM. HAZARDOUS SUB(RQ)	B	NB
C	S	J. DIV 2.2	B	NB	C	S	T. DIV 4.1	B	NB	C	S	DD. CLASS 7	B	NB	C	S	NN. HAZARDOUS WASTE	B	NB
																	OO. ORM	B	NB

26. NUMBER OF VEHICLES THAT CAN BE OPERATED IN THE U.S.

	Straight Trucks	Truck Tractors	Trailers	Hazmat Cargo Tank Trucks	Hazmat Cargo Tank Trailers	Motor Coach	School Bus		Mini-bus	Van		Limousine				
							Number of vehicles carrying number of passengers (including the driver) below									
							1-8	9-15	16+	16+	1-8	9-15	1-8	9-15	16+	
OWNED																
TERM LEASED						1					2	2				
TRIP LEASED																

27. DRIVER INFORMATION

Within 100-Mile Radius	INTERSTATE	INTRASTATE	TOTAL DRIVERS	TOTAL CDL DRIVERS
Beyond 100-Mile Radius			3	3

28. IS YOUR U.S. DOT NUMBER REGISTRATION CURRENTLY REVOKED BY THE FEDERAL MOTOR CARRIER SAFETY ADMINISTRATION?
 If Yes, enter your U.S. DOT Number. Yes _____ No X

29. PLEASE ENTER NAME(S) OF SOLE PROPRIETOR(S), OFFICERS OR PARTNERS AND TITLES (e.g. PRESIDENT, TREASURER, GENERAL PARTNER, LIMITED PARTNER)

1. DAVID WITT, PRESIDENT 2. LUCINDA WITT, VP
 (Please print Name) (Please print Name)

30. CERTIFICATION STATEMENT (to be completed by an authorized official)

I, DAVID WITT certify that I am familiar with the Federal Motor Carrier Safety Regulations and/or Federal Hazardous Materials Regulations. Under penalties of perjury, I declare that the information entered on this report is, to the best of my knowledge and belief, true, correct, and complete.
 (Please print Name)

Signature DAVID WITT Date 07/25/2016 Title PRESIDENT
 (Please print)

DRIVER/VEHICLE EXAMINATION REPORT

Aspen 3.0.0.17

Utilities and Transportation Commission
Commercial Vehicle Enforcement Section
P.O. Box 42614
Olympia, WA 98504-2614
Phone: (360)596-3815

Report Number: WAU008000079
Inspection Date: 07/27/2016
Start: 10:15 AM PT End: 10:46:08 AM PT
Inspection Level: V - Terminal
HM Inspection Type: None



LEAVENWORTH SHUTTLE & TAXI LLC
PO BOX 1041
LEAVENWORTH, WA 98826
USDOT#: 02393914 Phone#: (509)670-1849
MC/MX#: State#:
Location: 11610 EAGLE CREEK RD, LEAVENWORTH, WA
Highway:
County: CHELAN, WA

Driver: License#: State:
Date of Birth:
CoDriver: License#: State:
Date of Birth:
Shipper:
Origin: LEAVENWORTH, WA Bill of Lading:
Destination: LEAVENWORTH, WA Cargo: EMPTY

VEHICLE IDENTIFICATION

Table with columns: Unit, Type, Make, Year, State, Plate #, Equipment ID, VIN, GVWR, CVSA #, CVSA Issued #, OOS Sticker. Row 1: 1, VN, CHEV, 2016, WA, AYH6021, 21, 1GAHG39K681111185, 9,600.

BRAKE ADJUSTMENTS

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

VIOLATIONS

Table with columns: Vio Code, Section, Unit, OOS, Citation #, Verify, Crash, Violations Discovered. Row 1: 393.89, 393.89, 1, N, N, N, N, Bus driveshaft not properly protected.

HazMat: No HM Transported.

Placard: No Cargo Tank:

Special Checks: No Data for Special Checks.

The undersigned certifies that all violations noted on this report have been corrected and action has been taken to insure compliance with all applicable Federal and State regulations.

Signature Of Motor Carrier X: [Signature] Title: [Signature] Date: 7-27-16

Report Prepared By: YEOMANS, S.

Badge #: WAU586

Copy Received By:

Page 1 of 1

X [Signature]

X [Signature]



02393914 WA WAU008000079

Sins Auto and Truck LLC
 dba Worldnet Solutions
 PO Box 812
 Leavenworth, WA 98826
 (509) 885-2574

NAME <i>Leavenworth shuttle + taxi</i>		DATE OF ORDER <i>9-30-16</i>
ADDRESS <i>11610 Eagle creek Rd</i>		1088
CITY, STATE, ZIP <i>Leavenworth WA 98826</i>		
HOME PHONE	BUS. PHONE <i>541-7433</i>	EXT.
CUSTOMER'S ORDER NUMBER		DATE PROMISED
ORDER WRITTEN BY <i>BC</i>		LICENSE NUMBER
SERIAL NUMBER	MOTOR NUMBER	ODOMETER

YEAR, MAKE AND MODEL
SERIAL NUMBER

QTY	PART NO. AND DESCRIPTION	AMOUNT	DESCRIPTION OF WORK	AMOUNT
			<input type="checkbox"/> LUBE <input type="checkbox"/> CHG. OIL <input type="checkbox"/> OIL FILTER <input type="checkbox"/> TUNE UP <input type="checkbox"/> TRANS. <input type="checkbox"/> DIFF.	
1	Transmission Hore	399		
2	#6 Clamps + Retainers	1200	# 21 Build + install Lower Trans Hore	11250
1	quart 5-30 oil 11 Pass	299	Vout Lights White Overcoat	1500
3	Bilts 11 Pass	200	Vout Lights New Tlges	1500
			# 21 Service Transmission + Tilled 2	9000
			11 Pass Now install new Transmission Bilts	11250
			Bypass for AC	11250
			_____ LITERS/GALS. OF GAS @	TOTAL LABOR 45750
			_____ LITERS/QTS. OF OIL @	TOTAL PARTS 2098
			_____ kg/LBS. OF GREASE @	ACCESSORIES
ACCESSORIES				GAS, OIL AND GREASE
				SUBLET REPAIRS
			I hereby authorize the above repair work to be done along with the necessary materials. You and your employees may operate above vehicle for purposes of testing, inspection, or delivery at my risk. An express mechanics lien is acknowledged on above vehicle to secure the amount of repairs thereto. It is also understood that you will not be held responsible for loss or damage to cars or articles left in cars in case of fire, theft or any other cause beyond your control.	EPA / WASTE DISPOSAL
				TAX 4019
TOTAL ACCESSORIES				TOTAL 51867

THANK YOU

ANNUAL VEHICLE INSPECTION REPORT

VEHICLE HISTORY RECORD	
REPORT NUMBER	FLEET UNIT NUMBER
39242238	3280
DATE 9-23-16	

MOTOR CARRIER OPERATOR <i>Seavermouth Shuttle + Taxi</i>	INSPECTOR'S NAME (PRINT OR TYPE) BRENT KLAUDT
ADDRESS <i>11610 Eagle Creek Rd</i>	THIS INSPECTOR MEETS THE QUALIFICATION REQUIREMENTS IN SECTION 396.19. <input checked="" type="checkbox"/> YES
CITY, STATE, ZIP CODE <i>Seavermouth WA 98826</i>	VEHICLE IDENTIFICATION (✓ AND COMPLETE) <input checked="" type="checkbox"/> LIC. PLATE NO. <input type="checkbox"/> VIN <input type="checkbox"/> OTHER <i>AP6-5223</i>
VEHICLE TYPE <input type="checkbox"/> TRACTOR <input type="checkbox"/> TRAILER <input type="checkbox"/> TRUCK <input checked="" type="checkbox"/> BUS <input type="checkbox"/> (OTHER)	INSPECTION AGENCY/LOCATION (OPTIONAL) <i>Seavermouth Auto + Truck</i>

VEHICLE COMPONENTS INSPECTED											
OK	NEEDS REPAIR	REPAIRED DATE	ITEM	OK	NEEDS REPAIR	REPAIRED DATE	ITEM	OK	NEEDS REPAIR	REPAIRED DATE	ITEM
			1. BRAKE SYSTEM				6. SAFE LOADING				10. TIRES
✓			a. Service Brakes				a. Part(s) of vehicle or condition of loading such that the spare tire or any part of the load or dunnage can fall onto the roadway.	✓			a. Tires on any steering axle of a power unit.
✓			b. Parking Brake System				b. Protection against shifting cargo.	✓			b. All other tires.
✓			c. Brake Drums or Rotors	✓			c. Container securement devices on intermodal equipment.				11. WHEELS AND RIMS
✓			d. Brake Hose				a. Steering Wheel Free Play	NA			a. Lock or Side Ring
✓			e. Brake Tubing				b. Steering Column	✓			b. Wheels and Rims
NA			f. Low Pressure Warning Device	✓			c. Front Axle Beam and All Steering Components Other Than Steering Column	✓			c. Fasteners
NA			g. Tractor Protection Valve				d. Steering Gear Box	✓			d. Welds
NA			h. Air Compressor	NA			e. Pitman Arm				12. WINDSHIELD GLAZING
NA			i. Electric Brakes				f. Power Steering				Requirements and exceptions as stated pertaining to any crack, discoloration or vision reducing matter (reference 393.60 for exceptions).
✓			j. Hydraulic Brakes	✓			g. Ball and Socket Joints	✓			13. WINDSHIELD WIPERS
NA			k. Vacuum Systems				h. Tie Rods and Drag Links				Any power unit that has an inoperative wiper, or missing or damaged parts that render it ineffective.
			2. COUPLING DEVICES				7. STEERING MECHANISM				14. OTHER
NA			a. Fifth Wheels				i. Nuts				List any other condition(s) which may prevent safe operation of this vehicle.
NA			b. Pintle Hooks				j. Steering System				
NA			c. Drawbar/Towbar Eye	✓							
NA			d. Drawbar/Towbar Tongue				8. SUSPENSION				
NA			e. Safety Devices	✓			a. Any U-bolt(s), spring hanger(s), or other axle positioning part(s) cracked, broken, loose or missing resulting in shifting of an axle from its normal position.				
NA			f. Saddle-Mounts	✓			b. Spring Assembly				
			3. EXHAUST SYSTEM				c. Torque, Radius or Tracking Components				
✓			a. Exhaust system leaking forward of or directly below the driver/sleeper compartment.	✓							
✓			b. Bus exhaust system leaking or discharging in violation of standard.	✓							
✓			c. Exhaust system likely to burn, char, or damage the electrical wiring, fuel supply, or any combustible part of the motor vehicle.	✓							
			4. FUEL SYSTEM				9. FRAME				
✓			a. Visible leak.	NA			a. Frame Members				
✓			b. Fuel tank filler cap missing.				b. Tire and Wheel Clearance				
✓			c. Fuel tank securely attached.	✓			c. Adjustable Axle Assemblies (Sliding Subframes)				
			5. LIGHTING DEVICES								
✓			All lighting devices and reflectors required by Part 393 shall be operable.	NA							

INSTRUCTIONS: MARK COLUMN ENTRIES TO VERIFY INSPECTION: OK, NEEDS REPAIR, IF ITEMS DO NOT APPLY. _____ REPAIRED DATE

CERTIFICATION: THIS VEHICLE HAS PASSED ALL THE INSPECTION ITEMS FOR THE ANNUAL VEHICLE INSPECTION IN ACCORDANCE WITH 49 CFR PART 396.

ANNUAL VEHICLE INSPECTION REPORT

VEHICLE HISTORY RECORD	
REPORT NUMBER	FLEET UNIT NUMBER
39242240	57
DATE 9-27-16	

MOTOR CARRIER OPERATOR <i>Greenworth Shuttle + Truck</i>	INSPECTOR'S NAME (PRINT OR TYPE) <i>BRENT KLAUPT</i>
ADDRESS <i>11610 Eagle Creek Rd</i>	THIS INSPECTOR MEETS THE QUALIFICATION REQUIREMENTS IN SECTION 396.19. <input checked="" type="checkbox"/> YES
CITY, STATE, ZIP CODE <i>Greenworth, WA 98826</i>	VEHICLE IDENTIFICATION (<input checked="" type="checkbox"/> AND COMPLETE) <input type="checkbox"/> LIC. PLATE NO. <input type="checkbox"/> VIN <input type="checkbox"/> OTHER <i>AKR 565</i>
VEHICLE TYPE <input type="checkbox"/> TRACTOR <input type="checkbox"/> TRAILER <input type="checkbox"/> TRUCK <input type="checkbox"/> BUS <input checked="" type="checkbox"/> (OTHER) <i>PASS VAN</i>	INSPECTION AGENCY/LOCATION (OPTIONAL) <i>SINSAUTO + TRUCK</i>

VEHICLE COMPONENTS INSPECTED											
OK	NEEDS REPAIR	REPAIRED DATE	ITEM	OK	NEEDS REPAIR	REPAIRED DATE	ITEM	OK	NEEDS REPAIR	REPAIRED DATE	ITEM
<input checked="" type="checkbox"/>			1. BRAKE SYSTEM	<input checked="" type="checkbox"/>			6. SAFE LOADING	<input checked="" type="checkbox"/>			10. TIRES
<input checked="" type="checkbox"/>			a. Service Brakes	<input checked="" type="checkbox"/>			a. Part(s) of vehicle or condition of loading such that the spare tire or any part of the load or dunnage can fall onto the roadway.	<input checked="" type="checkbox"/>			a. Tires on any steering axle of a power unit.
<input checked="" type="checkbox"/>			b. Parking Brake System	<input checked="" type="checkbox"/>			b. Protection against shifting cargo.	<input checked="" type="checkbox"/>			b. All other tires.
<input checked="" type="checkbox"/>			c. Brake Drums or Rotors	<input checked="" type="checkbox"/>			c. Container securement devices on intermodal equipment.	<input checked="" type="checkbox"/>			11. WHEELS AND RIMS
<input checked="" type="checkbox"/>			d. Brake Hose	<input checked="" type="checkbox"/>			a. Steering Wheel Free Play	<input checked="" type="checkbox"/>			a. Lock or Side Ring
<input checked="" type="checkbox"/>			e. Brake Tubing	<input checked="" type="checkbox"/>			b. Steering Column	<input checked="" type="checkbox"/>			b. Wheels and Rims
<input checked="" type="checkbox"/>			f. Low Pressure Warning Device	<input checked="" type="checkbox"/>			c. Front Axle Beam and All Steering Components Other Than Steering Column	<input checked="" type="checkbox"/>			c. Fasteners
<input checked="" type="checkbox"/>			g. Tractor Protection Valve	<input checked="" type="checkbox"/>			d. Steering Gear Box	<input checked="" type="checkbox"/>			d. Welds
<input checked="" type="checkbox"/>			h. Air Compressor	<input checked="" type="checkbox"/>			e. Pitman Arm	<input checked="" type="checkbox"/>			12. WINDSHIELD GLAZING
<input checked="" type="checkbox"/>			i. Electric Brakes	<input checked="" type="checkbox"/>			f. Power Steering	<input checked="" type="checkbox"/>			Requirements and exceptions as stated pertaining to any crack, discoloration or vision reducing matter (reference 393.60 for exceptions).
<input checked="" type="checkbox"/>			j. Hydraulic Brakes	<input checked="" type="checkbox"/>			g. Ball and Socket Joints	<input checked="" type="checkbox"/>			13. WINDSHIELD WIPERS
<input checked="" type="checkbox"/>			k. Vacuum Systems	<input checked="" type="checkbox"/>			h. Tie Rods and Drag Links	<input checked="" type="checkbox"/>			Any power unit that has an inoperative wiper, or missing or damaged parts that render it ineffective.
<input checked="" type="checkbox"/>			2. COUPLING DEVICES	<input checked="" type="checkbox"/>			i. Nuts	<input checked="" type="checkbox"/>			14. OTHER
<input checked="" type="checkbox"/>			a. Fifth Wheels	<input checked="" type="checkbox"/>			j. Steering System	<input checked="" type="checkbox"/>			List any other condition(s) which may prevent safe operation of this vehicle.
<input checked="" type="checkbox"/>			b. Pintle Hooks	<input checked="" type="checkbox"/>			8. SUSPENSION	<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			c. Drawbar/Towbar Eye	<input checked="" type="checkbox"/>			a. Any U-bolt(s), spring hanger(s), or other axle positioning part(s) cracked, broken, loose or missing resulting in shifting of an axle from its normal position.	<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			d. Drawbar/Towbar Tongue	<input checked="" type="checkbox"/>			b. Spring Assembly	<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			e. Safety Devices	<input checked="" type="checkbox"/>			c. Torque, Radius or Tracking Components	<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			f. Saddle-Mounts	<input checked="" type="checkbox"/>			9. FRAME	<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			3. EXHAUST SYSTEM	<input checked="" type="checkbox"/>			a. Frame Members	<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			a. Exhaust system leaking forward of or directly below the driver/sleeper compartment.	<input checked="" type="checkbox"/>			b. Tire and Wheel Clearance	<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			b. Bus exhaust system leaking or discharging in violation of standard.	<input checked="" type="checkbox"/>			c. Adjustable Axle Assemblies (Sliding Subframes)	<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			c. Exhaust system likely to burn, char, or damage the electrical wiring, fuel supply, or any combustible part of the motor vehicle.	<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			4. FUEL SYSTEM	<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			a. Visible leak.	<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			b. Fuel tank filler cap missing.	<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			c. Fuel tank securely attached.	<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			5. LIGHTING DEVICES	<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			All lighting devices and reflectors required by Part 393 shall be operable.	<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>			

INSTRUCTIONS: MARK COLUMN ENTRIES TO VERIFY INSPECTION: OK, NEEDS REPAIR, NA IF ITEMS DO NOT APPLY. _____ REPAIRED DATE

CERTIFICATION: THIS VEHICLE HAS PASSED ALL THE INSPECTION ITEMS FOR THE ANNUAL VEHICLE INSPECTION IN ACCORDANCE WITH 49 CFR PART 396.

ANNUAL VEHICLE INSPECTION REPORT

VEHICLE HISTORY RECORD	
REPORT NUMBER	FLEET UNIT NUMBER
39242242	223
DATE 9-28-16	

MOTOR CARRIER OPERATOR LEAVENWORTH SHUTTLE & TAXI	INSPECTOR'S NAME (PRINT OR TYPE) BRENT KLAUDT
ADDRESS 11610 EAGLE CREEK RD	THIS INSPECTOR MEETS THE QUALIFICATION REQUIREMENTS IN SECTION 396.19. <input checked="" type="checkbox"/> YES
CITY, STATE, ZIP CODE LEAVENWORTH WA 98826	VEHICLE IDENTIFICATION (✓ AND COMPLETE) <input checked="" type="checkbox"/> LIC. PLATE NO. <input type="checkbox"/> VIN <input type="checkbox"/> OTHER B81022X
VEHICLE TYPE <input type="checkbox"/> TRACTOR <input type="checkbox"/> TRAILER <input type="checkbox"/> TRUCK <input checked="" type="checkbox"/> BUS <input type="checkbox"/> (OTHER)	INSPECTION AGENCY/LOCATION (OPTIONAL) SINS AUTO + TRUCK

VEHICLE COMPONENTS INSPECTED											
OK	NEEDS REPAIR	REPAIRED DATE	ITEM	OK	NEEDS REPAIR	REPAIRED DATE	ITEM	OK	NEEDS REPAIR	REPAIRED DATE	ITEM
✓			1. BRAKE SYSTEM	✓			6. SAFE LOADING	✓			10. TIRES
✓			a. Service Brakes				a. Part(s) of vehicle or condition of loading such that the spare tire or any part of the load or dunnage can fall onto the roadway.	✓			a. Tires on any steering axle of a power unit.
✓			b. Parking Brake System	✓			b. Protection against shifting cargo.	✓			b. All other tires.
✓			c. Brake Drums or Rotors				c. Container securement devices on intermodal equipment.	NA			11. WHEELS AND RIMS
✓			d. Brake Hose				a. Steering Wheel Free Play	✓			a. Lock or Side Ring
✓			e. Brake Tubing	✓			b. Steering Column	✓			b. Wheels and Rims
NA			f. Low Pressure Warning Device	✓			c. Front Axle Beam and All Steering Components Other Than Steering Column	✓			c. Fasteners
NA			g. Tractor Protection Valve	NA			d. Steering Gear Box	✓			d. Welds
NA			h. Air Compressor				e. Pitman Arm				12. WINDSHIELD GLAZING
NA			i. Electric Brakes				f. Power Steering				Requirements and exceptions as stated pertaining to any crack, discoloration or vision reducing matter (reference 393.60 for exceptions).
NA			j. Hydraulic Brakes				g. Ball and Socket Joints				13. WINDSHIELD WIPERS
NA			k. Vacuum Systems	✓			h. Tie Rods and Drag Links	✓			Any power unit that has an inoperative wiper, or missing or damaged parts that render it ineffective.
			2. COUPLING DEVICES	✓			i. Nuts				14. OTHER
NA			a. Fifth Wheels	✓			j. Steering System				List any other condition(s) which may prevent safe operation of this vehicle.
NA			b. Pintle Hooks	✓			8. SUSPENSION				
NA			c. Drawbar/Towbar Eye	✓			a. Any U-bolt(s), spring hanger(s), or other axle positioning part(s) cracked, broken, loose or missing resulting in shifting of an axle from its normal position.				
NA			d. Drawbar/Towbar Tongue	✓			b. Spring Assembly				
NA			e. Safety Devices	✓			c. Torque, Radius or Tracking Components				
NA			f. Saddle-Mounts	✓			9. FRAME				
			3. EXHAUST SYSTEM	✓			a. Frame Members				
✓			a. Exhaust system leaking forward of or directly below the driver/sleeper compartment.	✓			b. Tire and Wheel Clearance				
✓			b. Bus exhaust system leaking or discharging in violation of standard.	✓			c. Adjustable Axle Assemblies (Sliding Subframes)				
✓			c. Exhaust system likely to burn, char, or damage the electrical wiring, fuel supply, or any combustible part of the motor vehicle.	✓							
			4. FUEL SYSTEM	✓							
✓			a. Visible leak.	✓							
✓			b. Fuel tank filler cap missing.	✓							
✓			c. Fuel tank securely attached.	✓							
			5. LIGHTING DEVICES	✓							
✓			All lighting devices and reflectors required by Part 393 shall be operable.	NA							

INSTRUCTIONS: MARK COLUMN ENTRIES TO VERIFY INSPECTION: ✓ OK, ✗ NEEDS REPAIR, NA IF ITEMS DO NOT APPLY, _____ REPAIRED DATE

CERTIFICATION: THIS VEHICLE HAS PASSED ALL THE INSPECTION ITEMS FOR THE ANNUAL VEHICLE INSPECTION IN ACCORDANCE WITH 49 CFR PART 396.

DRIVER/VEHICLE EXAMINATION REPORT

Aspen 3.0.0.17



Utilities and Transportation Commission
Commercial Vehicle Enforcement Section
 P.O. Box 42614
 Olympia, WA 98504-2614
 Phone: (360)596-3815

Report Number: WAU008000076
Inspection Date: 07/27/2016
Start: 08:16 AM PT **End:** 8:45:00 AM PT
Inspection Level: V - Terminal
HM Inspection Type: None

LEAVENWORTH SHUTTLE & TAXI LLC
 PO BOX 1041
 LEAVENWORTH, WA 98826
USDOT#: 02393914 **Phone#:** (509)670-1849
MC/MX#: **Fax#:**
State#:
Location: 11610 EAGLE CREEK RD, LEAVENWORTH, WA
Highway:
County: CHELAN, WA

Driver: **State:**
License#:
Date of Birth:
CoDriver:
License#: **State:**
Date of Birth:
Shipper:
Origin: LEAVENWORTH, WA **Bill of Lading:**
Destination: LEAVENWORTH, WA **Cargo:** EMPTY

VEHICLE IDENTIFICATION

Unit	Type	Make	Year	State	Plate #	Equipment ID	VIN	GVWR	CVSA #	CVSA Issued #	OOS Sticker
1	BU	GMC	2005	WA	B81022Y	223	1GDE5V12X5F528777	19,500			

BRAKE ADJUSTMENTS

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

VIOLATIONS

Vio Code	Section	Unit	OOS	Citation #	Verify	Crash	Violations Discovered
393.45DLUV	393.45(d)	1	N		N	N	Brake Connections with Leaks Under Vehicle: brake tube leaking on Left side rear dual
393.95A	393.95(a)	1	N		N	N	No/discharged/unsecured fire extinguisher: Fire Extinguisher not secured
396.17C	396.17(c)	1	N		N	N	Operating a CMV without proof of a periodic inspection

HazMat: No HM Transported.

Special Checks: No Data for Special Checks.

Placard: No **Cargo Tank:**

The undersigned certifies that all violations noted on this report have been corrected and action has been taken to insure compliance with all applicable Federal and State regulations.

Signature Of Motor Carrier X: [Signature] Title: Owner Date: 7/27/16

Report Prepared By:
 EOMANS, S.

Badge #:
 WAU586

Copy Received By:



Jins Auto and Truck LLC
 dba Worldnet Solutions
 PO Box 812
 Leavenworth, WA 98826
 (509) 885-2574

NAME <i>Leavenworth Shuttle & Taxi</i>		DATE OF ORDER <i>10-1-16</i>
ADDRESS <i>11610 Eagle Creek Rd</i>		1086
CITY, STATE, ZIP <i>Leavenworth WA 98826</i>		
HOME PHONE	BUS. PHONE <i>509-7493</i>	EXT.
CUSTOMER'S ORDER NUMBER	ORDER WRITTEN BY <i>JK</i>	DATE PROMISED
MOTOR NUMBER		LICENSE NUMBER
		ODOMETER

YEAR, MAKE AND MODEL <i>05 GMC Bus</i>
SERIAL NUMBER

QTY	PART NO. AND DESCRIPTION	AMOUNT	DESCRIPTION OF WORK	AMOUNT
			<input type="checkbox"/> LUBE <input type="checkbox"/> CHG.OIL <input type="checkbox"/> OIL FILTER <input type="checkbox"/> TUNE UP <input type="checkbox"/> TRANS. <input type="checkbox"/> DIFF.	
2	new middle fuel lines		Replaced 2 L Rear Marker Light	1.5 112.50
4	3/8 hose fuel		Install 2 new fuel lines	2.0 150.00
3	1/2 hose fuel		Double flair fuel lines + build extensions	1.5 112.50
7	#6 + #8 clamps + screws	42.00	Install new air filter	1.5 12.50
2	new marker light		Screen fire extinguisher	1.5 37.50
			Repair R F Turn light	1.2 <i>no/cy</i>
			1-annual inspection	<i>no/cy</i>
			LITERS/GALS. OF GAS @	TOTAL LABOR 425.00
			LITERS/QTS. OF OIL @	TOTAL PARTS 42.00
			ko/LBS OF GREASE @	ACCESSORIES 15.00
TOTAL PARTS			Remove broken bolts BitiBox	1.5
ACCESSORIES			Change out Brake lin MC	1.2
	Touch Wage	5.00	I hereby authorize the above repair work to be done along with the necessary materials. You and your employees may operate above vehicle for purposes of testing, inspection, or delivery at my risk. An express mechanics lien is acknowledged on above vehicle to secure the amount of repairs thereto. It is also understood that you will not be held responsible for loss or damage to cars or articles left in cars in case of fire, theft or any other cause beyond your control.	GAS, OIL AND GREASE
	shop supplies	10.00		SUBLET REPAIRS 202.50
			EPA / WASTE DISPOSAL	684.50
			TAX	57.50
TOTAL ACCESSORIES			SIGNATURE	TOTAL 742.00

THANK YOU

ANNUAL VEHICLE INSPECTION REPORT

VEHICLE HISTORY RECORD	
REPORT NUMBER	FLEET UNIT NUMBER
39242241	#20
DATE	

MOTOR CARRIER OPERATOR LEAVENWORTH SHUTTLE+TAXI	INSPECTOR'S NAME (PRINT OR TYPE) BRENT KLAUDT
ADDRESS 11610 EAGLE CREEK RD	THIS INSPECTOR MEETS THE QUALIFICATION REQUIREMENTS IN SECTION 396.19. <input checked="" type="checkbox"/> YES
CITY, STATE, ZIP CODE LEAVENWORTH WA 98826	VEHICLE IDENTIFICATION (✓ AND COMPLETE) <input checked="" type="checkbox"/> LIC. PLATE NO. <input type="checkbox"/> VIN <input type="checkbox"/> OTHER AYH 6020
VEHICLE TYPE <input type="checkbox"/> TRACTOR <input type="checkbox"/> TRAILER <input type="checkbox"/> TRUCK <input type="checkbox"/> BUS <input checked="" type="checkbox"/> (OTHER) PASS VAN	INSPECTION AGENCY/LOCATION (OPTIONAL) SINS AUTO and TRUCK

VEHICLE COMPONENTS INSPECTED

OK	NEEDS REPAIR	REPAIRED DATE	ITEM	OK	NEEDS REPAIR	REPAIRED DATE	ITEM	OK	NEEDS REPAIR	REPAIRED DATE	ITEM
1. BRAKE SYSTEM											
✓			a. Service Brakes					✓			a. Tires on any steering axle of a power unit.
✓			b. Parking Brake System					✓			b. All other tires.
✓			c. Brake Drums or Rotors	✓				11. WHEELS AND RIMS			
✓			d. Brake Hose					NA			a. Lock or Side Ring
✓			e. Brake Tubing					✓			b. Wheels and Rims
NA			f. Low Pressure Warning Device	✓				✓			c. Fasteners
NA			g. Tractor Protection Valve					✓			d. Welds
NA			h. Air Compressor	NA				12. WINDSHIELD GLAZING			
NA			i. Electric Brakes								Requirements and exceptions as stated pertaining to any crack, discoloration or vision reducing matter (reference 393.60 for exceptions).
✓			j. Hydraulic Brakes								
NA			k. Vacuum Systems	✓				13. WINDSHIELD WIPERS			
2. COUPLING DEVICES											
NA			a. Fifth Wheels	✓							Any power unit that has an inoperative wiper, or missing or damaged parts that render it ineffective.
NA			b. Pintle Hooks	✓				✓			
NA			c. Drawbar/Towbar Eye					14. OTHER			
NA			d. Drawbar/Towbar Tongue	✓							List any other condition(s) which may prevent safe operation of this vehicle.
✓			e. Safety Devices	✓							
✓			f. Saddle-Mounts	✓							
3. EXHAUST SYSTEM											
✓			a. Exhaust system leaking forward of or directly below the driver/sleeper compartment.	✓							
✓			b. Bus exhaust system leaking or discharging in violation of standard.	✓							
✓			c. Exhaust system likely to burn, char, or damage the electrical wiring, fuel supply, or any combustible part of the motor vehicle.	✓							
4. FUEL SYSTEM											
✓			a. Visible leak.	✓							
✓			b. Fuel tank filler cap missing.	✓							
✓			c. Fuel tank securely attached.	✓							
5. LIGHTING DEVICES											
✓			All lighting devices and reflectors required by Part 393 shall be operable.	NA							
6. SAFE LOADING											
			a. Part(s) of vehicle or condition of loading such that the spare tire or any part of the load or dunnage can fall onto the roadway.								
			b. Protection against shifting cargo.								
			c. Container securement devices on intermodal equipment.								
7. STEERING MECHANISM											
			a. Steering Wheel Free Play								
			b. Steering Column								
			c. Front Axle Beam and All Steering Components Other Than Steering Column								
			d. Steering Gear Box								
			e. Pitman Arm								
			f. Power Steering								
			g. Ball and Socket Joints								
			h. Tie Rods and Drag Links								
			i. Nuts								
			j. Steering System								
8. SUSPENSION											
			a. Any U-bolt(s), spring hanger(s), or other axle positioning part(s) cracked, broken, loose or missing resulting in shifting of an axle from its normal position.								
			b. Spring Assembly								
			c. Torque, Radius or Tracking Components								
9. FRAME											
			a. Frame Members								
			b. Tire and Wheel Clearance								
			c. Adjustable Axle Assemblies (Sliding Subframes)								

INSTRUCTIONS: MARK COLUMN ENTRIES TO VERIFY INSPECTION: OK, NEEDS REPAIR, NA IF ITEMS DO NOT APPLY, _____ REPAIRED DATE

CERTIFICATION: THIS VEHICLE HAS PASSED ALL THE INSPECTION ITEMS FOR THE ANNUAL VEHICLE INSPECTION IN ACCORDANCE WITH 49 CFR PART 396.

ANNUAL VEHICLE INSPECTION REPORT

VEHICLE HISTORY RECORD	
REPORT NUMBER	FLEET UNIT NUMBER
39242243	#53
DATE 9-28-16	

MOTOR CARRIER OPERATOR LEAVEN WORTH SHUTTLE + TAXI ADDRESS 11610 EAGLE CREEK RD CITY, STATE, ZIP CODE LEAVEN WORTH WA 98826 VEHICLE TYPE <input type="checkbox"/> TRACTOR <input type="checkbox"/> TRAILER <input type="checkbox"/> TRUCK <input type="checkbox"/> BUS <input type="checkbox"/> (OTHER)	INSPECTOR'S NAME (PRINT OR TYPE) BRENT KLAUDT THIS INSPECTOR MEETS THE QUALIFICATION REQUIREMENTS IN SECTION 396.19. <input checked="" type="checkbox"/> YES VEHICLE IDENTIFICATION (<input checked="" type="checkbox"/> AND COMPLETE) <input checked="" type="checkbox"/> LIC. PLATE NO. <input type="checkbox"/> VIN <input type="checkbox"/> OTHER XXXXXXXXXX INSPECTION AGENCY/LOCATION (OPTIONAL) SINS AUTO + TRUCK
---	---

VEHICLE COMPONENTS INSPECTED											
OK	NEEDS REPAIR	REPAIRED DATE	ITEM	OK	NEEDS REPAIR	REPAIRED DATE	ITEM	OK	NEEDS REPAIR	REPAIRED DATE	ITEM
<input checked="" type="checkbox"/>			1. BRAKE SYSTEM	<input checked="" type="checkbox"/>			6. SAFE LOADING	<input checked="" type="checkbox"/>			10. TIRES
<input checked="" type="checkbox"/>			a. Service Brakes				a. Part(s) of vehicle or condition of loading such that the spare tire or any part of the load or dunnage can fall onto the roadway.	<input checked="" type="checkbox"/>			a. Tires on any steering axle of a power unit.
<input checked="" type="checkbox"/>			b. Parking Brake System	<input checked="" type="checkbox"/>			b. Protection against shifting cargo.	<input checked="" type="checkbox"/>			b. All other tires.
<input checked="" type="checkbox"/>			c. Brake Drums or Rotors				c. Container securement devices on intermodal equipment.	<input checked="" type="checkbox"/>			11. WHEELS AND RIMS
<input checked="" type="checkbox"/>			d. Brake Hose					<input checked="" type="checkbox"/>			a. Lock or Side Ring
<input checked="" type="checkbox"/>			e. Brake Tubing					<input checked="" type="checkbox"/>			b. Wheels and Rims
<input checked="" type="checkbox"/>			f. Low Pressure Warning Device	<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>			c. Fasteners
<input checked="" type="checkbox"/>			g. Tractor Protection Valve					<input checked="" type="checkbox"/>			d. Welds
<input checked="" type="checkbox"/>			h. Air Compressor	<input checked="" type="checkbox"/>			7. STEERING MECHANISM				12. WINDSHIELD GLAZING
<input checked="" type="checkbox"/>			i. Electric Brakes	<input checked="" type="checkbox"/>			a. Steering Wheel Free Play	<input checked="" type="checkbox"/>			Requirements and exceptions as stated pertaining to any crack, discoloration or vision reducing matter (reference 393.60 for exceptions).
<input checked="" type="checkbox"/>			j. Hydraulic Brakes				b. Steering Column				
<input checked="" type="checkbox"/>			k. Vacuum Systems	<input checked="" type="checkbox"/>			c. Front Axle Beam and All Steering Components Other Than Steering Column				
<input checked="" type="checkbox"/>			2. COUPLING DEVICES	<input checked="" type="checkbox"/>			d. Steering Gear Box	<input checked="" type="checkbox"/>			13. WINDSHIELD WIPERS
<input checked="" type="checkbox"/>			a. Fifth Wheels	<input checked="" type="checkbox"/>			e. Pitman Arm				Any power unit that has an inoperative wiper, or missing or damaged parts that render it ineffective.
<input checked="" type="checkbox"/>			b. Pintle Hooks	<input checked="" type="checkbox"/>			f. Power Steering				
<input checked="" type="checkbox"/>			c. Drawbar/Towbar Eye	<input checked="" type="checkbox"/>			g. Ball and Socket Joints				
<input checked="" type="checkbox"/>			d. Drawbar/Towbar Tongue	<input checked="" type="checkbox"/>			h. Tie Rods and Drag Links				
<input checked="" type="checkbox"/>			e. Safety Devices	<input checked="" type="checkbox"/>			i. Nuts				
<input checked="" type="checkbox"/>			f. Saddle-Mounts	<input checked="" type="checkbox"/>			j. Steering System				14. OTHER
<input checked="" type="checkbox"/>			3. EXHAUST SYSTEM	<input checked="" type="checkbox"/>							List any other condition(s) which may prevent safe operation of this vehicle.
<input checked="" type="checkbox"/>			a. Exhaust system leaking forward of or directly below the driver/sleeper compartment.	<input checked="" type="checkbox"/>			8. SUSPENSION				
<input checked="" type="checkbox"/>			b. Bus exhaust system leaking or discharging in violation of standard.	<input checked="" type="checkbox"/>			a. Any U-bolt(s), spring hanger(s), or other axle positioning part(s) cracked, broken, loose or missing resulting in shifting of an axle from its normal position.				
<input checked="" type="checkbox"/>			c. Exhaust system likely to burn, char, or damage the electrical wiring, fuel supply, or any combustible part of the motor vehicle.	<input checked="" type="checkbox"/>			b. Spring Assembly				
<input checked="" type="checkbox"/>			4. FUEL SYSTEM	<input checked="" type="checkbox"/>			c. Torque, Radius or Tracking Components				
<input checked="" type="checkbox"/>			a. Visible leak.	<input checked="" type="checkbox"/>			9. FRAME				
<input checked="" type="checkbox"/>			b. Fuel tank filler cap missing.	<input checked="" type="checkbox"/>			a. Frame Members				
<input checked="" type="checkbox"/>			c. Fuel tank securely attached.	<input checked="" type="checkbox"/>			b. Tire and Wheel Clearance				
<input checked="" type="checkbox"/>			5. LIGHTING DEVICES	<input checked="" type="checkbox"/>			c. Adjustable Axle Assemblies (Sliding Subframes)				
<input checked="" type="checkbox"/>			All lighting devices and reflectors required by Part 393 shall be operable.	<input checked="" type="checkbox"/>							

INSTRUCTIONS: MARK COLUMN ENTRIES TO VERIFY INSPECTION: OK NEEDS REPAIR IF ITEMS DO NOT APPLY. REPAIRED DATE

CERTIFICATION: THIS VEHICLE HAS PASSED ALL THE INSPECTION ITEMS FOR THE ANNUAL VEHICLE INSPECTION IN ACCORDANCE WITH 49 CFR PART 396.

ANNUAL VEHICLE INSPECTION REPORT

VEHICLE HISTORY RECORD	
REPORT NUMBER	FLEET UNIT NUMBER
39242246	463
DATE 9-14-16	

MOTOR CARRIER OPERATOR LEAVENWORTH SHUTTLE+TAXI	INSPECTOR'S NAME (PRINT OR TYPE) BRENT KLAUDT
ADDRESS 11610 EAGLE CREEK RD	THIS INSPECTOR MEETS THE QUALIFICATION REQUIREMENTS IN SECTION 396.19. <input checked="" type="checkbox"/> YES
CITY, STATE, ZIP CODE LEAVENWORTH WA 98826	VEHICLE IDENTIFICATION (✓ AND COMPLETE) <input checked="" type="checkbox"/> LIC. PLATE NO. <input type="checkbox"/> VIN <input type="checkbox"/> OTHER A554463
VEHICLE TYPE <input type="checkbox"/> TRACTOR <input type="checkbox"/> TRAILER <input type="checkbox"/> TRUCK <input checked="" type="checkbox"/> BUS <input type="checkbox"/> (OTHER)	INSPECTION AGENCY/LOCATION (OPTIONAL) SINS AUTO + TRUCK

VEHICLE COMPONENTS INSPECTED											
OK	NEEDS REPAIR	REPAIRED DATE	ITEM	OK	NEEDS REPAIR	REPAIRED DATE	ITEM	OK	NEEDS REPAIR	REPAIRED DATE	ITEM
✓			1. BRAKE SYSTEM	✓			6. SAFE LOADING	✓			10. TIRES
✓			a. Service Brakes				a. Part(s) of vehicle or condition of loading such that the spare tire or any part of the load or dunnage can fall onto the roadway.	✓			a. Tires on any steering axle of a power unit.
✓			b. Parking Brake System	✓			b. Protection against shifting cargo.	✓			b. All other tires.
✓			c. Brake Drums or Rotors				c. Container securement devices on intermodal equipment.	NA			11. WHEELS AND RIMS
✓			d. Brake Hose				a. Steering Wheel Free Play	✓			a. Lock or Side Ring
✓			e. Brake Tubing	✓			b. Steering Column	✓			b. Wheels and Rims
✓			f. Low Pressure Warning Device				c. Front Axle Beam and All Steering Components Other Than Steering Column	✓			c. Fasteners
✓			g. Tractor Protection Valve				d. Steering Gear Box	✓			d. Welds
✓			h. Air Compressor	NA			e. Pitman Arm				12. WINDSHIELD DEGLAZING
✓			i. Electric Brakes				f. Power Steering	✓			Requirements and exceptions as stated pertaining to any crack, discoloration or vision reducing matter (reference 393.60 for exceptions).
✓			j. Hydraulic Brakes				g. Ball and Socket Joints				13. WINDSHIELD WIPERS
✓			k. Vacuum Systems				h. Tie Rods and Drag Links	✓			Any power unit that has an inoperative wiper, or missing or damaged parts that render it ineffective.
NA			2. COUPLING DEVICES				i. Nuts				14. OTHER
NA			a. Fifth Wheels				j. Steering System				List any other condition(s) which may prevent safe operation of this vehicle.
NA			b. Pintle Hooks				8. SUSPENSION				
NA			c. Drawbar/Towbar Eye				a. Any U-bolt(s), spring hanger(s), or other axle positioning part(s) cracked, broken, loose or missing resulting in shifting of an axle from its normal position.				
✓			d. Drawbar/Towbar Tongue				b. Spring Assembly				
✓			e. Safety Devices				c. Torque, Radius or Tracking Components				
✓			f. Saddle-Mounts				9. FRAME				
NA			3. EXHAUST SYSTEM				a. Frame Members				
✓			a. Exhaust system leaking forward of or directly below the driver/sleeper compartment.				b. Tire and Wheel Clearance				
✓			b. Bus exhaust system leaking or discharging in violation of standard.				c. Adjustable Axle Assemblies (Sliding Subframes)				
✓			c. Exhaust system likely to burn, char, or damage the electrical wiring, fuel supply, or any combustible part of the motor vehicle.								
✓			4. FUEL SYSTEM								
✓			a. Visible leak.								
✓			b. Fuel tank filler cap missing.								
✓			c. Fuel tank securely attached.								
✓			5. LIGHTING DEVICES								
✓			All lighting devices and reflectors required by Part 393 shall be operable.								

INSTRUCTIONS: MARK COLUMN ENTRIES TO VERIFY INSPECTION: ✓ OK, X NEEDS REPAIR, NA IF ITEMS DO NOT APPLY. REPAIRED DATE

CERTIFICATION: THIS VEHICLE HAS PASSED ALL THE INSPECTION ITEMS FOR THE ANNUAL VEHICLE INSPECTION IN ACCORDANCE WITH 49 CFR PART 396.

ANNUAL VEHICLE INSPECTION REPORT

VEHICLE HISTORY RECORD	
REPORT NUMBER	FLEET UNIT NUMBER
39242245	322
DATE 9-16-16	

MOTOR CARRIER OPERATOR LEAVENWORTH SHUTTLE + TAXI	INSPECTOR'S NAME (PRINT OR TYPE) BRENT KLAUDT
ADDRESS 11610 EAGLE CREEK RD	THIS INSPECTOR MEETS THE QUALIFICATION REQUIREMENTS IN SECTION 396.19. <input checked="" type="checkbox"/> YES
CITY, STATE, ZIP CODE LEAVENWORTH WA	VEHICLE IDENTIFICATION (✓ AND COMPLETE) <input checked="" type="checkbox"/> LIC. PLATE NO. <input type="checkbox"/> VIN <input type="checkbox"/> OTHER AN39954
VEHICLE TYPE <input type="checkbox"/> TRACTOR <input type="checkbox"/> TRAILER <input type="checkbox"/> TRUCK <input checked="" type="checkbox"/> BUS <input type="checkbox"/> (OTHER)	INSPECTION AGENCY/LOCATION (OPTIONAL) SINS AUTO + TRUCK

VEHICLE COMPONENTS INSPECTED											
OK	NEEDS REPAIR	REPAIRED DATE	ITEM	OK	NEEDS REPAIR	REPAIRED DATE	ITEM	OK	NEEDS REPAIR	REPAIRED DATE	ITEM
			1. BRAKE SYSTEM				6. SAFE LOADING				10. TIRES
✓			a. Service Brakes				a. Part(s) of vehicle or condition of loading such that the spare tire or any part of the load or dunnage can fall onto the roadway.	✓			a. Tires on any steering axle of a power unit.
✓			b. Parking Brake System	✓			b. Protection against shifting cargo.	✓			b. All other tires.
✓			c. Brake Drums or Rotors				c. Container securement devices on intermodal equipment.	NA			11. WHEELS AND RIMS
✓			d. Brake Hose					✓			a. Lock or Side Ring
✓			e. Brake Tubing	✓				✓			b. Wheels and Rims
✓			f. Low Pressure Warning Device					✓			c. Fasteners
✓			g. Tractor Protection Valve	NA				✓			d. Welds
✓			h. Air Compressor								12. WINDSHIELD GLAZING
NA			i. Electric Brakes					✓			Requirements and exceptions as stated pertaining to any crack, discoloration or vision reducing matter (reference 393.60 for exceptions).
NA			j. Hydraulic Brakes								
NA			k. Vacuum Systems								
			2. COUPLING DEVICES				7. STEERING MECHANISM				13. WINDSHIELD WIPERS
NA			a. Fifth Wheels	✓			a. Steering Wheel Free Play				Any power unit that has an inoperative wiper, or missing or damaged parts that render it ineffective.
NA			b. Pintle Hooks				b. Steering Column				
NA			c. Drawbar/Towbar Eye	✓			c. Front Axle Beam and All Steering Components Other Than Steering Column	✓			
NA			d. Drawbar/Towbar Tongue				d. Steering Gear Box				
✓			e. Safety Devices	✓			e. Pitman Arm				
NA			f. Saddle-Mounts	✓			f. Power Steering				
			3. EXHAUST SYSTEM				8. SUSPENSION				14. OTHER
✓			a. Exhaust system leaking forward of or directly below the driver/sleeper compartment.	✓			a. Any U-bolt(s), spring hanger(s), or other axle positioning part(s) cracked, broken, loose or missing resulting in shifting of an axle from its normal position.				List any other condition(s) which may prevent safe operation of this vehicle.
✓			b. Bus exhaust system leaking or discharging in violation of standard.				b. Spring Assembly				
✓			c. Exhaust system likely to burn, char, or damage the electrical wiring, fuel supply, or any combustible part of the motor vehicle.	✓			c. Torque, Radius or Tracking Components				
			4. FUEL SYSTEM				9. FRAME				
✓			a. Visible leak.	✓			a. Frame Members				
✓			b. Fuel tank filler cap missing.				b. Tire and Wheel Clearance				
✓			c. Fuel tank securely attached.	✓			c. Adjustable Axle Assemblies (Sliding Subframes)				
			5. LIGHTING DEVICES								
✓			All lighting devices and reflectors required by Part 393 shall be operable.	NA							

INSTRUCTIONS: MARK COLUMN ENTRIES TO VERIFY INSPECTION: ✓ OK, X NEEDS REPAIR, NA IF ITEMS DO NOT APPLY. REPAIRED DATE

CERTIFICATION: THIS VEHICLE HAS PASSED ALL THE INSPECTION ITEMS FOR THE ANNUAL VEHICLE INSPECTION IN ACCORDANCE WITH 49 CFR PART 396.

DRIVER/VEHICLE EXAMINATION REPORT

Aspen 3.0.0.17



Utilities and Transportation Commission
Commercial Vehicle Enforcement Section
P.O. Box 42614
Olympia, WA 98504-2614
Phone: (360)596-3815

Report Number: WAU008000075
Inspection Date: 07/27/2016
Start: 07:34 AM PT End: 8:11:00 AM PT
Inspection Level: V - Terminal
HM Inspection Type: None

LEAVENWORTH SHUTTLE & TAXI LLC
PO BOX 1041
LEAVENWORTH, WA 98826
USDOT#: 02393914 Phone#: (509)670-1849
MC/MX#: State#:
Fax#:

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

Location: 11610 EAGLE CREEK RD, LEAVENWOC MilePost:
Highway: Origin: LEAVENWORTH, WA Bill of Lading:
County: CHELAN, WA Destination: LEAVENWORTH, WA Cargo: EMPTY

VEHICLE IDENTIFICATION

Table with columns: Unit, Type, Make, Year, State, Plate #, Equipment ID, VIN, GVWR, CVSA #, CVSA Issued #, OOS Sticker

BRAKE ADJUSTMENTS

Table with columns: Axle #, Right, Left, Chamber, 1, 2, 3, INOP, 3/4, 1 1/8, INOP, C-20, C-30, C-30

VIOLATIONS

Table with columns: Vio Code, Section, Unit, OOS, Citation #, Verify, Crash, Violations Discovered

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 brake adjustment, all brakes must be within proper adjustment before vehicle (s) can be operated.

I certify that all mechanical violations were repaired

Signature Of Repairer X: [Signature] Facility: [Signature] Date: 9-16-16

The undersigned certifies that all violations noted on this report have been corrected and action has been taken to insure compliance with all applicable Federal and State regulations.

Signature Of Motor Carrier X: [Signature] Title: [Signature] Date: 9-16-16

Report Prepared By: YEOMANS, S

Badge #: WAU586

Copy Received By:

Page 1 of 1



02393914 WA WAU008000075

Sins Auto and Truck LLC
 dba Worldnet Solutions
 PO Box 812
 Leavenworth, WA 98826
 (509) 885-2574

Page #1
 1090

NAME <i>Leavenworth Shuttle Tax</i>		DATE OF ORDER <i>10-7-16</i>
ADDRESS <i>11610 Eagle creek Rd</i>		1090-1089
CITY, STATE, ZIP <i>Leavenworth WA 98826</i>		
HOME PHONE	BUS. PHONE <i>548-7433</i>	EXT.
CUSTOMER'S ORDER NUMBER	ORDER WRITTEN BY <i>[Signature]</i>	DATE PROMISED
SERIAL NUMBER	MOTOR NUMBER	LICENSE NUMBER
YEAR, MAKE AND MODEL <i>87 GMC 102</i>		ODOMETER

QTY.	PART NO. AND DESCRIPTION	AMOUNT	DESCRIPTION OF WORK	AMOUNT
	<i>80-90W</i>	<i>7 00</i>	<input type="checkbox"/> LUBE <input type="checkbox"/> CHG.OIL <input type="checkbox"/> OIL FILTER <input type="checkbox"/> TUNE UP <input type="checkbox"/> TRANS. <input type="checkbox"/> DIFF.	
<i>2</i>	<i>stainless steel fenders</i>	<i>20 00</i>	<i>install new brake shoes & hardware</i>	
<i>1</i>	<i>40086 seal</i>	<i>51 00</i>	<i>all axle & new 2 cam seals</i>	
	<i>music screws & bits</i>	<i>15 00</i>	<i>install new air camster & Toga</i>	
	<i>Torch Tune</i>	<i>80 00</i>	<i>install new shock adjuster</i>	
			<i>install 4 new shocks</i>	
			<i>install new Brake Hoses Taps & steering axle</i>	
			<i>Reinstall Ball Caps & wiper switch</i>	
			<i>Remove Leaky Hore from Rod Shuttles</i>	
			_____ LITERS/GALS. OF GAS @	TOTAL LABOR
			_____ LITERS/QTS. OF OIL @	TOTAL PARTS
			_____ kg/LBS. OF GREASE @	ACCESSORIES
ACCESSORIES				GAS, OIL AND GREASE
	<i>shop supplies</i>	<i>35 00</i>		SUBLET REPAIRS
				EPA / WASTE DISPOSAL
				TAX
TOTAL PARTS		<i>173 00</i>		TOTAL
TOTAL ACCESSORIES			SIGNATURE	

THANK YOU

I hereby authorize the above repair work to be done along with the necessary materials. You and your employees may operate above vehicle for purposes of testing, inspection, or delivery at my risk. An express mechanics lien is acknowledged on above vehicle to secure the amount of repairs thereto. It is also understood that you will not be held responsible for loss or damage to cars or articles left in cars in case of fire, theft or any other cause beyond your control.

Auto and Truck LLC
dba Worldnet Solutions
 PO Box 812
 Leavenworth, WA 98826
 (509) 885-2574

Page #2

NAME <i>Leavenworth Shuttle + Truck</i>		DATE OF ORDER <i>10-7-16</i>
ADDRESS		1089-1090
CITY, STATE, ZIP		
HOME PHONE	BUS. PHONE	EXT.
CUSTOMER'S ORDER NUMBER		ORDER WRITTEN BY <i>BE</i>
MOTOR NUMBER		LICENSE NUMBER
		ODOMETER
YEAR, MAKE AND MODEL <i>87 MCF</i>		
SERIAL NUMBER		

QTY.	PART NO. AND DESCRIPTION	AMOUNT	DESCRIPTION OF WORK	AMOUNT
			<input type="checkbox"/> LUBE <input type="checkbox"/> CHG. OIL <input type="checkbox"/> OIL FILTER <input type="checkbox"/> TUNE UP <input type="checkbox"/> TRANS. <input type="checkbox"/> DIFF.	
			<i>Install outer bearing & Race RR Tag</i>	
			<i>Repair LR Tag axle shock and</i>	
			<i>Install 12 new cam seals 99.5/hr</i>	<i>491250</i>
			<i>Pd 3000⁰⁰ Balance Due 2550⁶²</i>	
			<i>2382⁶²</i>	
			<i>(Tax to Pay 262¹²)</i>	
			LITERS/GALS. OF GAS @	TOTAL LABOR <i>491250</i>
			LITERS/QTS. OF OIL @	TOTAL PARTS <i>17300</i>
			kg/LBS. OF GREASE @	ACCESSORIES <i>3500</i>
				GAS, OIL AND GREASE
				SUBLET REPAIRS
			I hereby authorize the above repair work to be done along with the necessary materials. You and your employees may operate above vehicle for purposes of testing, inspection, or delivery at my risk. An express mechanics lien is acknowledged on above vehicle to secure the amount of repairs thereto. It is also understood that you will not be held responsible for loss or damage to cars or articles left in cars in case of fire, theft or any other cause beyond your control.	EPA / WASTE DISPOSAL
				TAX <i>43012</i>
				TOTAL <i>555062</i>
TOTAL PARTS				
ACCESSORIES				
TOTAL ACCESSORIES				

THANK YOU

