

**SAFETY COMPLIANCE REPORT/  
TERMINAL RECORD UPDATE**

CHP 343 (Rev. 10-00) OPI 062

NEW TERMINAL INFORMATION <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		CA NUMBER <b>180723</b>	FILE CODE NUMBER <b>190882</b>	COUNTY CODE <b>07</b>
CARRIER TYPE <b>Bus</b>	CODE <b>P</b>	OTHER PROGRAM <b>T</b>	LOCATION CODE <b>320</b>	SUBAREA <b>4520</b>

TERMINAL NAME  
**American Stage Tours, LLC**

TELEPHONE NUMBER (W/ AREA CODE)  
**(925)687-7705**

STREET ADDRESS (NUMBER, STREET, CITY, ZIP CODE)

**2352 Bates Ave Concord Ca 94520**

MAILING ADDRESS (NUMBER, STREET, CITY, ZIP CODE) (IF DIFFERENT FROM ABOVE)

**1488 Soccer Court Concord Ca 94520**

**LICENSE AND FLEET INFORMATION**

HM LIC. NO.	HWT REG. NO.	IMS LIC. NO.	TRUCKS AND TYPES	TRAILERS AND TYPES	BUSES BY TYPE <b>I- 8 II-</b>	DRIVERS <b>16</b>
EXP. DATE	EXP. DATE	EXP. DATE	REG. CT	HW VEHICLES	HW CONTAINERS	CSAT <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

**EMERGENCY CONTACTS (In Calling Order of Preference)**

EMERGENCY CONTACT (NAME)	DAY TELEPHONE NUMBER (W/ AREA CODE)	NIGHT TELEPHONE NUMBER (W/ AREA CODE)
EMERGENCY CONTACT (NAME)	DAY TELEPHONE NUMBER (W/ AREA CODE)	NIGHT TELEPHONE NUMBER (W/ AREA CODE)

**ESTIMATED CALIFORNIA MILEAGE FOR THIS TERMINAL FOR LAST YEAR [ 2008 ]**

A <input type="checkbox"/> UNDER 15,000	B <input type="checkbox"/> 15,001 50,000	C <input type="checkbox"/> 50,001 100,000	D <input checked="" type="checkbox"/> 100,001 500,000	E <input type="checkbox"/> 500,001 1,000,000	F <input type="checkbox"/> 1,000,001 2,000,000	G <input type="checkbox"/> 2,000,001 5,000,000	H <input type="checkbox"/> 5,000,001 10,000,000	I <input type="checkbox"/> MORE THAN 10,000,000
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**OPERATING AUTHORITIES**

PUC T- <input type="checkbox"/> TCP 12504 <input type="checkbox"/> PSC	T- <input type="checkbox"/> TCP <input type="checkbox"/> PSC	US DOT <b>253482</b>
ICC <input checked="" type="checkbox"/> MC 165385 <input type="checkbox"/> MX	<input type="checkbox"/> MC <input type="checkbox"/> MX	MCP <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
REASON FOR INSPECTION <b>Annual Tour/SPAB Bus Terminal Inspection</b>		

**INSPECTION FINDINGS**

**INSPECTION RATINGS: S=Satisfactory U=Unsatisfactory C=Conditional UR=Unrated N/A=Not Applicable**

REQMTS	VIOL	MAINTENANCE PROGRAM	DRIVER RECORDS	REG. EQUIPMENT	HAZARDOUS MATERIALS	TERMINAL
MAINTENANCE PROGRAM		1 <u>S</u> 2 <u>S</u> 3 <u>S</u> 4 <u>S</u>	1 <u>S</u> 2 <u>S</u> 3 <u>S</u> 4 <u>S</u>	1 <u>S</u> 2 <u>S</u> 3 <u>S</u> 4 <u>S</u>	1 <u>N/A</u> 2 3 4	1 <u>S</u> 2 <u>S</u> 3 <u>S</u> 4 <u>S</u>
DRIVER RECORDS		No. 3 Time 4.5	No. 12 Time 7.0	No. 6 Time 7.0	Time In 0700	Time Out
DRIVER HOURS		HAZARDOUS MATERIALS <input checked="" type="checkbox"/> No HM Transported <input type="checkbox"/> No HM Violations Noted	CONTAINERS/TANKS No. Time	VEHICLES PLACED OUT OF SERVICE Vehicles Units		
BRAKES		REMARKS				
LAMPS & SIGNALS		SPAB- 6 buses inspected and certified				
CONNECTING DEVICES		Terminal grade based on a representative sample of 3				
STEERING & SUSPENSION		**Carrier has been advised that certifications will be scattered, with more time between terminal inspection representative sample and certification dates in the future according to MM 08-029.				
TIRES & WHEELS						
EQUIPMENT REQUIREMENTS						
CONTAINERS & TANKS						
HAZARDOUS MATERIALS						

BIT <input type="checkbox"/> I <input type="checkbox"/> R <input type="checkbox"/>	NON-BIT <input type="checkbox"/>	FEE DUE <input type="checkbox"/> Yes <input type="checkbox"/> No	CHP 345 <input type="checkbox"/>	CHP 100D COL. <input type="checkbox"/>	INSPECTION LOCATION (NUMBER, STREET, CITY OR COUNTY) <b>Same</b>
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INSPECTED BY (NAME) <b>F M Allen</b>	ID NUMBER <b>A8198</b>	INSPECTION DATE(S) <b>11-23,24,25-2009</b>	SUSPENSE DATE <input checked="" type="checkbox"/> Auto <input type="checkbox"/> None
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**MOTOR CARRIER CERTIFICATION**

I hereby certify that all violations described hereon and recorded on the attached pages (2 through 6), will be corrected in accordance with applicable provisions of the California Vehicle Code and the California Code of Regulations. I understand that I may request a review of an unsatisfactory rating by contacting the Motor Carrier Safety Unit Supervisor at (707) 648-4180 within 5 calendar days of the rating.

CURRENT TERMINAL RATING <b>SATISFACTORY</b>	CARRIER REPRESENTATIVE'S SIGNATURE <i>Ronald Gonsalves</i>	DATE <b>11/25/09</b>
CARRIER REPRESENTATIVE'S PRINTED NAME <b>Ronald Gonsalves</b>	TITLE <b>President</b>	DRIVER LICENSE NUMBER STATE

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**OPERATING AUTHORITIES**

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DRIVER RECORDS		No. 3 Time 0	No. 12 Time 0	No. 2 Time 2.5	Time	Time In Time Out 0700
DRIVER HOURS		HAZARDOUS MATERIALS <input checked="" type="checkbox"/> No HM Transported <input type="checkbox"/> No HM Violations Noted	CONTAINERS/TANKS	VEHICLES PLACED OUT OF SERVICE	Vehicles Units	

BRAKES

LAMPS & SIGNALS **1**

CONNECTING DEVICES

STEERING & SUSPENSION

TIRES & WHEELS

EQUIPMENT REQUIREMENTS

CONTAINERS & TANKS

HAZARDOUS MATERIALS

REMARKS

Tour bus terminal inspection was conducted in conjunction with School Pupil Activity Bus termination inspection. Ratings in driver records, and maintenance program are brought forward and reflected on this report.

BIT <input type="checkbox"/> I <input type="checkbox"/> R	NON-BIT <input type="checkbox"/>	FEE DUE <input type="checkbox"/> Yes <input type="checkbox"/> No	CHP 345 <input type="checkbox"/>	CHP 100D COL. <input type="checkbox"/>	INSPECTION LOCATION (NUMBER, STREET, CITY OR COUNTY) <b>Same</b>
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CURRENT TERMINAL RATING <b>SATISFACTORY</b>	CARRIER REPRESENTATIVE'S SIGNATURE <b>X [Signature]</b>	DATE <b>11/25/09</b>
CARRIER REPRESENTATIVE'S PRINTED NAME	TITLE	DRIVER LICENSE NUMBER STATE