

**SAFETY COMPLIANCE REPORT/  
TERMINAL RECORD UPDATE**

CHP 343 (Rev 6-10) OPI 062

NEW TERMINAL INFORMATION <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		CA NUMBER 180723	FILE CODE NUMBER 190882	COUNTY CODE 07	BED
TERMINAL TYPE <input type="checkbox"/> Truck <input checked="" type="checkbox"/> Bus	CODE T	OTHER PROGRAM(S) P	LOCATION CODE 320	SUBAREA 4518	

TERMINAL NAME American Stage Tours LLC	TELEPHONE NUMBER (W/ AREA CODE) (925) 687-7705
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TERMINAL STREET ADDRESS (NUMBER, STREET, CITY, ZIP CODE)  
1488 Soccer Court Concord Ca 94518

MAILING ADDRESS (NUMBER, STREET, CITY, STATE, ZIP CODE) (IF DIFFERENT FROM ABOVE) \_\_\_\_\_  
INSPECTION LOCATION (NUMBER, STREET, CITY OR COUNTY) \_\_\_\_\_

**LICENSE, FLEET AND TERMINAL INFORMATION**

HM LIC. NO.	HWT. REG. NO.	IMS LIC. NO.	TRUCKS AND TYPES	TRAILERS AND TYPES	BUSES BY TYPE I- 8 II-	DRIVERS 14	BIT FLEET SIZE
EXP. DATE	EXP. DATE	EXP. DATE	REG. CT	HW VEH.	HW CONT.	PPB / CSAT <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
CONSOLIDATED TERMINALS <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		FILE CODE NUMBER OF CONSOLIDATED TERMINALS AND DIVISION LOCATIONS BY NUMBER (Use Remarks for Additional FCNS)					

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

EMERGENCY CONTACT (NAME) Ronald Gonsalves	DAY TELEPHONE NO. (W/ AREA CODE) (925) 687-7705	NIGHT TELEPHONE NO. (W/ AREA CODE)
EMERGENCY CONTACT (NAME)	DAY TELEPHONE NO. (W/ AREA CODE)	NIGHT TELEPHONE NO. (W/ AREA CODE)

**ESTIMATED CALIFORNIA MILEAGE FOR THIS TERMINAL LAST YEAR [ 2010 ]**

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 OR PERMITS**

PUC <input type="checkbox"/> T <input checked="" type="checkbox"/> TCP 12504B <input type="checkbox"/> PSC	MOTOR CARRIER OF PROPERTY PERMIT ACTIVE <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	IMS FITNESS EVALUATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
USDOT US DOT NUMBER 253482 <input type="checkbox"/> MC <input type="checkbox"/> MX	REASON FOR INSPECTION Annual Tour Bus Terminal Inspection	

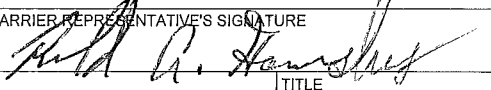
**INSPECTION FINDINGS** INSPECTION RATINGS: S = Satisfactory U = Unsatisfactory C = Conditional UR = Unrated N/A = Not Applicable

REQUIREMENTS	VIOL	MAINTENANCE PROGRAM	DRIVER RECORDS	REG. EQUIPMENT	HAZARDOUS MATERIALS	TERMINAL
MAINTENANCE PROGRAM		1 S 2 S 3 S 4 S	1 S 2 S 3 S 4 S	1 S 2 S 3 S 4 S	1 N/A 2 3 4	1 S 2 S 3 S 4 S
DRIVER RECORDS		No. 2 Time 2.5	No. 3 Time 2.0	No. 2 Time 2.0	TIME	TOTAL TIME 6.5
DRIVER HOURS		HAZARDOUS MATERIALS <input checked="" type="checkbox"/> No H/M Transported <input type="checkbox"/> No H/M violations noted		CONTAINERS/TANKS No. Time	VEHICLES PLACED OUT-OF-SERVICE Vehicles Units	
BRAKES		REMARKS				
LAMPS & SIGNALS						
CONNECTING DEVICES						
STEERING & SUSPENSION						
TIRES & WHEELS						
EQUIPMENT REQUIREMENTS						
CONTAINERS & TANKS						
HAZARDOUS MATERIALS						

BIT <input type="checkbox"/> I <input type="checkbox"/> R	NON - BIT <input type="checkbox"/>	FEES DUE <input type="checkbox"/> Yes <input type="checkbox"/> No	CHP 343 <input type="checkbox"/>	CHP 100D COL. 4, 8, 13	INSPECTION DATE(S) 11-21, 22, 23-2011	TIME IN 1000	TIME OUT 1100
INSPECTED BY (NAME(S)) F M Allen				ID NUMBER(S) A8198	SUSPENSE DATE <input checked="" type="checkbox"/> Auto <input type="checkbox"/> None		

**MOTOR CARRIER CERTIFICATION**

I hereby certify that all violations described hereon and recorded on the attached pages (2 through 3), 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 	DATE 11/23/2011
CARRIER REPRESENTATIVE'S PRINTED NAME Ronald Gonsalves	TITLE President	DRIVER LICENSE NUMBER STATE

CARRIER NAME <b>American Stage Tours LLC</b>	CA NUMBER <b>180723</b>	LOC. CODE <b>320</b>	SUBAREA <b>4518</b>
STREET ADDRESS, CITY, STATE, ZIP CODE <b>1488 Soccer Court Concord, Ca 94518</b>	PHONE NUMBER <b>(925) 687-7705</b>	DATE <b>11-21,22,23-2011</b>	
CARRIER REPRESENTATIVE <b>Ronald Gonsalves</b>	TITLE <b>President</b>	TIME IN <b>1230</b>	TIME OUT <b>130</b>
INSPECTION LOCATION (IF OTHER THAN THE CARRIER'S PRINCIPAL PLACE OF BUSINESS)	U.S. DOT NUMBER <b>253482</b>	MC NUMBER	

On this date, the above named motor carrier was inspected by the California Highway Patrol. The inspection evaluated the carrier's compliance with the following requirements:

CONTROLLED SUBSTANCE AND ALCOHOL TESTING PROGRAM [VC 34520 & 49 CFR 382]

OTHER: \_\_\_\_\_

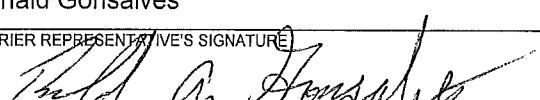
REMARKS

As a result of the inspection noted above, this carrier was assigned a compliance rating of SATISFACTORY. This rating applies only to carrier requirements - Terminals are rated separately.

RATING HISTORY <u>1 S 2 S 3 S 4 S</u>	NUMBER OF RECORDS INSPECTED <b>14</b>	NUMBER OF VIOLATIONS <b>0</b>	CHP 345 ISSUED <input type="checkbox"/>	SUSPENSE DATE <input checked="" type="checkbox"/> Auto <input type="checkbox"/> None	CHP 100D COLUMN NO. <b>5, 14</b>
INSPECTED BY (NAME) <b>F M Allen</b>			ID NUMBER <b>A8198</b>	CARRIER TYPE <input type="checkbox"/> Truck <input checked="" type="checkbox"/> Bus	

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CARRIER REPRESENTATIVE'S PRINTED NAME <b>Ronald Gonsalves</b>	TITLE <b>President</b>	DRIVER LICENSE NUMBER AND STATE
CARRIER REPRESENTATIVE'S SIGNATURE 	CURRENT CARRIER RATING <b>SATISFACTORY</b>	DATE <b>11/23/11</b>

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**OPERATING AUTHORITIES OR PERMITS**

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USDOT US DOT NUMBER 253482 <input type="checkbox"/> MC <input type="checkbox"/> MX	REASON FOR INSPECTION Annual School Pupil Activity Bus Terminal Inspection	

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DRIVER RECORDS		No. 3 Time 4.5	No. 8 Time 4.0	No. 3 Time 3.5	TIME	TOTAL TIME 12.0
DRIVER HOURS		HAZARDOUS MATERIALS <input checked="" type="checkbox"/> No H/M Transported <input type="checkbox"/> No H/M violations noted		CONTAINERS/TANKS No. Time	VEHICLES PLACED OUT-OF-SERVICE Vehicles Units	
BRAKES		REMARKS See 343-1 attached				
LAMPS & SIGNALS						
CONNECTING DEVICES						
STEERING & SUSPENSION						
TIRES & WHEELS						
EQUIPMENT REQUIREMENTS						
CONTAINERS & TANKS						
HAZARDOUS MATERIALS						

BIT <input type="checkbox"/> I <input type="checkbox"/> R <input type="checkbox"/> NON - BIT	FEES DUE <input type="checkbox"/> Yes <input type="checkbox"/> No	CHP 345	CHP 100D COL. 3, 7, 12	INSPECTION DATE(S) 11-21,22,23-2011	TIME IN 1100	TIME OUT 1200
INSPECTED BY (NAME(S)) F M Allen				ID NUMBER(S) A8198	SUSPENSE DATE <input checked="" type="checkbox"/> Auto <input type="checkbox"/> None	

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CARRIER REPRESENTATIVE'S PRINTED NAME Ronald Gonsalves	TITLE President	DRIVER LICENSE NUMBER   STATE

**CONTINUATION**

CHP 343-1 (REV 10-97) OPI 062

DATE	THIS IS A CONTINUATION OF
11-21,22-2011	CHP 343
CARRIER NAME	CA NUMBER
American Stage Tours LLC	180723
ADDRESS	FC NUMBER
1488 Soccer Court Concord Ca 94518	190882
REMARKS	

Maintenance Program

**13 CCR 1232(b) Carrier records indicate that 3,000 mile or 45 calendar day periodic preventive maintenance inspections intervals have been missed.**

Vehicle	Interval Dates / Mileage	Overage
#30	8/5/11 282293 to 9/12/11 285899	3,606
	10/20/11 293272 to 11/2/11 296349	3,077
#40	10/21/11 281074 to 11/6/11 284162	3088
#950	1/26/11 688033 to 3/9/11 691171	3138
	5/31/11 701062 to 6/27/11 704245	3183
#960	1/27/11 652049 to 3/7/11 655177	3128

You are directed to adhere to inspection and maintenance intervals for vehicles under your control.

Violation and directives have been reviewed with the carrier representative.