

**SAFETY COMPLIANCE REPORT/
TERMINAL RECORD UPDATE**

CHP 343 (Rev 6-10) OPI 062

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

TERMINAL NAME

American Stage Tours LLC

TELEPHONE NUMBER (W / AREA CODE)

(925) 687-7705

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

1488 Soccer court, Concord 94518

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

INSPECTION LOCATION (NUMBER, STREET, CITY OR COUNTY)

865 Howe Rd. Martinez

LICENSE, FLEET AND TERMINAL INFORMATION

HM LIC. NO.	HWT. REG. NO.	IMS LIC. NO.	TRUCKS AND TYPES	TRAILERS AND TYPES	BUSES BY TYPE	DRIVERS	BIT FLEET SIZE
					I- 7 II-	14	
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		FILE CODE NUMBER OF CONSOLIDATED TERMINALS AND DIVISION LOCATIONS BY NUMBER (Use Remarks for Additional FCNS)					
<input type="checkbox"/> Yes <input type="checkbox"/> No							

EMERGENCY CONTACTS (In Calling Order of Preference)

EMERGENCY CONTACT (NAME)	DAY TELEPHONE NO. (W / AREA CODE)	NIGHT TELEPHONE NO. (W / AREA CODE)
Charles Williams	(925) 687-7705	(925) 766-6394
EMERGENCY CONTACT (NAME)	DAY TELEPHONE NO. (W / AREA CODE)	NIGHT TELEPHONE NO. (W / AREA CODE)
Victoria Cole	(925) 687-7705	(925) 766-9627

ESTIMATED CALIFORNIA MILEAGE FOR THIS TERMINAL LAST YEAR [2015]

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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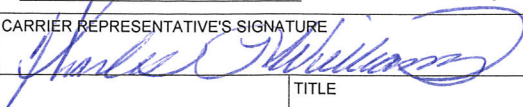
OPERATING AUTHORITIES OR PERMITS

PUC	<input type="checkbox"/> T	<input checked="" type="checkbox"/> TCP 12504	MOTOR CARRIER OF PROPERTY PERMIT ACTIVE	IMS FITNESS EVALUATION
		<input type="checkbox"/> PSC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
USDOT	US DOT NUMBER	<input checked="" type="checkbox"/> MC 165385	<input type="checkbox"/> MC	REASON FOR INSPECTION
	253482	<input type="checkbox"/> MX	<input type="checkbox"/> MX	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 N/A 3 N/A 4 N/A	1 S 2 S 3 S 4 S	
DRIVER RECORDS		No. 3 Time 1.5	No. 11 Time 0.5	No. 3 Time	N/A	2.0	
DRIVER HOURS		HAZARDOUS MATERIALS	CONTAINERS/TANKS	VEHICLES PLACED OUT-OF-SERVICE			
		<input checked="" type="checkbox"/> No H/M Transported <input type="checkbox"/> No H/M violations noted	No. Time	Vehicles Units			
BRAKES		REMARKS					
LAMPS & SIGNALS		Tour bus inspection was conducted in conjunction with SPAB terminal inspection, Maintenance records, driver records and vehicle inspections were carried over from SPAB terminal inspection.					
CONNECTING DEVICES		Carrier has 11 SPAB drivers and 14 Tour bus drivers.					
STEERING & SUSPENSION							
TIRES & WHEELS							
EQUIPMENT REQUIREMENTS							
CONTAINERS & TANKS							
HAZARDOUS MATERIALS							
BIT	NON - BIT	FEES DUE	CHP 345	CHP 100D COL.	INSPECTION DATE(S)	TIME IN	TIME OUT
<input type="checkbox"/> I <input type="checkbox"/> R	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	4	11/14/2016	1200	1400
INSPECTED BY (NAME(S))				ID NUMBER(S)	SUSPENSE DATE		
Leandro Esparta / Jeff Myers.				11 A14539 / A14439	<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 9), 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	CARRIER REPRESENTATIVE'S SIGNATURE	DATE
SATISFACTORY		11/14/2016
CARRIER REPRESENTATIVE'S PRINTED NAME	TITLE	DRIVER LICENSE NUMBER STATE
Charles Williams	Owner	

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EXP. DATE	EXP. DATE	EXP. DATE	REG. CT	HW VEH.	HW CONT.	PPB / CSAT	
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CONSOLIDATED TERMINALS

☐ Yes ☐ No

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USDOT	US DOT NUMBER	<input checked="" type="checkbox"/> MC 165385	<input type="checkbox"/> MC	REASON FOR INSPECTION
	253482	<input type="checkbox"/> MX	<input type="checkbox"/> MX	SPAB annual terminal inspection

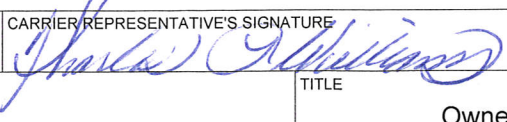
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DRIVER RECORDS		No. 3 Time 4.0	No. 8 Time 2.0	No. 3 Time 6.0	TIME N/A	TOTAL TIME 12.0
DRIVER HOURS		HAZARDOUS MATERIALS	CONTAINERS/TANKS	VEHICLES PLACED OUT-OF-SERVICE		
		<input checked="" type="checkbox"/> No H/M Transported <input type="checkbox"/> No H/M violations noted	No. Time	Vehicles Units		

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EQUIPMENT REQUIREMENTS	
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BIT	NON - BIT	FEES DUE	CHP 345	CHP 100D COL.	INSPECTION DATE(S)	TIME IN	TIME OUT
<input type="checkbox"/> I <input type="checkbox"/> R	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	3, 3	11/01, 14/2016	0700	1200
INSPECTED BY (NAME(S))					ID NUMBER(S)	SUSPENSE DATE	
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