

DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

**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 349049	FILE CODE NUMBER 362012	COUNTY CODE 43
CARRIER TYPE BUS	CODE T	OTHER PROGRAM P	LOCATION CODE 340	SUBAREA 5054

TERMINAL NAME QUALITY ASSURANCE TRAVEL	TELEPHONE NUMBER (W/ AREA CODE) (408) 885-1040
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STREET ADDRESS (NUMBER, STREET, CITY, ZIP CODE)
1585 LAURELWOOD SANTA CLARA, CA 95054

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

LICENSE AND FLEET INFORMATION

HM LIC. NO.	HWT REG. NO.	IMS LIC. NO.	TRUCKS AND TYPES	TRAILERS AND TYPES	BUSES BY TYPE I- 4 II-	DRIVERS 16
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) ARTURO MORENO	DAY TELEPHONE NUMBER (W/ AREA CODE) (408) 592-2739	NIGHT TELEPHONE NUMBER (W/ AREA CODE) (408) 363-3807
EMERGENCY CONTACT (NAME) ERIC MORENO	DAY TELEPHONE NUMBER (W/ AREA CODE) (408) 885-1040	NIGHT TELEPHONE NUMBER (W/ AREA CODE) (408) 592-5412

ESTIMATED CALIFORNIA MILEAGE FOR THIS TERMINAL FOR LAST YEAR [2007]

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

PUC T- <input type="checkbox"/> TCP 19181	T- <input type="checkbox"/> TCP	US DOT 1017085
ICC MC 427944	MCP <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	REASON FOR INSPECTION TOUR BUS TERMINAL 34501 VC

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 UR 2 S 3 S 4	1 UR 2 S 3 S 4	1 UR 2 S 3 S 4	1 2 3 4	1 UR 2 S 3 S 4
DRIVER RECORDS		No. 3 Time 1.0	No. --- Time ---	No. 3 Time 3.0	Time N/A	Time In 0800 Time Out 1200
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 0 Units 0	
BRAKES		REMARKS Rating for the category of "DRIVER RECORDS " was carried forward from the SPAB BUS terminal inspection conducted on the same dates as this terminal inspection.				
LAMPS & SIGNALS						
CONNECTING DEVICES						
STEERING & SUSPENSION						
TIRES & WHEELS						
EQUIPMENT REQUIREMENTS	2					
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. 8	INSPECTION LOCATION (NUMBER, STREET, CITY OR COUNTY) SAME AS ABOVE
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INSPECTED BY (NAME) R. PEREZ	ID NUMBER A13299	INSPECTION DATE(S) 5/28/08, 5/29/08	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 4), 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 SATISFACTORY	CARRIER REPRESENTATIVE'S SIGNATURE X [Signature]	DATE 05/29/08
CARRIER REPRESENTATIVE'S PRINTED NAME ERIC MORENO	TITLE PRESIDENT	DRIVER LICENSE NUMBER STATE