

**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 349049	FILE CODE NUMBER 362012	COUNTY CODE 43	BED
TERMINAL TYPE <input type="checkbox"/> Truck <input checked="" type="checkbox"/> Bus		CODE T	OTHER PROGRAM(S) P	LOCATION CODE 340	SUBAREA 5054
TERMINAL NAME QUALITY ASSURANCE TRAVEL			TELEPHONE NUMBER (W/ AREA CODE) 408-885-1040		
TERMINAL STREET ADDRESS (NUMBER, STREET, CITY, ZIP CODE) 1585 LAURELWOOD AVE. SANTA CLARA, CA. 95054					
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- 15 II-	DRIVERS 10	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 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) ART MORENO	DAY TELEPHONE NO. (W/ AREA CODE) 408-592-2739	NIGHT TELEPHONE NO. (W/ AREA CODE) 408-363-3807
EMERGENCY CONTACT (NAME) ERIC MORENO	DAY TELEPHONE NO. (W/ AREA CODE) 408-885-1040	NIGHT TELEPHONE NO. (W/ AREA CODE) 408-592-5412

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 19181	<input type="checkbox"/> TCP <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 type="checkbox"/> No
USDOT US DOT NUMBER 1017085	<input checked="" type="checkbox"/> MC 427844 <input type="checkbox"/> MX	REASON FOR INSPECTION PUC PL-664 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	1 S 2 S 3 S 4 S	1 S 2 U 3 S 4 S	1 S 2 S 3 S 4 S	1 2 3 4	1 S 2 U 3 S 4 S	
DRIVER RECORDS	3	No. 4 Time 3.0	No. 10 Time 3.0	No. 4 Time 4.0	TIME N/A	TOTAL TIME 10	
DRIVER HOURS	2	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 none Units none		
BRAKES		REMARKS					
LAMPS & SIGNALS	1						
CONNECTING DEVICES							
STEERING & SUSPENSION							
TIRES & WHEELS							
EQUIPMENT REQUIREMENTS	4						
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 345 <input type="checkbox"/>	CHP 100D COL. 9,4	INSPECTION DATE(S) 06/23, 27 /11	TIME IN 0700 1230	TIME OUT 1530 1430
INSPECTED BY (NAME(S)) S. SIADOR				ID NUMBER(S) A09849	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 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 SATISFACTORY	CARRIER REPRESENTATIVE'S SIGNATURE 	DATE 6-27-2011
CARRIER REPRESENTATIVE'S PRINTED NAME Arturo Moreno	TITLE VP	DRIVER LICENSE NUMBER STATE