

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 <b>230870</b>	FILE CODE NUMBER <b>288418</b>	COUNTY CODE <b>43</b>
CARRIER TYPE <b>BUS</b>	CODE <b>P</b>	OTHER PROGRAM <b>T</b>	LOCATION CODE <b>340</b>
			SUBAREA <b>5126</b>

TERMINAL NAME

QUALITY ASSURANCE TRAVEL CHARTER

TELEPHONE NUMBER (W/ AREA CODE)

(408) 885-1040

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

356 B LINCOLN AVE SAN JOSE, CA 95126

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 <b>I- 8 II-</b>	DRIVERS <b>7</b>
EXP. DATE	EXP. DATE	EXP. DATE	REG. CT	HW VEHICLES	HW CONTAINERS	CSAT <input type="checkbox"/> Yes <input type="checkbox"/> No

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

EMERGENCY CONTACT (NAME) <b>ART MORENO</b>	DAY TELEPHONE NUMBER (W/ AREA CODE) <b>(408) 885-1040</b>	NIGHT TELEPHONE NUMBER (W/ AREA CODE) <b>(408) 592-2739</b>
EMERGENCY CONTACT (NAME) <b>FEDENCIO MORENO</b>	DAY TELEPHONE NUMBER (W/ AREA CODE) <b>(408) 885-1040</b>	NIGHT TELEPHONE NUMBER (W/ AREA CODE) <b>(408) 592-5412</b>

**ESTIMATED CALIFORNIA MILEAGE FOR THIS TERMINAL FOR LAST YEAR [ 2005 ]**

<input type="checkbox"/> A UNDER 15,000	<input type="checkbox"/> B 15,001 50,000	<input checked="" type="checkbox"/> C 50,001 100,000	<input 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
---	--	--	--	--	--	--	---	---

**OPERATING AUTHORITIES**

PUC	T- <input type="checkbox"/> TCP <input type="checkbox"/> PSC	19181-A	<input type="checkbox"/> TCP <input type="checkbox"/> PSC	US DOT <b>1017085</b>
ICC	<input type="checkbox"/> MC <input type="checkbox"/> MX	427944	<input type="checkbox"/> MCP <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	REASON FOR INSPECTION <b>SPAB BUS CERTIFICATION ONLY / NOT FOR GRADE</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 ___ 2 ___ 3 ___ 4 ___	1 ___ 2 ___ 3 ___ 4 ___	1 ___ 2 ___ 3 ___ 4 ___	1 ___ 2 ___ 3 ___ 4 ___	1 ___ 2 ___ 3 ___ 4 ___
DRIVER RECORDS		No. Time	No. Time	No. Time	Time	Time In Time Out
DRIVER HOURS		HAZARDOUS MATERIALS <input 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 <b>3 SPAB BUSES INSPECTED FOR CERTIFICATION ONLY / NOT FOR GRADE 1 SPAB REINSPECTION</b>				
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"/>	FEE DUE <input type="checkbox"/> Yes <input type="checkbox"/> No	CHP 345 <input type="checkbox"/>	CHP 100D COL. <b>7, 5</b>	INSPECTION LOCATION (NUMBER, STREET, CITY OR COUNTY) <b>SAME AS ABOVE</b>
INSPECTED BY (NAME) <b>R. PEREZ</b>			ID NUMBER <b>A13299</b>	INSPECTION DATE(S) <b>5-2-06, 5-15-06</b>	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 5), 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 <b>X</b>	DATE <b>05/15/06</b>
CARRIER REPRESENTATIVE'S PRINTED NAME <b>FEDENCIO MORENO</b>	TITLE <b>OWNER</b>	DRIVER LICENSE NUMBER STATE

Destroy Previous Editions

C343\_a00.xls