

**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 15619	FILE CODE NUMBER 42060	COUNTY CODE 37	BED N/A
TERMINAL TYPE <input type="checkbox"/> Truck <input checked="" type="checkbox"/> Bus		CODE P	OTHER PROGRAM(S) T	LOCATION CODE 645	SUBAREA 03

TERMINAL NAME <b>SUNDANCE STAGE LINES INC</b>	TELEPHONE NUMBER (W / AREA CODE) <b>619-525-1670</b>
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TERMINAL STREET ADDRESS (NUMBER, STREET, CITY, ZIP CODE)  
**3762 MAIN STREET, SAN DIEGO, CA 92113**

MAILING ADDRESS (NUMBER, STREET, CITY, STATE, ZIP CODE) (IF DIFFERENT FROM ABOVE) <b>3762 MAIN STREET, SAN DIEGO, CA 92113</b>	INSPECTION LOCATION (NUMBER, STREET, CITY OR COUNTY)
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**LICENSE, FLEET AND TERMINAL INFORMATION**

HM LIC. NO. N/A	HWT. REG. NO. N/A	IMS LIC. NO. N/A	TRUCKS AND TYPES	TRAILERS AND TYPES	BUSES BY TYPE I- 18 II-	DRIVERS 33	BIT FLEET SIZE
EXP. DATE N/A	EXP. DATE N/A	EXP. DATE N/A	REG. CT	HW VEH.	HW CONT.	PPB / CSAT <input type="checkbox"/> Yes <input checked="" 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) <b>JIM SEATON</b>	DAY TELEPHONE NO. (W / AREA CODE) <b>619-525-1570</b>	NIGHT TELEPHONE NO. (W / AREA CODE) <b>619-525-1570</b>
EMERGENCY CONTACT (NAME) <b>JOHN ZATZKE</b>	DAY TELEPHONE NO. (W / AREA CODE) <b>619-525-1570</b>	NIGHT TELEPHONE NO. (W / AREA CODE) <b>619-525-1570</b>

**ESTIMATED CALIFORNIA MILEAGE FOR THIS TERMINAL LAST YEAR [ 2015 ]**

<input checked="" type="checkbox"/> A UNDER 15,000	<input type="checkbox"/> B 15,001 — 50,000	<input 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 checked="" type="checkbox"/> H 5,000,001 — 10,000,000	<input type="checkbox"/> I MORE THAN 10,000,000
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**OPERATING AUTHORITIES OR PERMITS**

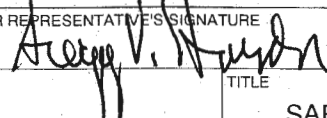
PUC <input type="checkbox"/> T <input checked="" type="checkbox"/> TCP 210 <input type="checkbox"/> PSC	MOTOR CARRIER OF PROPERTY PERMIT ACTIVE <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	IMS FITNESS EVALUATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
USDOT 184090	MC N/A <input type="checkbox"/> MC N/A <input type="checkbox"/> MX N/A	REASON FOR INSPECTION <b>Annual Tour Bus Inspection</b>

**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. 18 Time	No. 17 Time	No. 18 Time	TIME	TOTAL TIME	
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	6	<b>Carrier has 24 SPAB/School Bus Certified Drivers. Inspected 18 buses, certified 18 buses</b>  <b>SEE ATTACHED PAGES (PART B AND PART C) FOR INSPECTION FINDINGS, ACTIONS NECESSARY TO GAIN COMPLIANCE, DIRECTIVES AND VEHICLES DECLARED OUT-OF-SERVICE.</b>					
LAMPS & SIGNALS							
CONNECTING DEVICES							
STEERING & SUSPENSION	3						
TIRES & WHEELS							
EQUIPMENT REQUIREMENTS	5						
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.	INSPECTION DATE(S) 2/1, 4, 5, 9/16	TIME IN	TIME OUT
INSPECTED BY (NAME(S)) <b>J. Golojuch</b>				ID NUMBER(S) A09854	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 \_\_\_\_\_), 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 (858) 650-3655 within 5 calendar days of the rating.

CURRENT TERMINAL RATING <b>SATISFACTORY</b>	CARRIER REPRESENTATIVE'S SIGNATURE 	DATE 2/9/2016
CARRIER REPRESENTATIVE'S PRINTED NAME <b>GREGORY HANSON</b>	TITLE <b>SAFETY MANAGER</b>	DRIVER LICENSE NUMBER STATE