

STATE OF CALIFORNIA  
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL  
**SAFETY COMPLIANCE REPORT/  
TERMINAL RECORD UPDATE**  
CHP 343 (Rev. 12-17) OPI 062

NEW TERMINAL INFORMATION <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	CA NUMBER 15619	FILE CODE NUMBER 42080	COUNTY CODE 37	BED N/A
TERMINAL TYPE <input type="checkbox"/> Truck <input checked="" type="checkbox"/> Bus <input type="checkbox"/> Mod Limo	CODE P	OTHER PROGRAM(S) T	LOCATION CODE 645	SUBAREA B26

CARRIER LEGAL NAME SUNDANCE STAGE LINES INC	TERMINAL NAME (IF DIFFERENT)	TELEPHONE NUMBER (W/ AREA CODE) (619) 525-1670
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TERMINAL STREET ADDRESS (NUMBER, STREET, CITY, ZIP CODE)  
3762 MAIN STREET, SAN DIEGO, CA 92113

MAILING ADDRESS (NUMBER, STREET, CITY, 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 N/A	TRAILERS AND TYPES N/A	PASS VEH. BY TYPE I 18 II	Mod Limo	DRIVERS 34	BIT FLEET SIZE Powered
EXP. DATE	EXP. DATE	EXP. DATE	REG. CT.	HW VEH.	HW CONT.	PPB/CSAT <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		Towed
TERMINALS IDENTIFIED IN SECTION 34515(b) CVC <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			FILE CODE NUMBERS OF TERMINALS INCLUDED IN INSPECTION AS A RESULT OF SECTION 34515(b) CVC					

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

EMERGENCY CONTACT (NAME) JIM SEATON	DAY TELEPHONE NO. (W/ AREA CODE) (619) 525-1570	NIGHT TELEPHONE NO. (W/ AREA CODE) (619) 525-1570
EMERGENCY CONTACT (NAME) JOHN ZATZKE	DAY TELEPHONE NO. (W/ AREA CODE) (619) 525-1570	NIGHT TELEPHONE NO. (W/ AREA CODE) (619) 525-1570

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

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 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 checked="" 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**

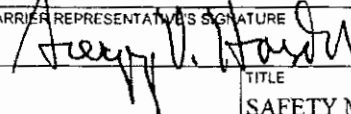
PUC <input type="checkbox"/> T <input checked="" type="checkbox"/> TCP 210	MOTOR CARRIER OF PROPERTY PERMIT ACTIVE <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	IMS FITNESS EVALUATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
USDOT USDOT NUMBER 184090	<input checked="" type="checkbox"/> MC 148425	REASON FOR INSPECTION SPAB TERMINAL INSPECTION

INSPECTION FINDINGS	INSPECTION RATINGS: S = Satisfactory U = Unsatisfactory C = Conditional UR = Unrated N/A = Not Applicable
REQUIREMENTS	VIOL
MAINTENANCE PROGRAM	1 S 2 S 3 S 4 S
DRIVER RECORDS	1 S 2 S 3 S 4 S
DRIVER HOURS	No. 18 Time 3.0
HAZARDOUS MATERIALS	No. 28 Time 2.5
CONTAINERS/TANKS	No. 18 Time 16.0
VEHICLES PLACED OUT-OF-SERVICE	TIME
TOTAL TIME	21.5
HAZARDOUS MATERIALS	<input 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
REMARKS	Inspected and Certified 18 buses. Carrier utilizes 28 SPAB drivers.
REMARKS	SEE ATTACHED PAGES (PART B AND PART C) FOR INSPECTION FINDINGS, ACTIONS NECESSARY TO GAIN COMPLIANCE, DIRECTIVES, AND VEHICLES DELCARED OUT-OF-SERVICE.

INSPECTION TYPE <input type="checkbox"/> I <input type="checkbox"/> R <input checked="" type="checkbox"/> Non-BIT	CPSS <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	CHP 345 <input type="checkbox"/>	CHP 100D COL <input type="checkbox"/>	INSPECTION DATE(S) 01/02,01/03, 01/04/2018	TIME IN	TIME OUT
INSPECTED BY (NAME(S)) A. HUERTA, MCS-1	ID NUMBER(S) A14980	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 business days of the rating.

CURRENT TERMINAL RATING SATISFACTORY	CARRIER REPRESENTATIVE'S SIGNATURE 	DATE 01/04/2018
CARRIER REPRESENTATIVE'S PRINTED NAME GREGORY HANSON	TITLE SAFETY MANAGER	DRIVER LICENSE NUMBER STATE