

**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 246592	FILE CODE NUMBER 220112	COUNTY CODE	BED
TERMINAL TYPE <input type="checkbox"/> Truck <input checked="" type="checkbox"/> Bus	CODE B	OTHER PROGRAM(S)	LOCATION CODE 530	SUBAREA S55

TERMINAL NAME
CATALINA TRANSPORTATION SERVICES, INC.

TELEPHONE NUMBER (W/ AREA CODE)
(310) 510-0342

TERMINAL STREET ADDRESS (NUMBER, STREET, CITY, ZIP CODE)
228 METROPOLE AVE., AVALON, CA. 90704

MAILING ADDRESS (NUMBER, STREET, CITY, STATE, ZIP CODE) (IF DIFFERENT FROM ABOVE)
228 METROPOLE AVE., AVALON, CA. 90704

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- 2 II-	DRIVERS 8	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
 Yes 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) CONNIE STEWART	DAY TELEPHONE NO. (W/ AREA CODE) (714) 333-5919	NIGHT TELEPHONE NO. (W/ AREA CODE) (310) 510-0342
EMERGENCY CONTACT (NAME) RENE PEREZ	DAY TELEPHONE NO. (W/ AREA CODE) (310) 740-0896	NIGHT TELEPHONE NO. (W/ AREA CODE) (310) 510-0025

ESTIMATED CALIFORNIA MILEAGE FOR THIS TERMINAL LAST YEAR [2014]

<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 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 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	MC MX	REASON FOR INSPECTION ANNUAL BUS TERMINAL INSPECTION

INSPECTION FINDINGS

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. 2 Time	No. 8 Time	No. 2 Time	TIME	TOTAL TIME	
DRIVER HOURS		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			
BRAKES		REMARKS					
LAMPS & SIGNALS		<p>NOTE</p> <p>13 CCR 1233.5 Each motor carrier subject to the provisions of this chapter shall notify the CHP in writing of any change of address (& phone number) at any of the carrier's terminals. Such notification shall be made within 15 days of the change and shall be forwarded to:</p> <p>California Highway Patrol Commercial Records Unit PO BOX 942898 Sacramento, CA 94298-0001</p>					
CONNECTING DEVICES							
STEERING & SUSPENSION	3						
TIRES & WHEELS							
EQUIPMENT REQUIREMENTS							
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 checked="" type="checkbox"/>	CHP 100D COL.	INSPECTION DATE(S) 3/4/2015	TIME IN	TIME OUT
INSPECTED BY (NAME(S)) C. CIERLEY				ID NUMBER(S) A12888	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 (323) 644-9557 within 5 calendar days of the rating.

CURRENT TERMINAL RATING SATISFACTORY	CARRIER REPRESENTATIVE'S SIGNATURE	DATE 3/4/2015
CARRIER REPRESENTATIVE'S PRINTED NAME CONNIE STEWART	TITLE TRANS. MANAGER	DRIVER LICENSE NUMBER STATE