

Mail PO Box 5310 Stateline, NV 89449-5310 Location 128 Market Street Stateline, NV 89449 Contact
Phone: 775-588-4547
Fax: 775-588-4527
www.trpa.org

TRANSPORTATION DEVELOPMENT ACT CLAIM CHECKLIST

Please check the following items as being either included with the attached TDA claim packet or on file with TRPA. TDA-I through TDA-V are included in this packet and must be filled out annually by claimants.

ITEM	ATTACHED	ON FILE
TDA-I Annual Transportation Development Act Claim	\checkmark	N/A
TDA-II Annual Claim Form and Financial Plan (for fiscal year of this claim and the prior fiscal year)	\checkmark	N/A
TDA-III Status of Prior Year Funding for Projects (including prior year transit operations, capital, and State of Good Repair projects)	\checkmark	N/A
TDA-IV Productivity Improvement Progress Report	\checkmark	N/A
TDA-V Standard Assurances Conformance Certification	\checkmark	N/A
TDA-VI Claim Certification	\checkmark	N/A
Resolution by governing body that authorizes filing of claim	\checkmark	
CHP Safety Compliance Report (completed within the last 13 months)	\checkmark	
List of projects proposed to be funded with SGR funds	\checkmark	
Adopted or proposed budget for the fiscal year of the claim	\checkmark	
Statement certifying compliance with PUC section 99155 and 99155.5	\checkmark	
STA Operator Qualifying Criteria calculation based on PUC section 99314.6	\mathbb{N}/A	\square /A
Online Operations Report for Productivity Improvement Program found here: https://monitoring.laketahoeinfo.org/Transit	N/A	X

TDA-I ANNUAL TRANSPORTATION DEVELOPMENT ACT CLAIM

MAIL TO:	TRPA Transportation Depar Tahoe Regional Planning A PO Box 5310 Stateline, NV 89449-5310				
	Placer County depar		Vorks		
ADDRESS: 3	091 County Center	Dr., Ste. 220			
	_{DE:} Auburn, CA 95603				
CONTACT NA	Maria Swan	CONTACT NUMBER:	(530) 74	45-7	594
Transportation its request for a line line line line line line line line	aimant hereby requests, in accor on Development Act and applica r funding be approved as follow the Article and requested fund ar	ble rules and regulations a s: nount (\$) on each line. Requ	dopted by th	e TRP/	
LOCAL TRANS	ir (SGR) funds should be included	d under STA.			
	rticle 4, 4.5, or 8 icle 4 - \$534,163			20	,21
			(FY	·	/
			(FY		/
	SIT ASSISTANCE (STA):				
PUC 993	313 - \$233,190		(FY	20	<u>,</u> 21
·			(FY	, <u> </u>	./
			(FY		/
SUBMITTED B	_{Y:} Maria Swan	D <i>i</i>	ATE: 10/30)/20	20

TDA-II ANNUAL CLAIM FORM AND FINANCIAL PLAN

Briefly describe all proposed projects and indicate proposed expenditures by your agency for the ensuing fiscal year for purposes related to public transportation operations, capital, and State of Good Repair. Provide each project a title and include its number as listed in the EIP/Transportation tracker: https://eip.laketahoeinfo.org/. (Use additional forms as necessary).

CLAIMANT: Placer County	FISCAL YEAR: 20/21
Project Description:	
TART Operations	
Project Cost:	
\$6,650,241	
Source of Funds: LTF - FRPA	
Project Description:	
Project Cost:	
Source of Funds:	
Project Description:	
Project Cost:	
Source of Funds:	

TDA-III STATUS OF PRIOR YEAR FUNDING FOR PROJECTS

Please list all prior fiscal year TDA claim projects and their status, including projects from previous years which are still active. Include both operating and capital projects. Approved amounts should be as specified in TDA claims approved by TRPA. Expenditures should be up to date and project status should be listed as either "Complete" or "Active." (Use additional forms as necessary).

FISCAL YEAR	PROJECT TITLE AND EIP TRACKER NUMBER	AMOUNT APPROVED	EXPENDITURES	PROJECT STATUS
19/20	TART Operations - LTF	\$836,934	\$836,934	Closed
19/20	TART Operations - STA	\$225,897	\$225,897	Closed
19/20	TART Capital - STA	\$129,203 (\$115,876.21) Amount Received)	\$0	Open
TOTAL		_{\$} 1,192,034	\$ 1,062,831	

TDA-IV PRODUCTIVITY IMPROVEMENT PROGRESS REPORT

Please list the recommendations provided in your last Triennial Performance Audit and any outstanding recommendations presented by TRPA as part of the Productivity Improvement Program. Describe your progress towards implementing each recommendation and indicate whether the recommendation has been fully implemented, partially implemented, or not implemented. For recommendations that have been partially implemented or not implemented, please describe the work your agency has undertaken to implement the recommendation thus far and the steps it will take to fully implement the recommendation in the future. (Use additional forms as necessary).

RECOMMENDATION	YEAR/SOURCE OF RECOMMENDATION	IMPLEMENTATION STATUS
(Prior) Adoption of an urbanized area farebox recovery ratio and the inclusion of locally generated revenues in the farebox recovery calculation.	2017-2019 / Triennial TDA Audit	Implemented
(Prior) Reporting of data to the oversight governing boards.	2017-2019 / Triennial TDA Audit	Partially Implemented - DPW Staff currently reports data to TRPA, PCTPA and the Truckee-North Tahoe TMA on a monthly and quarterly basis . DPW staff will develop a report to provide to the Board of Supervisors on a monthly or quarterly basis as a standard report. The goal is to begin this in January of 2021.
(Prior) Preparation of two separate modal reports to the State Controller.	2017-2019 / Triennial TDA Audit	Not Implemented - the separate modal reports began with the data for the FY 2019/20 State Controller's report (if this is true).
(Prior) Report TART operating statistics and performance indicators to the County Board of Supervisors and/or TRPA at least quarterly.	2017-2019 / Triennial TDA Audit	Not Implemented - DPW Staff currently reports data to TRPA, PCTPA and the Truckee-North Tahoe TMA on a monthly and quarterly basis . DPW staff will develop a report to provide to the Board of Supervisors on a monthly or quarterly basis as a standard report. The goal is to begin this in January of 2021.

TDA-V STANDARD ASSURANCES CONFORMANCE CERTIFICATION

CLAIMANT: Placer County	FISCAL YEAR: 20/21
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1. 180-DAY CERTIFIED FISCAL AUDIT

Claimant certifies that it has submitted a satisfactory, independent fiscal audit, with the required certification statement, to TRPA and to the State Controller's Office, pursuant to PUC 99245 and CCR 6664 for the prior fiscal year (project year minus two). Claimant assures that this audit requirement will be completed for the current fiscal year (project year minus one).

2. 90-DAY ANNUAL REPORT

Claimant certifies that is has submitted a State Controller's report in conformance with the uniform system of accounts and reports, to TRPA and to the State Controller, pursuant to PUC 99243, for the prior year (project year minus two). Claimant assures that this report will be completed for the current fiscal year (project year minus one).

3. ELIGIBILITY FOR STATE TRANSIT ASSISTANCE

PUC 99314.5

- (e) Nothing in this section shall be constructed to prohibit, or limit the ability of, a public transit operator to do the following:
- (1) Contract with common carriers of persons operating under a franchise or license.
- (2) Employ part-time drivers.

4. FAREBOX RECOVERY RATIO REQUIREMENTS

Claimants filing a claim for LTF and STA funds certifies that it complies with farebox recovery requirements laid forth in TRPA Resolution No. 2017-14 adopted by the TRPA Governing Board in September 2017. Per PUC Section 99270.2, TRPA granted Tahoe transit operators five years to meet a 15 percent ratio of fare revenues to operating cost for fixed route services and a 10 percent ratio for demand response services required of an operator serving a new urbanized area. The claimant recognizes it must comply with a 15 percent farebox recovery standard following the grace period, or it will be subject to loss of eligibility for TDA funds.

5. EXTENSION OF SERVICES

Claimant that received an allocation of LTF funds for an extension of service pursuant to PUC 99268.8 certifies that it will file a report of these services pursuant to CCR 6633.8b within 90 days after the close of the fiscal year in which that allocation was granted.

6. RETIREMENT SYSTEM

Claimant filing claim pursuant to PUC Section 99260 certifies that (check one):

(1) The current cost of its retirement system is fully funded with respe officers and employees of its public transportation system (PUC Section 99271a);	
(2) The operator is implementing a plan approved by the transportation agency which will fully fund the retirement system for such officers and employed years (PUC Section 99271a); or	

(3) The operator has a private pension plan which sets aside and invests on a current basis funds sufficient to provide for the payment of future pension benefits and which is fully compliant with the requirements stated in PUC Sections 99272 and 99273.

7. USE OF FEDERAL FUNDS

Claimant filing a claim for TDA funds for capital intensive projects pursuant to PUC 99268.7 certifies that it has made every effort to obtain federal funding for any project which is funded pursuant to PUC 99268.7.

8. REDUCED FARES FOR ELDERLY AND HANDICAPPED

A claimant filing a claim pursuant to PUC 99260 which offers reduced fares to senior citizens and disabled persons certifies that it is in compliance with PUC 99155.

9. STAFFING ON VEHICLES

Claimant certifies that it is in compliance with PUC Section 99264 that it does not routinely staff, with two or more persons, a vehicle for public transportation purposes designed to be operated by one person.

10. STATE OF GOOD REPAIR

A claimant filing a claim pursuant to PUC Section 99313 and 99314 for SGR funds certifies they provide to TRPA a list of projects to be funded with SGR apportionment made for that fiscal year. The claimant also certifies that all SGR funds be expended on SGR eligible activities specified in PUC 99212.1 (c). Claimants agree to submit annual expenditure reports to TRPA with all pertinent project information.

11. CONFORMANCE WITH TRPA REGIONAL TRANSPORTATION PLAN (RTP)

Claimant certifies that all purposes for claim expenditures conform with transit operator Short Range Transit Plans and the most current Tahoe Regional Transportation Plan.

12. IMPLEMENTATION OF PRODUCTIVITY IMPROVEMENTS

Claimant certifies that the operator has made a reasonable effort to implement the productivity improvements recommended pursuant to PUC Section 99244. The claimant shall also identify efforts made to implement recommendations from the triennial performance audit per PUC 99246.

The County of Placer	hereby certifies that the Transportation
Development Act claim for fiscal year(s) $\frac{20/21}{534,163}$ (LTF) and $\frac{233,190}{100}$	in the amount of (STA) for a total of
$_{\S}$ 767,353 conforms to the requirem	nents of the Transportation Development Act and
the above conformance requirements.	
Certified by Chief Financial Officer Dena Bey	rer
Title Administrative and Fiscal Officer	
Date October 30, 2020	

TDA-VI CLAIM CERTIFICATION

, De	ena Beyer	_, Chief Financial Officer for the	Placer County Department of Public Works	do hereby
	as required under th	ie California Code of Regulations,	Title 21, Division 3, Chapter	
6632, t	o the reasonablenes	ss and accuracy of the following:		
ω,	in operating budge increase or decreas fixed facilities. The attached certif	et or proposed budget for the fisment identifying and substantiatiet in excess of 15 percent above the in scope of operations or capitalication by the Department of the in compliance with Section 1808	he preceding year or a substal budget provisions for major. California Highway Patrol ve	antial or new erifying
(Signat	Massey ture, Chief Financial	eu Officer)		
Cou	unty of Plac	er		
(Agend	y Name)	=======================================		
// (Date)	3/20			

Before the Board of Supervisors County of Placer, State of California

In the matter of: A Resolution to execute and submit claims for FY 2020-21 Local Transportation Funds, State Transit Assistance Funds and State of Good Repair Funds to submit to the Tahoe Regional Planning Agency and the Placer County Transportation Agency totaling \$6,233,723.

Resolution No: 2020-230

The following Resolution was duly passed by the Board of Supervisors of the County of Placer

at a regular meeting held on October 27, 2020 by the following vote:

Ayes:

WEYGANDT, HOLMES, UHLER, GUSTAFSON, GORE

Noes:

NONE

Absent:

NONE

Signed and approved by me after its passage.

THE FOREGOING INSTRUMENT IS A CORRECT COPY OF THE ORIGINAL ON FILE IN THIS OFFICE ATTEST

MEGAN WOOD
Clyploof the Board of Supervisors, County
of Places State of California

Chair, Board of Supervisors

Clerk of said Board

WHEREAS, the County of Placer is eligible to apply for and receive funds from the Local Transportation Fund, State Transit Assistance Fund and the State of Good Repair Program Funds for transit operations, capital assistance and road maintenance; and

WHEREAS, for the Fiscal Year 2020-21, the County of Placer proposes to submit the following claims:

- 1) Local Transportation Fund Claim to the Tahoe Regional Planning Agency (TRPA) in the amount of \$534,163 for Tahoe Truckee Area Regional Transit (TART).
- 2) Local Transportation Fund Claim to the Placer County Transportation Planning Agency (PCTPA) in the amount of \$4,519,383 including \$2,332,403 for Placer County Transit (PCT), \$891,800 for TART, \$1,270,180 for Placer County Road Maintenance, and \$25,000 for payment to the Placer County Transportation Planning Agency as a contribution to the Regional Transportation Planning Process for Fiscal Year 2020-21.
- 3) State Transit Assistance Claim to TRPA in the amount of \$233,190 for TART Operating Assistance.
- 4) State Transit Assistance Claim to PCTPA in the amount of \$547,186, including \$312,386 for PCT Operating Assistance, \$30,000 for PCT bus equipment upgrades, \$184,800 for TART Capital Assistance, and \$20,000 for TART bus equipment upgrades.
- 5) State of Good Repair Fund Claim to the TRPA for the purchase of a bus for TART in the amount of \$66,331.

6) State of Good Repair Fund Claim to the PCTPA in the amount of \$333,470, including \$179,839 for two TART bus purchases and \$153,631 for PCT fueling station repairs.

BE IT RESOLVED, by the Board of Supervisors, County of Placer, State of California, that the Chair of the Board of Supervisors is authorized and directed to execute the attached FY 2020-21 Local Transportation Fund, State Transit Assistance and State of Good Repair Fund Claims to the Tahoe Regional Planning Agency and the Placer County Transportation Agency.

CLAIM FOR STATE OF GOOD REPAIR PROGRAM FUNDS

То:	TAHOE REGIONAL PLANNING AGENCY P.O. Box 5310 Stateline, NV 89449-5310	
From:	County of Placer 3091 County Center Drive, Suite 220 Auburn, CA 95603	
CONTAC	T: Maria Swan – mswan@placer.ca.ç	gov PHONE: 530-745-7594
The COU	NTY OF PLACER hereby requests, in a	accordance with State of California Public Utilities
Code, cor	mmencing with Section 99200 and the	California Code of Regulations commencing with
Section 60	00, that this claim in the amount of \$66	331 for State Of Good Repair Program Funds be
approved	for FY 2020/21, in the following amour	ts for the following purposes to be drawn from
the State	Transit Assistance Fund deposited with	the Placer County Treasurer.
Transit Op	perations (6730a):	\$0
Transit Ca	apital (6730a):	\$66,331
		g.
When app	proved by TRPA, this claim will be trans	mitted to the El Dorado County Auditor-
Controller	for payment. Approval of this claim, a	nd payment by the El Dorado County Auditor-
Controller	to the applicant is subject to such mon	ies being on hand and available for distribution,
and is sub	ject to the provision that such monies	vill be used only in accordance with the terms of
the approv	ved annual financial plan.	
Approved:		Applicant:
Tahoe Re	gional Planning Agency	County of Placer
Ву:		By: Bonnie M Gore
		Title: Chair, County of Placer
		Date: 10/21/2020

Submittal Report

SGR-C10-FY20/21-5919-001

FY 20/21

Submittal Details

Program	Agency			Date Created	Date Submitted	Date Approved	
State of Good Repair Program	Placer County		08/28/2020	08/28/2020			
Address		City		State	Zip Code		
3091 County Center Drive, Suite 220 Auburn				CA	95603		
Contact			Contact Titl	е			
Jaime Wright			Public Works	s Manager			
Contact Phone			Contact Em	ail			
(530) 745-3530			jaimewright@	placer.ca.gov			
Support Documentation			Additional Information				
Support documentation includes the release resolution and board memorandum for the Placer County. The replacement of one Regional Transit is included in the TART preventive maintenance project is an onfinancial element of the 2018 Placer Countransit Plan and is supported as an active served by Placer County Transit. The Poproject list is also attached.	he transit pl bus for Tah Systems F going activi unty Transit vity by all of	ans adopted by oe Truckee Area Plan, 2016. The ty included in the Short Range the Cities					

Project Details

Title	Description	Asset Type	Project Category	Est. Useful Life	Est. Project Start Date	Est. Project Completion Date	Est. 99313 Costs	Est. 99314 Costs
Tahoe Truckee Area Regional	Replacement of a 40' transit bus for Tahoe Truckee Area Regional Transit	Rolling Stock/Fleet	Replacement	12	08/31/2020	01/31/2022	\$123,895	\$55,944
Tahoe Truckee Area Regional	Replacement of a 25' cutaway transit bus (18 seats) for Tahoe Truckee Area	Rolling Stock/Fleet	Replacement	12	08/31/2020	01/31/2022	\$66,331	\$0
Placer County Transit	Placer County Transit Repair/Rehabilitation of Existing Fleet	Rolling Stock/Fleet	Maintenance	1	07/01/2020	06/30/2021	\$153,631	\$0



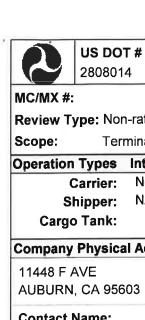
Placer County Transit

Elderly/Disabled PUC Section 99155 & 99155.5

Placer County Transit and Tahoe Truckee Area Regional Transit are in compliance with PUC Section 99155 pertaining to reduced transit fares for elderly and disabled persons and Section 99155.5 pertaining to dial-a-ride and paratransit services.



STATE OF CALIFOR	RNIA													Page 1 o		pages	
ALTERY COMPLIANCE DEDORT!				NEW TI	NEW TERMINAL INFORMATION					CA NUMBER FILE CODE NUMBE			COUNTY CODE		BED		
- 1					✓ Yes				42518		46911		LOCATION CODE		SUBAREA		
TERMINAL RESORD SI DATE					VAL TYPE	_		4 1 1 inn -	CODE	01	HER PROGR	Alvi(5)				76	
CHP 343 (Rev 12-17) OPI 062								lod Limo	, , ,		Troug		PHONE NUMBER (W/A				
CARRIER LEGAL NAME					TERMINAL NAME (IF DIFFERENT)							TELEF	(530) 550-1212				
PLACER COUNTY TERMINAL STREET ADDRESS (NUMBER, STREET, CITY, ZIP CODE)						TAICI							(600) 000 1212				
910 CABIN CREEK RD TRUCKEE CA 96161																	
MAILING ADDRESS (NUMBER, STREET, CITY, STATE, ZIPCODE) (IF DIFFERENT FROM ABOVE) INSPECTION LOCATION (NUMBER, STREET, CITY OR COUNTY)																	
	HWT. RE	C NO	IMS LIC. NO.	ICENS	TRUCKS			TRAILERS A	NFORMA	PASS	VEHS BY TYP	E.	DF	RIVERS	BIT FLE	ET SIZE	
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TERMINALS IDENTIFIED IN SECTION 34515(b) CVC																	
Yes No EMERGENCY CONTACTS (In Calling Order of Preference)																	
EMERGENCY CONTACT (NAME)					DAY TELEPHONE NO				(W/AREA CODE)			NIGHT	IIGHT TELEPHONE NO. (W/AREA CODE)				
ERIN JOHN	SON								0) 581-6654				(425) 299-1682				
EMERGENCY CO	NTACT (NAME)				DAY TELEPHONE NO.			HONE NO. (V	(W/AREA CODE)			NIGHT	GHT TELEPHONE NO. (W/AREA CODE)				
ESTIMATED CALIFORNIA MILEAGE FOR THIS TERMINAL LAST YEAR [2018]																	
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PUC	Т	TCP MOTOR CARRIER OF PROPERTY PERMIT ACTIVE Yes No ✓ N/A							Yes No								
US DOT NUMBER 2808014 MC MC REASON FOR INSPECTION ANNUAL B BUS																	
INSPECTION FINE	INSPECTION FINDINGS INSPECTION RATINGS: S = Satisfactory U = Unsatisfactory C = Conditional UR = Unrated N/A = Not Applicable																
REQUIREMENTS	VIOL	MAINTENA	ANCE PROGRAM		DRIVER R	RECORD	S	-	EQUIPMEN		HAZARDO				TERMINA		
MAINTENANCE PROGRAM		1_S 2_S	S 3 S 4 S	1_U	2 S	3_S	4_S	1_S_2	_S 3_S	4 <u>S</u>	1 N/A 2 V/	/F 3 N/	A 4 N/A	1_U 2_		S ₄ S	
DRIVER RECORDS		No. 6	Time 2.0	No	16 -	Time '	4.0	No. 4	Time	4.0	TIME			TOTAL TIM	12.0		
DRIVER		HAZARDOUS MATERIALS						CONTAIN	ERS/TANKS	VEHICLES PLACE			O OUT-OF-SERVICE				
HOURS			✓ No H/M Transported No H/M violations noted No. Time Vehicles Units														
BRAKES		REMARKS HELPFUL WEB SITES: WWW.CHP.CA.GOV							1.0								
LAMPS & SIGNALS	1.	WWW.DMV.CA.GOV WWW.FMCSA.DOT.GOV															
CONNECTING					/VVVV.	FMCSA.	DOT.GOV										
DEVICES																	
STEERING & SUSPENSION																12	
TIRES & WHEELS													67				
EQUIPMENT	2							-									
REQUIREMENTS	2																
CONTAINERS & TANKS																	
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MATERIALS BIT	NON - BIT	CPSS	CHP 3	45 (CHP 100D	COL		INS	PECTION DA				TIME IN		TIME OU		
✓ I		Yes	✓ No 🔲							10-1	1 /2018			900	1.	300	
INSPECTED BY (NAME(S))					590			ID1	NUMBER(S)				SUSPENSE DATE Auto None				
LYLE MARKOWICH							CERTIF	A10001									
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 Carrie	r Safety Un	it Supervisor at		91	6-731-	6350	v	ithin 5 bus	siness	days of the	e ratino	j.				
					BRIER REPRESENTATIVE'S SIGNATU				URE				DATE 12/11/2010				
SATISFACTORY					3				TITLE				12/11/2019 DRIVER LICENSE NUMBER STATE				
CARRIER REPRESENTATIVE'S PRINTED NAME FRIN JOHNSON TRANSIT SUPERVISOR									OR								



Legal: PLACER COUNTY

Operating (DBA): PLACER COUNTY TRANSIT

State #: 42518

Federal Tax ID: 94-6000527 (EIN)

Review Type: Non-ratable Review - Special Study

Terminal

Location of Review/Audit: Company facility in the U. S.

Territory: B

Operation Types Interstate Intrastate

> Non-HM Non-HM

N/A N/A N/A

Gross Revenue:

Business: Corporation

for year ending:

Company Physical Address:

AUBURN, CA 95603

Contact Name:

ERIN JOHNSON

Phone numbers: (1) 530-889-7536

(2) 5305816654

Fax

E-Mail Address:

Company Mailing Address:

11448 F AVE

AUBURN, CA 95603

Carrier Classification

Local Government

Cargo Classification

Passengers

Equipment

Owned Term Leased Trip Leased Owned Term Leased Trip Leased

Motor Coach

Minibus, 16+

0

Power units used in the U.S.: 12

Percentage of time used in the U.S.: 100

Does carrier transport placardable quantities of HM? No

Is an HM Permit required?

< 100 Miles:

>= 100 Miles:

N/A

Driver Information

Inter Intra 37

Average trip leased drivers/month: 0

Total Drivers: 37

CDL Drivers: 37



U.S. DOT #: 2808014

State #: 42518

Review Date: 12/11/2019

Part A

QUESTIONS regarding this report or the Federal Motor Carrier Safety or Hazardous Materials rules may be addressed to the Office of Motor Carriers at:

This TERMINAL REVIEW deals only with safety compliance at this terminal.

Person(s) Interviewed

Name: ERIN JOHNSON

Title: TRANSIT SUPERVISOR

Name: Title:



U.S. DOT #: 2808014

State #: 42518

Review Date: 12/11/2019

Part B Violations

Safety Fitness Rating Information:

Total Miles Operated Recordable Accidents 100,001

0

OOS Vehicle (CR): 0

Number of Vehicle Inspected (CR): 4

OOS Vehicle (MCMIS): 0

Number of Vehicles Inspected (MCMIS): 0

Your proposed safety rating is :

This Review is not Rated.



U.S. DOT #: 2808014

State #: 42518

Review Date: 12/11/2019

Part B Requirements and/or Recommendations

1. Questions related to this inspection may be directed to the Valley Division Motor Carrier Safety Unit Supervisor at (916) 731-6350



U.S. DOT #: 2808014

State #: 42518

Review Date: 12/11/2019

Part C

Reason for Review: Other

ANNUAL BUS

Planned Action:

Compliance Monitoring

391

Parts Reviewed Certification: 383

✓

382 325

387

390

392 ✓

393

✓

395 396 ✓

397

398 399 171

172 173 177

180

178

Prior Reviews

Prior Prosecutions

Reason not Rated: Special Study

Study Code: CA

10/9/2019

9/27/2019

9/24/2019

Unsat/Unfit Information

Is the motor carrier of passengers subject to the safety fitness procedures contained in 49 CFR part 385 subpart A. AND does it

transport passengers in a commercial motor vehicle?

Yes - Interstate and Intrastate

Does carrier transport placardable quantities of hazardous materials?

Unsat/Unfit rule:

Not Applicable

Corporate Contact: ERIN JOHNSON

Corporate Contact Title: TRANSIT SUPERVISOR

Special Study Information:

Remarks:

Terminal Name: PLACER COUNTY DBA TART

Terminal Address: 910 CABIN CREEK RD TRUCKEE CA 96161

CA#-42518 FCN - 46911

Rating Information:

In accordance with 13 CCR 1233, this terminal has been rated Satisfactory at this time.

ADDITIONAL INFORMATION:

ALL RECORDS INDICATE COMPLIANCE AT TIME OF INSPECTION

Upload Authorized:

Yes

No

Authorized by:

Yes

No

Failure Code:

Verified by:

Uploaded:

Date:

Date:

inSPECT 1.102.1



California Highway Patrol 2555 First Avenue

Sacramento, CA 95811 Phone: (916) 731-6300

Internationally Accredited Agency CHP407F/343A

Report Number: CAN8E9000172 Inspection Date: 12/10/2019

Start: 11:00 AM PT End: 12:00 PM PT

Inspection Level: V - Terminal **HM Inspection Type:** None

PLACER COUNTY

11448 F AVE

Driver: License#:

State:

USDOT: 2808014

Phone#: (530)889-7536

CoDriver:

MC/MX#:

Fax#:

License#:

Date of Birth:

State:

State#: 42518

Location: TRUCKEE

AUBURN, CA, 956032714

Date of Birth: Milepost:

Shipper: N/A

Bill of Lading: N/A

Highway: 89 **County: PLACER** Origin: TRUCKEE,CA

Destination: TRUCKEE, CA

Cargo: EMPTY

VEHICLE IDENTIFICATION

Unit Type Make Year State BU FORD 2008 CA

BRAKE ADJUSTMENTS

<u>Plate</u> 1312571 Equipment ID 0806

<u>VIN</u> 1FD4E45S48DB29508 14500

GVWR CVSA Existing

CVSA#

Axle #

1

Right Left

<u>Section</u>

N/A N/A N/A N/A

HYDR HYDR Chamber

VIOLATIONS

Type Unit OOS

VerifyCrash Violations Discovered Citation #

Required lamp(s) inoperative--393.9(a): RIGHT HEADLAMP LOW BEAM **INOPERATIVE**

24252(A) VC 1232(A) CCR

S 1 Ν

N

General maintenance--396,3 (a)(1): BATTERY IN ENGINE COMPARTMENT LOOSE

HazMat: No HM transported

Placard:

Cargo Tank:

Special Checks: No data for special checks

State Information:

Beat/Sub Area: 76; Odometer: 359480; File Code Number: 46911; Regulated Vehicle: Y; Pre-Cleared Vehicle: N; Fuel Type:

G; Passenger Capacity: 18; Veh #1 Type: 20; WC Passenger Capacity: 2; Bus Type: 1

Pursuant to Section 24004 CVC, violations recorded on this SafetyNet Inspection Report must be corrected prior to redispatch. Violations marked out of service must be corrected before the vehicle is operated on the highway. For your convenience, KEEP THIS REPORT OR A COPY IN THE VEHICLE UNTIL ALL VIOLATIONS ARE CLEARED. This document should NOT be forwarded to the court for clearance procedures. DO NOT RETURN THIS FORM TO THE CALIFORNIA HIGHWAY PATROL.

Report Prepared By: L. MARKOWICH

Badge #: A10881

Copy Received By:

inSPECT 1.102.1



California Highway Patrol 2555 First Avenue Sacramento, CA 95811 Phone: (916) 731-6300

Internationally Accredited Agency CHP407F/343A

Inspection Date: 12/10/2019

Start: 12:01 PM PT End: 1:00 PM PT

Report Number: CAN8E9000173

Inspection Level: V - Terminal **HM Inspection Type:** None

PLACER COUNTY

11448 F AVE

Driver: License#:

State:

AUBURN, CA, 956032714

Phone#: (530)889-7536

Date of Birth:

Date of Birth:

USDOT: 2808014 MC/MX#:

Fax#:

CoDriver: License#:

State:

State#: 42518

Highway: 89

Location: TRUCKEE

County: PLACER

Milepost:

Shipper: N/A

Origin: TRUCKEE, CA

Bill of Lading: N/A

Cargo: E

VEHICLE IDENTIFICATION

Unit Type Make Year State BU GILLI 2019 CA

<u>Plate</u> NONE Equipment ID 1940

VIN

Destination: TRUCKEE,CA

GVWR CVSA Existing 15GGD3110K3194163 41600

CVSA#

BRAKE ADJUSTMENTS

Axle #

1

Right Left

N/A N/A N/A N/A

DISC DISC Chamber

VIOLATIONS: No violations were discovered

HazMat: No HM transported

Placard:

Cargo Tank:

Special Checks: No data for special checks

State Information:

Beat/Sub Area: 76; Odometer: 1940; File Code Number: 46911; Regulated Vehicle: Y; Pre-Cleared Vehicle: N; Fuel Type: D;

Passenger Capacity: 52; Veh #1 Type: 20; WC Passenger Capacity: 2; Bus Type: 1

Report Prepared By: L. MARKOWICH

Badge #: A10881

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California Highway Patrol 2555 First Avenue Sacramento, CA 95811 Phone: (916) 731-6300

Internationally Accredited Agency CHP407F/343A

Report Number: CAN8E9000174 Inspection Date: 12/10/2019 Start: 1:01 PM PT End: 2:00 PM PT

Inspection Level: V - Terminal HM Inspection Type: None

PLACER COUNTY

11448 F AVE

Driver: License#:

State:

AUBURN, CA, 956032714 **USDOT**: 2808014

Phone#: (530)889-7536

Date of Birth:

CoDriver: License#:

State:

MC/MX#:

State#: 42518 Location: TRUCKEE

Date of Birth: Milepost:

Shipper: N/A

Origin: TRUCKEE, CA

Bill of Lading: N/A

Highway: 89 **County: PLACER**

Destination: TRUCKEE, CA

Cargo: EMPTY

VEHICLE IDENTIFICATION

Unit Type Make Year State BU GILLI 2019 CA

<u>Plate</u> NONE Equipment ID 1937

VIN

GVWR CVSA Existing 15GGD3119K3194162 41600

CVSA#

BRAKE ADJUSTMENTS

Axle #

1

Right

N/A N/A N/A N/A

Left Chamber

DISC DISC

VIOLATIONS: No violations were discovered

HazMat: No HM transported

Placard:

Cargo Tank:

Special Checks: No data for special checks

State Information:

Beat/Sub Area: 76; Odometer: 213; File Code Number: 46911; Regulated Vehicle: Y; Pre-Cleared Vehicle: N; Fuel Type: D;

Passenger Capacity: 52; Veh #1 Type: 20; WC Passenger Capacity: 2; Bus Type: 1

Report Prepared By: L. MARKOWICH

Badge #: A10881

Copy Received By:

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inSPECT 1.102.1



California Highway Patrol 2555 First Avenue Sacramento, CA 95811 Phone: (916) 731-6300

Internationally Accredited Agency CHP407F/343A

Report Number: CAN8E9000175 Inspection Date: 12/10/2019

Start: 2:01 PM PT End: 3:00 PM PT Inspection Level: V - Terminal HM Inspection Type: None

PLACER COUNTY

11448 F AVE

Driver: License#:

State:

AUBURN, CA, 956032714

Phone#: (530)889-7536

USDOT: 2808014

CoDriver:

MC/MX#:

Fax#:

License#: Date of Birth:

Date of Birth:

State:

State#: 42518

Milepost:

Shipper: N/A

Location: TRUCKEE Highway: 89

Origin: TRUCKEE,CA

Destination: TRUCKEE, CA

Bill of Lading: N/A Cargo: EMPTY

County: PLACER

VEHICLE IDENTIFICATION Unit Type Make Year State Plate

Equipment ID

VIN

GVWR CVSA Existing

CVSA#

BU GILLI 2015 CA 1489220

1517

15GGD2719F1187652 41600

BRAKE ADJUSTMENTS

Axle #

1

Right Left

N/A N/A N/A N/A

Chamber DISC DISC

VIOLATIONS

<u>Section</u>

Type Unit OOS Citation # VerifyCrash Violations Discovered

1264(C) CCR 1

Ν

Cracked or broken glass--392.2: RIGHT REAR EXIT DOOR'S LOWER GLASS PANEL

BROKEN

HazMat: No HM transported

Placard:

Cargo Tank:

Special Checks: No data for special checks

State Information:

Beat/Sub Area: 76; Odometer: 311384; File Code Number: 46911; Regulated Vehicle: Y; Pre-Cleared Vehicle: N; Fuel Type:

D; Passenger Capacity: 52; Veh #1 Type: 20; WC Passenger Capacity: 2; Bus Type: 1

Pursuant to Section 24004 CVC, violations recorded on this SafetyNet Inspection Report must be corrected prior to redispatch. Violations marked out of service must be corrected before the vehicle is operated on the highway. For your convenience, KEEP THIS REPORT OR A COPY IN THE VEHICLE UNTIL ALL VIOLATIONS ARE CLEARED. This document should NOT be forwarded to the court for clearance procedures. DO NOT RETURN THIS FORM TO THE CALIFORNIA HIGHWAY PATROL.

Report Prepared By: L. MARKOWICH

Badge #: A10881

Copy Received By:

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STATE OF CALIFORNIA

LYLE MARKOWICH

DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

TRANSIT OPERATOR COMPLIANCE CERTIFICATE

CHP 339 (Rev. 9-09) OPI 062					
TRANSIT OPERATOR NAME					
PLACER COUNTY DBA: TAHOE AREA REGIONAL TRANSIT					
ADDRESS		TELEPHONE NUMBER			
870 CABIN CREEK RD		(530) 550-1212			
CITY ZIP CODE	COUNTY				
TRUCKEE 96161	NEVADA				
This is to certify that the above named transit operator was inspected on this date and found 1808.1, regarding participation in the Department of Motor Vehicles Pull Notice Program, a certificates.					
ISSUED BY	I.D. NUMBER	DATE			
LYLE MARKOWICH	A10881	12/11/2019			
Destroy Previous Editions		Chp339_0809.pdf			
STATE OF CALIFORNIA					
TRANSIT OPERATOR COMPLIANCE CERTIFICATE					
CHP 339 (Rev. 9-09) OPI 062					
TRANSIT OPERATOR NAME					
NAME OF THE PROPERTY OF THE PR					
PLACER COUNTY DBA: TAHOE AREA REGIONAL TRANSIT ADDRESS	TELEPHONE NUMBER				
870 CABIN CREEK RD		(530) 550-1212			
CITY ZIP CODE	COUNTY				
TRUCKEE 96161	NEVADA				
This is to certify that the above named transit operator was inspected on this date and found 1808.1, regarding participation in the Department of Motor Vehicles Pull Notice Program, a certificates.					
ISSUED BY	I,D, NUMBER	DATE			
LYLE MARKOWICH	A10881	12/11/2019			
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Desiroy Frevious Editions					
STATE OF CALIFORNIA					
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL					
TRANSIT OPERATOR COMPLIANCE CERTIFICATE CHP 339 (Rev. 9-09) OPI 062					
TRANSIT OPERATOR NAME					
PLACER COUNTY DBA: TAHOE AREA REGIONAL TRANSIT ADDRESS		TELEPHONE NUMBER			
		TEEL HONE HOMBER			
870 CABIN CREEK RD		(530) 550-1212			
CITY ZIP CODE	COUNTY				
TRUCKEE 96161	NEVADA				
This is to certify that the above named transit operator was inspected on this date and found 1808.1, regarding participation in the Department of Motor Vehicles Pull Notice Program, a certificates.					
ISSUED BY	I.D. NUMBER	DATE			
		II.			

12/11/2019

A10881