



Transportation Development Act

CLAIM FORMS

February 2021

DOCUMENT A (Instructions on pages 4-3 and 4-4)

**TRANSPORTATION DEVELOPMENT ACT CLAIM FORM
(All claimants must complete this document)**

Line

1 Project Year (FY) 2023-24

2 Claimant Lompoc

3 Address 100 Civic Center Plaza

4 Contact Person Richard Fernbaugh Title Aviation and Transportation Admin.

5 Telephone Number 805-875-8268

6 The above named claimant hereby applies for allocations of Transportation Development Act funds for FY 2023-24 for the purposes and in the amount(s) specified below:

	Purpose	Apportionment	Claimed
	Local Transportation Fund		
7	Regional Transportation Planning (PUC 99262 & 99402)	\$ 70,816.00	\$ 70,816.00
	<i>less amount released to SBCAG</i>	<i>minus</i>	\$ 70,816.00
8	Pedestrian & Bikeway Facilities (PUC 99234)	\$ 48,174.00	\$ 48,174.00
9	Articles 4 & 8:	\$ 2,289,732.00	
	<i>less amounts released to:</i>		
10		<i>minus</i>	
11		<i>minus</i>	
		<i>minus</i>	
		<i>minus</i>	
		<i>minus</i>	
		<i>minus</i>	
	<i>plus amounts released from:</i>		
13	SB County Contracted Services	<i>plus</i>	\$ 777,600.00
14	(includes 1/5 bus purchase/9th payment,	<i>plus</i>	
15	and Wine Country Express)	<i>plus</i>	
16	Article 4 Transit (PUC 99260)		\$ 3,067,332.00
17	Article 4.5 Community Transit (PUC 99275)		\$ -
18	Article 8a Streets & Roads (PUC 99400a)		
19	Article 8c Transit Contracts (PUC 99400c)		
20	TOTAL LTF	\$ 2,408,722.00	\$ 3,115,506.00
21	Amount to be held in reserve (CCR 6648)	\$ 20,000.00	

By Claimant By SBCAG

DOCUMENT A (Continued)

State Transit Assistance			
22	Transportation Planning		
23	Mass Transportation		
24	TOTAL STA		\$ -

25 TOTAL TRANSPORTATION DEVELOPMENT ACT CLAIM \$ 3,115,506.00
(add lines 20 and 24)

Claimant acknowledges that payment by the County Auditor of an allocation made by the Association of Governments is subject to such monies being on hand and available for distribution and to the provision that such moneys be used only in accordance with the terms of the allocation instruction issued by the Association of Governments

26 By: Dean Albro
27 Title: City Manager
28 Date: 4/3/2023

I hereby attest to the reasonableness and accuracy of the financial statements included in Documents C, D, F, and G. (Sec. 6632)

29 Signed: _____
30 Name: Christie Donnelly
31 Title: Management Services Director

Reference: CCR Section 6630

DOCUMENT B (Instructions on page 4-5)

**RESOLUTION
(All claimants must complete this document)
(Sample format)**

RESOLUTION AUTHORIZING THE FILING OF A CLAIM WITH THE SANTA BARBARA COUNTY ASSOCIATION OF GOVERNMENTS FOR ALLOCATION OF TRANSPORTATION DEVELOPMENT ACT FUNDS FOR FISCAL YEAR 2023-24

WHEREAS, the Transportation Development Act (TDA), as amended (Public Utilities Code Section 99200 et seq.), provides for the allocation of funds from the Local Transportation Fund for use by eligible claimants for various transportation purposes; and

WHEREAS, pursuant to the provisions of the TDA, as amended, and pursuant to the applicable rules and regulations thereunder (21) Cal. Code of Regulations Sections 6600 et seq.) a prospective claimant wishing to receive an allocation from the Local Transportation Fund or State Transit Assistance fund shall file its claim or amended claim with the Santa Barbara County Association of Governments.

NOW, THEREFORE, BE IT RESOLVED, that Dean Albro, City Manager is authorized to execute and file an appropriate claim and necessary claim amendments pursuant to the terms of the TDA, as amended, and pursuant to applicable rules and regulations promulgated there under, together with all necessary supporting documents, with the Santa Barbara County Association of Governments for an allocation of TDA in FY 2023-24.

BE IT FURTHER RESOLVED THAT the authorized claim includes \$ 70,816.00 for regional transportation planning, \$ 48,174.00 for pedestrian and bicycle facilities, \$ 3,067,332.00 for transit or paratransit purposes, \$ - for street and road purposes.

BE IT FURTHER RESOLVED THAT a copy of this resolution be transmitted to the Santa Barbara County Association of Governments in conjunction with the filing of the claim.

City of Lompoc Transit - DOCUMENT C (Instructions on page 4-6)

**PRODUCTIVITY IMPROVEMENT PROGRESS REPORT
(COLT must complete this document)**

Recommendation	Implementation Status
Provide justification for operating cost increases in the TDA claim.	Increases in Contractor and operating costs.
Simplify Driver Trip Sheet.	Driver Trip Sheets comply with Federal Transit Administration guidelines
Evaluate alternative transit delivery in light of performance trends.	COLT is currently in the process of contractin with a consultant to do a Transit Re-visioning Study which will evaluate our service and propose changes that will take place with our new service contract in 2025/26.

Describe any other efforts made, or planned, to improve cost effectiveness and/or increase ridership. Summarize such efforts for both fixed route and demand response service, if applicable.

A large, empty rectangular box with a light green background, intended for describing efforts to improve cost effectiveness and ridership. The box is bounded by a thin black line and occupies most of the page below the instruction text.

DOCUMENT D, PART A (Instructions on pages 4-7 and 4-8)

PROPOSED OPERATING BUDGET
(All transit claimants must complete this document)

<u>Line</u>	<u>Prior Year (FY)</u>	<u>Project Year (FY)</u>
1 Budget Year	2022-23	2023-24
2 Total Eligible Operating Cost	\$ 2,230,480.00	\$ 2,586,100.00
3 Estimated Fares	\$ 265,000.00	\$ 325,500.00
4 Operating Deficit (subtract Line 3 from Line 2)	\$ (1,965,480.00)	\$ (2,260,600.00)
 <u>Other Operating Revenues</u>		
5 Property Taxes		
6 Local Transportation Fund		\$ 160,959.00
7 LTF Balance from Prior Year		
8 State Transit Assistance Fund		
9 Federal Operating Assistance	\$ 1,053,739.00	\$ 1,130,300.00
10a Measure D/A - Local	\$ 31,741.00	\$ 31,741.00
10b Measure D/A - Regional		
11 Other (specify): Buellton/Solvang	\$ 48,000.00	\$ 48,000.00
12 Other (specify): SB County Contract - WCE	\$ 720,000.00	\$ 777,600.00
13 Other (specify): SB County Measure A contributor	\$ 112,000.00	\$ 112,000.00
14 Net Surplus/(Deficit) (add Lines 5-13 to Line 4)	\$ -	\$ -

Footnotes

Reference: CCR Section 6632

DOCUMENT D, PART B (Instructions on pages 4-7 and 4-8)

**PROPOSED CAPITAL BUDGET
(All transit claimants must complete this document)**

<u>Line</u>	<u>Prior Year (FY)</u>	<u>Project Year (FY)</u>
15 Budget Year	<u>2022-23</u>	<u>2023-24</u>
<u>Capital Expenditures</u> (Itemize by Project)		
16 Transit Maintenance Facility/Reserve	\$ 2,181,384.00	\$ 2,181,373.00
17 Bus(es)	\$ 325,000.00	\$ 500,000.00
18 Relocation Expenses	\$ 100,000.00	\$ 100,000.00
19 Transit Revision Study		\$ 125,000.00
20 Transit Maintenance Truck	\$ 75,000.00	
21 Short Range Transit Plan	\$ 125,000.00	
22 Zero-Emission Bus Transition Plan	\$ 60,000.00	
23		
24 Total Capital Expenditures (Add Lines 16-23)	\$ 2,866,384.00	\$ 2,906,373.00
<u>Capital Revenues</u>		
25 Property Taxes		
26 Local Transportation Fund (LTF)	\$ 2,846,384.00	\$ 2,886,373.00
27 LTF Reserve Account		
28 LTF Balance from Prior Year		
29 State Transit Assistance Fund (STAF)		
30 STAF Balance from Prior Year		
31 Federal Capital Assistance		
32 Other (specify): Reserve for Bus Purchase	\$ 20,000.00	\$ 20,000.00
33 Other (specify):		
34 Other (specify):		
35 Other (specify):		
36 Total Capital Revenues (add Lines 25-35)	\$ 2,866,384.00	\$ 2,906,373.00
37 Net Surplus/(Deficit) (subtract Line 36 from Line 24)	\$ -	\$ -

DOCUMENT E (Instructions on page 4-9)

**PROJECT DESCRIPTION & REGIONAL TRANSPORTATION PLAN CONFORMITY
(All claimants must complete this document)**

Complete sections for **every article** under which you are claiming TDA funds.

ARTICLE 3 BIKE/PED CLAIMS [Cities and County]

Describe how you plan to use LTF Article 3 Bike/Ped funds. Include, as applicable, location, type of bike facility, length of project (if bike lane), construction start date, and expected date of opening.

The City of Lompoc will use the \$48,174 allocated to fund improvements to pedestrian and/or bicycle facilities and/or signage.

List the corresponding RTP project and/or page numbers.

List the corresponding local bicycle plan project and/or page numbers.

ARTICLE 4 TRANSIT CLAIMS [COLT, Guadalupe, SBMTD, SMAT, and SYVT]

Describe how you plan to use LTF Article 4 Transit funds. Include, as applicable, type of project, construction start date, expected date of opening.

COLT will utilize all LTF funds for operating and capital.

List the corresponding RTP project and/or page numbers.

ARTICLE 4.5 COMMUNITY TRANSIT SERVICES CLAIMS [Easy Lift and SMOOTH]

Describe how you plan to use LTF Article 4.5 CTSA funds. Include, as applicable, type of project, construction start date, expected date of opening.

List the corresponding RTP project and/or page numbers.

ARTICLE 8(c) TRANSIT CLAIMS [County only]

Describe how you plan to use LTF Article 8 Transit funds. Include, as applicable, type of project, construction start date, expected date of opening.

List the corresponding RTP project and/or page numbers.

ARTICLE 8(a) STREETS AND ROADS CLAIMS [Cities and County, if applicable]

Describe how you plan to use LTF Article 8 Streets/Roads funds. Include, as applicable, type of project, construction start date, expected date of opening.

DOCUMENT F (Instructions on pages 4-10 and 4-11)

**MAXIMUM TRANSIT ALLOCATION
(All transit claimants must complete this document)**

Line MAXIMUM ALLOCATION FOR OPERATIONS

		FY <u>2023-24</u>
1	Project Year	
2	Total Operating Expense	\$ 2,586,100.00
3	Fare Revenue	\$ 325,500.00
4	Local Support - Property Tax	\$ -
5	Local Support - Other (specify) <u>Measure A Local</u>	\$ 31,741.00
6.0	Local Support - Other (specify) <u>Buellton/Solvang</u>	\$ 48,000.00
6.1	Local Support - Other (specify) <u>SB County Contract</u>	\$ 777,600.00
6.2	Local Support - Other (specify) <u>SB County Measure A Contribution</u>	\$ 112,000.00
7	Federal Operating Assistance	\$ 1,130,300.00
8	Payment for Service Outside Boundaries	
9	TDA Operating Expense (subtract Lines 3 through 8 from Line 2)	\$ 160,959.00
10	LTF Balance from Prior Year	\$ -
11	Maximum Allocation for Operations (subtract Line 10 from Line 9)	\$ 160,959.00

MAXIMUM ALLOCATIONS FOR CAPITAL

12	Total Capital Expenses	\$ 2,906,373.00
13	Federal Capital Assistance	\$ -
14	Other (specify) _____	
15	Other (specify) _____	
16	TDA Capital Expense (subtract Lines 13 through 15 from Line 12)	\$ 2,906,373.00
17	LTF Reserve Account Revenue	\$ -
18	LTF Balance from Prior Year	\$ -
19	STAF Balance from Prior Year	\$ -
20	Maximum Allocation for Capital (subtract Lines 17 through 19 from Line 16)	\$ 2,906,373.00
21	MAXIMUM TRANSIT ALLOCATION (add Line 11 and Line 20)	\$ 3,067,332.00

Footnotes:

DOCUMENT G-1 (FIXED ROUTE) (Instructions on pages 4-12 and 4-13)

FARE AND LOCAL SUPPORT RATIOS - FIXED ROUTE

(All transit claimants must complete G-1, G-2, and/or G-3, depending on what services they provide)

REQUIRED MINIMUM RATIOS

1	Ratio of Fares to Total Operating Expense	20%
2	Applicable Public Utilities Code Section	99268.3, 99268.12
3	Applicable SBCAG Resolution	

PROJECT YEAR RATIOS

4	Total Operating Expenditures	
	(a) General Public Service	\$ 1,939,575.00
	(b) Subscription Service	
5	Operating Expenditures for Service Extensions	
6	Net Operating Expenditures (subtract Line 11 from Line 10(a))	\$ 1,939,575.00
7	Total Fares	
	(a) General Public Service	\$ 244,125.00
	(b) Subscription Service	
8	Total Local Support	\$ 160,000.00
9	Ratio of Fares to Net Operating Expense	12.6%
10	Ratio of Fares plus Local Support to Net Operating Expense	20.8%

Footnotes:

References: PUC Sections 99268.2, 99268.3, 99268.4, 99268.5, 99268.8, 99268.9, 99268.12, 99268.17, 99268.19, 99720.1, and 99270.2

DOCUMENT G-2 (DEMAND RESPONSE) (Instructions on pages 4-12 and 4-13)

FARE AND LOCAL SUPPORT RATIOS - DEMAND RESPONSE

(All transit claimants must complete G-1, G-2, and/or G-3, depending on what services they provide)

REQUIRED MINIMUM RATIOS

1	Ratio of Fares to Total Operating Expense	10%
2	Applicable Public Utilities Code Section	99268.5
3	Applicable SBCAG Resolution	

PROJECT YEAR RATIOS

4	Total Operating Expenditures	
	(a) General Public Service	\$ 646,525.00
	(b) Subscription Service	
5	Operating Expenditures for Service Extensions	
6	Net Operating Expenditures (subtract Line 11 from Line 10(a))	\$ 646,525.00
7	Total Fares	
	(a) General Public Service	\$ 81,375.00
	(b) Subscription Service	
8	Total Local Support	\$ 31,741.00
9	Ratio of Fares to Net Operating Expense	12.6%
10	Ratio of Fares plus Local Support to Net Operating Expense	17.5%

Footnotes:

References: PUC Sections 99268.2, 99268.3, 99268.4, 99268.5, 99268.8, 99268.9, 99268.12, 99268.17, 99268.19, 99720.1, and 99270.2

DOCUMENT H (Instructions on page 4-14)

STANDARD ASSURANCES FOR APPLICANTS – LTF
(All claimants must complete this document)

CLAIMANT ASSURANCES: Initial Each Section or Indicate N/A.

- XX 1) Claimant certifies that it maintain for the project year the ratio of fare revenues and local funds to operating cost at least equal to the ratios adopted by SBCAG (SBCAG Resolution 10-35, SBCAG Resolution 14-34 for City of Lompoc).
Applies to Articles 4 (transit), 4.5 (CTSAs), and 8 (transit)
- XX 2) Claimant that received an allocation of LTF funds for an extension of service pursuant to PUC 99268.8/CCR 6619.1 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.
Applies to Articles 4 (transit), 4.5 (CTSAs), and 8 (transit)
- XX 3) Claimant filing a claim for TDA funds for capital intensive projects certifies that it has made every effort to obtain federal funding pursuant to PUC 99268.7 and/or CCR 6754(a)(3).
Applies to Articles 4 (transit), 4.5 (CTSAs), and 8 (transit)
- 4) Claimant certifies it has submitted a satisfactory, independent fiscal audit, with required certification statement, to SBCAG and to the State Controller, pursuant to PUC 99245 and 21 CCR 6664, for the prior fiscal year (project year minus two). Claimant also assures this audit requirement will be completed for the current fiscal year (project year minus one).
Date of submittal to State Controller: _____
Date of submittal to SBCAG: _____
Applies to SBMTD, Easy Lift, and SMOOTH. SBCAG contracts for and submits fiscal audits for all other TDA claimants.
- 5) Claimant certifies that, per SBCAG Resolution 90-1, no more than 50% of the CTSA's operating budget for the year came from LTF. Claimant also certifies that its fiscal audit contains verification of this limitation (e.g., "[Easy Lift/SMOOTH] is [not] in compliance with requirement, per SBCAG Resolution 90-1, that no more than 50% of [Easy Lift's/SMOOTH's] operating budget for the year came from Local Transportation Funds.").
Applies to Article 4.5 (CTSAs)
- XX 6) Claimant certifies it has submitted an annual report, documenting agency operations, in conformance with the uniform system of accounts and records, to SBCAG and to the State Controller, pursuant to PUC 99243, for the prior year (project year minus two). Claimant assures this report will be audited by an independent CPA. Claimant also assures this report will be completed for the current fiscal year (project year minus one).
Date of submittal to State Controller: _____
Date of submittal to SBCAG: _____
Applies to Articles 4 (transit), 4.5 (CTSAs), and 8 (transit)
- 7) Claimant certifies it has submitted an annual report, regarding expenditure of funds received, to the State Controller, pursuant to 21 CCR 6665, for the prior year (project year minus two). Claimant assures this report will be audited by an independent CPA. Claimant also assures this report will be completed for the current fiscal year (project year minus one).
Date of submittal to State Controller: _____
Applies to Articles 3 (bike/ped) and 8 (streets/roads)
- 8) Claimant certifies that (initial one):

DOCUMENT H (Continued)
(Instructions on page 4-15)

- XX a) the current cost of its retirement system is fully funded with respect to the officers and employees of its public transportation system (PUC 99271(a)); or
- b) the operator is implementing a plan approved by SBCAG which will fully fund the retirement system for such officers and employees within 40 years (PUC 99271(a)); or
- c) 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 99272 and 99273.
Applies to Articles 4 (transit), 4.5 (CTSAs), and 8 (transit)
- XX 9) Claimant certifies that, pursuant to PUC 99264, it does not routinely staff, with two or more persons, a vehicle for public transportation purposes designed to be operated by one person.
Applies to Articles 4 (transit), 4.5 (CTSAs), and 8 (transit)
- XX 10) Claimant certifies that the transit operator's operating budget has not increased more than 15% over the preceding year, and does not include a substantial increase or decrease in scope of operations or capital budget provisions for major new fixed facilities. ***If the budget does include such changes, documentation is attached*** that identifies and substantiates the reason and need for the changes, pursuant to PUC 99266, CCR 6632(b). E.g., if there is a substantial change between the capital expenditures proposed in this claim and those described in the claimant's Short Range Transit Plan (SRTP) or Transit Development Program (TDP), the claimant must provide a statement that substantiates the need for this change. If the claimant has neither a SRTP nor a TDP, the claimant must provide a statement that describes the need for the proposed capital expenditure.
ATTACHMENTS MAY BE REQUIRED
Statement:
-
- Applies to Articles 4 (transit), 4.5 (CTSAs), and 8 (transit)***
- XX 11) Claimant certifies that ***attached is certification from the Department of California Highway Patrol*** (CHP), completed within the last 13 months, that indicates the operator is in compliance with Section 1808.1 of the Vehicle Code. Section 1808.1 of the Vehicle Code requires, among other things, that operators participate in a pull notice system for obtaining current driver records from the Department of Motor Vehicles.
ATTACHMENTS REQUIRED
Applies to Articles 4 (transit), 4.5 (CTSAs), and 8 (transit)
- XX 12) Claimant certifies it is in compliance with PUC 99155: if it offers reduced fares to seniors, it offers the same reduced rate to disabled persons, handicapped persons, and disabled veterans, and it honors the federal Medicare card for identification to receive reduced fares.
Applies to Articles 4 (transit), 4.5 (CTSAs), and 8 (transit)
- XX 13) Claimant certifies it is in compliance with PUC 99155.5: dial-a-ride and paratransit services are accessible to handicapped persons and the service is provided to persons without regard to vehicle ownership and place of residence.
Applies to Articles 4 (transit), 4.5 (CTSAs), and 8 (transit)
- XX 14) Claimants that contract with another entity or entities for transit service certify that a copy of ***the contract negotiated with that entity is attached***, pursuant to CCR 6630.
ATTACHMENTS REQUIRED
Applies to Articles 4 (transit) and 8 (transit)

DOCUMENT H (Continued)
(Instructions on page 4-15)

- 15) Claimant certifies that, per SBCAG Resolution 90-1, *attached to this claim is an operations plan and budget* that describes existing and proposed service, and report on progress of coordination and consolidation objectives.
ATTACHMENTS REQUIRED
Applies to Article 4.5 (CTSAs)

DOCUMENT H (Continued)
(Instructions on page 4-15)

- 16) Claimant certifies that, per SBCAG Resolution 90-1, it has attached an agreement to indemnify and hold harmless SBCAG from any claims, judgments or liabilities against the claimant. Claimant certifies it has also attached proof of insurance coverage, with limits of general liability to be specified.
ATTACHMENTS REQUIRED
Applies to Article 4.5 (CTSAs)
- 17) Claimant certifies that in its TDA claim, not less than 5% of the amount claimed under Article 4 will be expended for demand-response service for the elderly and individuals with disabilities, per SBCAG Resolution 90-1.
Applies to Articles 4 (transit) in service areas without a designated CTSA [COLT, SYVT]
- 18) If SBCAG has found that there are unmet transit needs that are reasonable to meet within its jurisdiction, the claimant certifies it has attached a summary of the actions it plans to take to meet the needs.
ATTACHMENTS MAY BE REQUIRED
Applies to Article 8 (streets/roads)
- XX 19) Claimant certifies that pursuant to CCR § 6633 and PUC § 99268(c) it shall maintain farebox ratios in providing transit services as follows: Urbanized 20%, Non-Urbanized and ADA 10%

The undersigned (must be the individual named in the authorizing resolution) hereby certifies that the above statements are true and correct.

Signature: _____

Name: Dean Albro

Title: City Manager

Date: _____

Article 3 Bike/ Ped	Article 4 Transit	Article 4.5 Community Transit	Article 8(a) Streets & Roads	Article 8(c) Transit	REQUIRED FORMS CHECKLIST	
					Claimant:	Document Name
Cities and County	COLT, Guad., SBMTD, SMAT, SYVT	CTSAs: Easy Lift and SMOOTH	Cities and County	County		
X	X	X	X	X		Document A: Claim Form
X	X	X	X	X		Document B: Resolution
	X	X		X		Document C: Productivity Improvement
						Document D: Fiscal Reporting
	X	X		X		Part A Proposed Operating Budget
	X	X		X		Part B Proposed Capital Budget
X	X	X	X	X		Document E: Project Description & RTP Conformity
	X	X		X		Document F: Maximum Transit Allocation
						Document G: Fare and Local Support Ratios
	X			X		G.1 Fixed Route
	X (not SBMTD)	X				G.2 Demand Response
	X (not SBMTD)					G.3 Systemwide (combined)
						Document H: Standard Assurances
	SBMTD Only	X				H.1 Fiscal Audit
		X				H.2 LTF ≤ 50% of CTSA's operating budget
	X	X		X		H.3 State Controller Annual Report **
X			X			H.4 State Controller Annual Report **
	X	X		X		H.5 Retirement System Funding
	X	X		X		H.6 Staffing of Vehicles
	X	X		X		H.7 Budget Increase *
	X	X		X		H.8 CHP Certification **
	X	X		X		H.9 Fares for Senior and Disabled
	X	X		X		H.10 Accessibility to Disabled
	X			X		H.11 Contract for Transit Services **
		X				H.12 Operations Plan and Budget **
		X				H.13 Indemnify, Hold Harmless; Insurance **
	COLT & SYVT Only					H.14 5% Demand Response
			X			H.15 Unmet Needs *

*attachments may be required

**attachments required

I hereby certify that I have completed all forms necessary to comply with the requirements of the Transportation Development Act.		Submitted by:	
Signature:		Name:	Richard Fernbaugh
Date:		Title:	Aviation/Transportation Administrator
		E-mail:	r_fernbaugh@ci.lompoc.ca.us
		Phone:	805-875-8268

DEPARTMENT OF CALIFORNIA HIGHWAY PATROL
SAFETY COMPLIANCE REPORT/
TERMINAL RECORD UPDATE
 CHP 343 (Rev. 12-17) OPI 082

NEW TERMINAL INFORMATION <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	CA NUMBER 429604	FILE CODE NUMBER 430260	COUNTY CODE 42	BED
TERMINAL TYPE <input type="checkbox"/> Truck <input checked="" type="checkbox"/> Bus <input type="checkbox"/> Mod Limo	CODE B	OTHER PROGRAM(S)	LOCATION CODE 755	SUBAREA C52

CARRIER LEGAL NAME ROADRUNNER MANAGEMENT SVCS INC	TERMINAL NAME (IF DIFFERENT)	TELEPHONE NUMBER (W/ AREA CODE) (805) 607-6246
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TERMINAL STREET ADDRESS (NUMBER, STREET, CITY, ZIP CODE) 1300 W. LAUREL AVE, LOMPOC CA 93436	INSPECTION LOCATION (NUMBER, STREET, CITY OR COUNTY) 1300 W. LAUREL AVE, LOMPOC CA 93436
MAILING ADDRESS (NUMBER, STREET, CITY, ZIP CODE) (IF DIFFERENT FROM ABOVE) 240 S. GLENN DR. CAMARILLO CA 93010	

LICENSE, FLEET AND TERMINAL INFORMATION

HM LIC. NO.	HWT REG. NO.	IMS LIC. NO.	TRUCKS AND TYPES	TRAILERS AND TYPES	PASS VEHs BY TYPE I 12 II	Mod Limo	DRIVERS 23	BIT FLEET SIZE
EXP. DATE	EXP. DATE	EXP. DATE	REG. CT.	HW VEH.	HW CONT.	PPB/CSAT <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A		Powered 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) ANDRE THINGILI	DAY TELEPHONE NO. (W/ AREA CODE) (310) 863-0149	NIGHT TELEPHONE NO. (W/ AREA CODE) (310) 863-0149
EMERGENCY CONTACT (NAME) JUNE MARTINEZ	DAY TELEPHONE NO. (W/ AREA CODE) (323) 338-5332	NIGHT TELEPHONE NO. (W/ AREA CODE) (323) 338-5332

ESTIMATED CALIFORNIA MILEAGE FOR THIS TERMINAL FOR LAST YEAR [2021]

A <input type="checkbox"/> UNDER 15,000	B <input checked="" 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 type="checkbox"/> 5,000,001 - 10,000,000	I <input type="checkbox"/> MORE THAN 10,000,000
--	--	--	---	---	---	---	--	--

OPERATING AUTHORITIES OR PERMITS

PUC <input type="checkbox"/> T <input checked="" type="checkbox"/> TCP 28858 <input type="checkbox"/> PSC 28858	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 2771734	REASON FOR INSPECTION ANNUAL TERMINAL	

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. 4 Time 1.0	No. 16 Time 3.0	No. 4 Time 4.0	TIME	TOTAL TIME 8.0
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	REMARKS Fleet mileage updated. Number of drivers and buses updated.					
LAMPS & SIGNALS						
CONNECTING DEVICES						
STEERING & SUSPENSION						
TIRES & WHEELS						
EQUIPMENT REQUIREMENTS						
CONTAINERS & TANKS						
HAZARDOUS MATERIALS						


INSPECTION TYPE <input type="checkbox"/> I <input type="checkbox"/> R	NON-BIT <input type="checkbox"/>	CPSS <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	CHP 345 <input type="checkbox"/>	CHP 1000 COL 5	INSPECTION DATE(S) 5/5/2022	TIME IN 7:00	TIME OUT 15:00
INSPECTED BY (NAME(S)) William Steck					ID NUMBER(S) A14934	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 10), 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 (805) 549-3261 within 5 business days of the rating.

CURRENT TERMINAL RATING SATISFACTORY	CARRIER REPRESENTATIVE'S SIGNATURE 	DATE 05/05/2022
CARRIER REPRESENTATIVE'S PRINTED NAME ANDRE THINGILI	TITLE GENERAL MANAGER	DRIVER LICENSE NUMBER STATE

California Highway Patrol

	US DOT # 2771734	Legal: ROADRUNNER MANAGEMENT SERVICES Operating (DBA):				
MC/MX #:		State #: 429604	Federal Tax ID: 45-5623827 (EIN)			
Review Type: Non-ratable Review - Special Study						
Scope: Terminal		Location of Review/Audit: Company facility in the U. S.		Territory:		
Operation Types: Interstate Intra-state						
Carrier: N/A Non-HM		Business: Corporation				
Shipper: N/A N/A		Gross Revenue: _____ for year ending: _____				
Cargo Tank: N/A						
Company Physical Address:						
240 S GLENN DRIVE CAMARILLO, CA 93010						
Contact Name: ANDRE THINGILI						
Phone numbers: (1) 805- 322-3306		(2)	Fax			
E-Mail Address:						
Company Mailing Address:						
240 S GLENN DRIVE CAMARILLO, CA 93010						
Carrier Classification:						
Private Passenger, Business						
Cargo Classification:						
Passengers						
Equipment:						
	Owned Term Leased Trip Leased			Owned Term Leased Trip Leased		
Minibus, 16+	12	0	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? N/A						
Driver Information:						
	Inter	Intra	Average trip leased drivers/month: 0			
< 100 Miles:		23	Total Drivers: 23			
>= 100 Miles:			CDL Drivers: 23			





ROADRUNNER MANAGEMENT SERVICES - Terminal
U.S. DOT #: 2771734

State #: 429604

Review Date:
05/05/2022

Part A

QUESTIONS regarding this report may be directed tot the Coastal Division
Motor Carrier Safety Unit at:

4115 Broad Street, Ste B-10
San Luis Obispo, Ca 93401
805-549-3261

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

Person(s) Interviewed

Name: ANDRE THINGILI

Title: GENERAL MANGER

Name:

Title:





ROADRUNNER MANAGEMENT SERVICES - Terminal
U.S. DOT #: 2771734

State #: 429604

Review Date:
05/05/2022

Part B Violations

Safety Fitness Rating Information:

Total Miles Operated 50,000
Recordable Accidents 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.





ROADRUNNER MANAGEMENT SERVICES - Terminal

U.S. DOT #: 2771734

State #: 429604

Review Date:

05/05/2022

Part B Requirements and/or Recommendations

1. Forms and publications are available at the CHP internet website at: <http://www.https://www.chp.ca.gov/home/forms>
2. Questions related to this inspection may be directed to the Valley Division Motor Carrier Safety Unit at (916)731-6350.





ROADRUNNER MANAGEMENT SERVICES - Terminal

U.S. DOT #: 2771734

State #: 429604

Review Date:

05/05/2022

Part C

Reason for Review: Other ANNUAL BUS
Planned Action: Compliance Monitoring

Parts Reviewed Certification:

325 382 383 387 390 391 392 393 395 396 397 398 399 171 172 173 177 178 180

Prior Reviews 3/18/2022 3/17/2022 3/16/2022
Prior Prosecutions
Reason not Rated: Special Study
Study Code: CA

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 - Intrastate
Does carrier transport placardable quantities of hazardous materials?
Unsat/Unfit rule:

Corporate Contact: ANDRE THINGILI Special Study Information:
Corporate Contact Title: GENERAL MANGER

Remarks:
TERMINAL NAME: ROADRUNNER MANAGEMENT SERVICES CA# - 429604
Terminal Address: 1300 W., LAUREL AVE. LOMPOC CA 93436 FCN - 430260

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

MAINTENANCE PROGRAM VIOLATIONS:
Records inspected were in compliance

DRIVER RECORDS VIOLATIONS:
Records inspected were in compliance

HOURS OF SERVICE VIOLATIONS:
Records inspected were in compliance.

Upload Authorized: Yes No
Authorized by: Date:
Uploaded: Yes No Failure Code:
Verified by: Date:





California Highway Patrol
4115 Broad Street, #B-10
San Luis Obispo, CA 93401
Phone: (805) 549-3261
Internationally Accredited Agency CHP407F/343A

Report Number: CANBIU000392
Inspection Date: 05/05/2022
Start: 7:00 AM PT End: 8:00 AM PT
Inspection Level: V - Terminal
HM Inspection Type: None

Carrier: ROADRUNNER MANAGEMENT SERVICES

DBA:
240 S GLENN DRIVE
CAMARILLO, CA, 93010
USDOT: 2771734

Phone#: (805)322-3306
Fax#: (809)389-8198

Driver:
License#: **State:**
Date of Birth:
CoDriver:
License#: **State:**
Date of Birth:

State#: 429604
Location: LOMPOC
Highway:
County: SANTA BARBARA

Milepost: **Shipper:** N/A
Origin: **Bill of Lading:** N/A
Destination: **Cargo:**

VEHICLE IDENTIFICATION

Unit	Type	Make	Year	State	Plate	Equipment ID	VIN	GVWR	CVSA Existing	CVSA #
1	BU	CHEV	2017	CA	1529577	12171	1HA6GUBG0HN000839	14200		31176368

BRAKE ADJUSTMENTS

Axle #	1	2
Right	N/A	N/A
Left	N/A	N/A
Chamber	DISC	DISC

VIOLATIONS:No violations were discovered

HazMat: No HM transported

Placard:

Cargo Tank:

Special Checks: No data for special checks

State Information:

Odometer: 78324; File Code Number: 430260; Fuel Type: G; Passenger Capacity: 14; WC Passenger Capacity: 2; Bus Type: 1; Beat/Sub Area: C52; Regulated Vehicle: Y; Pre-Cleared Vehicle: N; Veh #1 Type: 12

Report Prepared By: B. STECK
ID/Badge #: A14934

Copy Received By:

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X



02771734 CA CANBIU000392



California Highway Patrol
4115 Broad Street, #B-10
San Luis Obispo, CA 93401
Phone: (805) 549-3261
Internationally Accredited Agency CHP407F/343A

Report Number: CANBIU000393
Inspection Date: 05/05/2022
Start: 8:00 AM PT End: 9:00 AM PT
Inspection Level: V - Terminal
HM Inspection Type: None

Carrier: ROADRUNNER MANAGEMENT SERVICES

DBA:
240 S GLENN DRIVE
CAMARILLO, CA, 93010
USDOT: 2771734
MC/MX#:
State#: 429604

Phone#: (805)322-3306
Fax#: (809)389-8198

Driver:
License#:
Date of Birth:
CoDriver:
License#:
Date of Birth:
State:
State:

Location: LOMPOC
Highway:
County: SANTA BARBARA

Milepost:
Origin: N/A
Destination: N/A
Shipper: N/A

Bill of Lading: N/A
Cargo: N/A

VEHICLE IDENTIFICATION

Unit	Type	Make	Year	State	Plate	Equipment ID	VIN	GWR	CVSA Existing	CVSA #
1	BU	GLAV	2017	CA	1529532	11171	1HA6GUBG0HN000923	14200		31176369

BRAKE ADJUSTMENTS

Axle # 1 2
Right N/A N/A
Left N/A N/A
Chamber DISC DISC

VIOLATIONS: No violations were discovered

HazMat: No HM transported

Placard:

Cargo Tank:

Special Checks: No data for special checks

State Information:

Odometer: 115114; File Code Number: 430260; Fuel Type: G; Passenger Capacity: 14; WC Passenger Capacity: 2; Bus Type: 1; Beat/Sub Area: C52; Regulated Vehicle: Y; Pre-Cleared Vehicle: N; Veh #1 Type: 12

Report Prepared By: B. STECK
ID/Badge #: A14934

Copy Received By:

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02771734 CA CANBIU000393



California Highway Patrol
4115 Broad Street, #B-10
San Luis Obispo, CA 93401
Phone: (805) 549-3261
Internationally Accredited Agency CHP407F/343A

Report Number: CANBIU000394
Inspection Date: 05/05/2022
Start: 9:00 AM PT End: 10:00 AM PT
Inspection Level: V - Terminal
HM Inspection Type: None

Carrier: ROADRUNNER MANAGEMENT SERVICES

DBA: 240 S GLENN DRIVE CAMARILLO, CA, 93010 USDOT: 2771734 MC/MX#: State#: 429604 Location: LOMPOC Highway: County: SANTA BARBARA	Phone#: (805)322-3306 Fax#: (809)389-8198	Driver: License#: Date of Birth: CoDriver: License#: Date of Birth:	State: State:
Milepost: Origin: N/A Destination: N/A	Shipper: N/A	Bill of Lading: N/A Cargo: N/A	

VEHICLE IDENTIFICATION

Unit	Type	Make	Year	State	Plate	Equipment ID	VIN	GVWR	CVSA Existing	CVSA #
1	BU	ELDO	2013	CA	1390739	0194	5WEASAAMXDJ196872	23500		31176370

BRAKE ADJUSTMENTS

Axle #	1	2
Right	N/A	N/A
Left	N/A	N/A
Chamber	DISC	DISC

VIOLATIONS:No violations were discovered

HazMat: No HM transported	Placard:	Cargo Tank:
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Special Checks: No data for special checks

State Information:

Odometer: 210686; File Code Number: 430260; Fuel Type: D; Passenger Capacity: 26; WC Passenger Capacity: 2; Bus Type: 1; Beat/Sub Area: C52; Regulated Vehicle: Y; Pre-Cleared Vehicle: N; Veh #1 Type: 12

Report Prepared By: B. STECK
ID/Badge #: A14934

Copy Received By:

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02771734 CA CANBIU000394



California Highway Patrol
4115 Broad Street, #B-10
San Luis Obispo, CA 93401
Phone: (805) 549-3261
Internationally Accredited Agency CHP407F/343A

Report Number: CANBIU000395
Inspection Date: 05/05/2022
Start: 10:00 AM PT End: 11:00 PM PT
Inspection Level: V - Terminal
HM Inspection Type: None

Carrier: ROADRUNNER MANAGEMENT SERVICES

DBA: 240 S GLENN DRIVE
CAMARILLO, CA, 93010
USDOT: 2771734 Phone#: (805)322-3306
MC/MX#: Fax#: (809)389-8198
State#: 430260
Location: LOMPOC Milepost: Shipper: N/A
Highway: Origin: N/A Bill of Lading: N/A
County: SANTA BARBARA Destination: N/A Cargo: N/A

VEHICLE IDENTIFICATION

Unit	Type	Make	Year	State	Plate	EquipmentID	VIN	GVWR	CVSA Existing	CVSA #
1	BU	GLAV	2017	CA	1529578	1272	1HA6GUBGXHN006096	14200		31176371

BRAKE ADJUSTMENTS

Axle #	1	2
Right	N/A	N/A
Left	N/A	N/A
Chamber	DISC	DISC

VIOLATIONS: No violations were discovered

HazMat: No HM transported **Placard:** **Cargo Tank:**

Special Checks: No data for special checks

State Information:

Odometer: 94998; File Code Number: 430260; Fuel Type: G; Passenger Capacity: 14; WC Passenger Capacity: 2; Bus Type: 1; Beat/Sub Area: C52; Regulated Vehicle: Y; Pre-Cleared Vehicle: N; Veh #1 Type: 12

Report Prepared By: B. STECK
ID/Badge #: A14934

Copy Received By:

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