



## **ADDENDUM NO. 1**

### **RFP#1-2014/2015 Athletics Charter Bus Services**

Addendum for GCSC Athletics Charter Bus Services RFP#1-2014/2015 is amended in the following particulars and in these particulars only. All provisions of the original documents shall remain in force, except as specifically modified or changed herein or by other Addenda issued by GCSC. This Addendum is hereby made part of the Contract Documents of the RFP.

#### **RESPONSE TO WRITTEN QUESTIONS RECEIVED:**

**Question #1:** Are vendors allowed to see the submissions from last year?

- ❖ **GCSC did not issue a RFP last year for Athletics Charter Bus Services. The last issued document by the college was Bid#3-2010/2011 the document can be located at [http://www.gulfcoast.edu/procurement/solicitations awards/10-11.htm](http://www.gulfcoast.edu/procurement/solicitations_awards/10-11.htm). The vendor contract that was award then has been attached since it is public information and will help better answer your question.**

**Question #2:** Clarify statement from RFP, “Services & Billing unit(s) that will service contract”?

- ❖ **This statement is intended to get an idea on how the vendor will bill the college but since the proposal form ask for cost per mile base on a trip being a day trip or overnight the college will be billed accordingly to what is submitted on proposal form.**

**Question #3:** Explain what details are required in demonstrating financial ability?

- ❖ **I would expect every firm to present information showing that their firm is financially sound. We just want to be ensured that whatever firm is selected will be around financially to carry out the life of the contract and that the firm has to ability to pay their billings. Most financial statements consist of Balance Sheets, Income and Retained Earnings, Cash Flow and a Consolidated Financial Statement for the last three (3) to five (5) years.**

**Question #4:** Explain what is required for vehicle maintenance records”?

- ❖ **We would like to see the maintenance records for the transportation equipment that will be used for the college contract Oil changes, damages reports if transportation has been in accidents and any other information to ensure college of the quality and safety of equipment for college contract.**

**Question #5:** Will this contract be issued to more than on firm?

- ❖ **The intent of the college is to award contract to one sole vendor but the college does reserve the right to award contract in portion as stated in RFP.**

**Question #6:** Are sub-contractors required to meet the same standards?



- ❖ **RFP#1-2014/2015 Athletics Charter Bus Services defines the requirements and standards for all vendors and subcontractors used to meet the needs of college. Yes if a subcontractor is being used for a portion of a firms proposal than the subcontractor is required to provide all information in RFP.**

**Question #7:** Is cost per mile the only acceptable method of cost? The Industry calculates trips by the day and hour especially short trips.

- ❖ **Please show cost as per the proposal form, cost per mile. The intent of the proposal form is to establish cost for a day trip, which would probably be considered a short trip. The long trip will be considered overnight where the team (s) will stay on night. Maintenance charges, service fees, gas, downtime, driver wages etc will all have to be a part of that cost. In an effort to measure, each proposer cost if everyone submits cost the same than we know what we will be paying per mile on every trip. It also allows the college to budget if only student organization need to secure transportation services through this contract.**

**Question #8:** What is expect in a Management capability (with illustrations) statement?

- ❖ **I do not know where the question about Management capability derive from but the RFP clearly states on the Evaluation Form, page 10 the areas the college will be measuring and the point ranges for each group. The intent of the entire RFP is to establish that the vendor can meet the needs of the college entirely, perform all the necessary tasks with the high quality of equipment to get our students safely to and from events. Ensure the DBOT that we are paying a fair price for services being provided. The answer can be provided in the Approach and Understanding, which allows each vendor the opportunity to provide information to the college on you all, can meet our needs that is why this is a proposal and not a bid.**

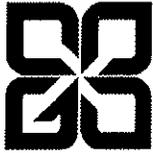
**The correct name and title to appear on proposals should be RFP #1-2014/2015 Athletics Charter Bus Services.**

February 23, 2015 at 4:00PM was the last date and time vendor can submit questions on this project. All vendors are responsible for receiving and reading Addendums on project. All Addendums will be post at [gulfcoast.edu/procurement](http://gulfcoast.edu/procurement).

Fred Brown, Procurement Director

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Signature



# Gulf Coast Community College

5230 West U.S. Highway 98  
Panama City, Florida 32401-1058

(850) 769-1551

## INVITATION TO BID BIDDER ACKNOWLEDGEMENT

**Submit Bid To:**

Gulf Coast Community College  
Attn: Tonia E. Lawson, CPPB  
Associate Director of Procurement  
Administration Building, Room 126  
5230 West U.S. Highway 98  
Panama City, Florida 32401-1058

August 5, 2010

**BID TITLE: Athletic Charter Bus Service**

**Bid: #3-2010/2011**

BIDS will be received by the Associate Director of Procurement in Room 126 of the Administration Building, 5230 West U.S. Highway 98, Panama City, Florida 3240-1058, on or before **2:00 PM CST, Tuesday, August 24, 2010**; the bid opening will follow the 2:00 PM deadline in Room 238.

Firm or Entity Name: <u>Kincaid Coach Lines, Inc</u>	
Address: <u>9123 Panama City Beach Pkwy</u>	Telephone #: <u>(850) 234-7175</u>
City, State, Zip: <u>Panama City Beach, FL 32407</u>	Fax #: <u>(850) 234-0770</u>
Web Address: <u>www.kincaidcoach.com</u>	Federal Tax I.D. #: <u>48-0860936</u>

Minority Business Enterprise Type _____ H-African American, I-Hispanic, J-Asian/Hawaiian, K-Native American, M-Women, N-Non-Minority Filing a false misrepresentation of MBE/WBE status is considered a felony of the second degree pursuant to Florida Statute 287.094.
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*I certify that this bid is made without prior understanding, agreement, or connection with any corporation, firm, or person submitting a bid for the same materials, supplies, or equipment, and is in all respects fair and without collusion or fraud. I agree to abide by all conditions of this bid and certify that I am authorized to sign this bid for the bidder.*

Authorized Signature (manual) \_\_\_\_\_

Authorized Signature (typed/printed) Dale Bohn - CEO

**Reason for no bid:** \_\_\_\_\_

Posting of bid/proposal tabulation of intent to award will be available for review by interested parties at [http://dept.gulfcoast.edu/purchasing/solicitations\\_awards.htm](http://dept.gulfcoast.edu/purchasing/solicitations_awards.htm) on or about August 27, 2010 and will remain posted for a period of 72 hours. Failure to file a protest within the time prescribed in Section 120.57(3) shall constitute a waiver of proceedings under Chapter 120, F.S.

**BID TITLE: Athletic Charter Bus Service**

**Bid: #3-2010/2011**

## BIDDER'S CHECKLIST

THIS CHECKLIST IS FOR THE CONVENIENCE OF THE COMPANY SUBMITTING A BID AND MAY BE USED TO ASSIST THAT SECTIONS OF THE BID ARE PROPERLY COMPLETED AND RETURNED. A COPY OF THIS SHEET MAY BE RETAINED IN YOUR FILES AS A RECORD OF YOUR RESPONSE TO THIS OFFER.

### ON THE BID SHEET:

1. Bidder's name, mailing address, telephone, FAX number and Federal ID# blocks are all correctly entered on the ITB Sheet? ✓
2. Minority Business Enterprise Type # correctly entered? N/A
3. If no bid is returned, have you stated your reason(s) for NO BID? N/A
4. Bidder's name and title correctly entered? ✓
5. Is your bid signed by an authorized officer of the company? ✓
6. Have you completed the Drug Free Workplace Form? ✓
7. Have you completed the Public Entity Crimes Form? ✓
8. Have you completed the Request for Taxpayer Certification (W-9) form noting your tax employer identification number (or SSN) in the appropriate block? ✓
9. Have you completed the Price Sheet? ✓
10. Did you answer all the questions? ✓

**BIDS RETURNED UNSIGNED ARE CONSIDERED UNRESPONSIVE AND ARE NOT ELIGIBLE FOR AWARD! PLEASE ENSURE THAT YOUR BID IS SIGNED BY AN AUTHORIZED OFFICER FOR THE COMPANY.**

1.00 INTRODUCTION

- 1.10 The intent of this invitation to bid is to solicit bids from qualified charter bus firms to establish an annual indefinite quantity contract for use by Gulf Coast Community College (GCCC) for use by the athletic teams, student activity organizations, and educational department as needed. The term charter bus is defined as a 47 (plus) passenger charter bus (licensed by D.O.T.) with air conditioning, comfortable seating, overhead storage, and lavatory facilities on board.
- 1.20 GCCC through Federal, State, and local grants fund numerous College sponsored activities each year that provides ground transportation. They range from athletic travel (both in state and out of state), student and staff travel to seminars in state for professional development.
- 1.30 This invitation to bid includes athletic travel ONLY for:
- Volleyball
  - Men's Basketball
  - Women's Basketball
  - Softball
  - Baseball

1.31 GCCC team athletic travel requirements.

See Attachments A-E for athletic team travel schedules for the period of September 3, 2010 through June 30, 2011 requiring charter bus services.

Specifications for Bus Travel - To be responsive include in your bid a response to the following:

1. Equipment – Prefers equipment that is less than seven (7) years old. Equipment purchased by the company after 2002 would be preferred. Buses proposed for GCCC will be newer than 1995?  
 Yes \_\_\_ No
2. Maintenance of Equipment – Prefers a company that demonstrates in their bid an excellent maintenance record and trained maintenance staff. Evidence attached?  Yes \_\_\_ No
3. Safety – Prefers a company with an excellent safety record and includes evidence of certifications and licenses. The bidder should have a good rating for safety and low incidence of accidents. Evidence attached?  
 Yes \_\_\_ No
4. Prefers drivers to be uniformed and to have professional appearance and demeanor. Drivers will be uniformed?  
 Yes \_\_\_ No
5. Prefers a charter bus company that can provide (without the use of a subcontractor) charter bus service in the states of Florida, Alabama,



**6,000 MILE SERVICE SHEET**

	SERV	OK	MECH		SERV	OK	MECH
<b>LIGHTS</b>				<b>LEVELS</b>			
DIMS				ENG. OIL			
BR LIGHTS				COOLANT LEVEL -35			
MARKERS				POWER STEERING			
TURN SIGN				BLOWER GEARBOX			
BRAKE				TRANS.			
REVERSE				DIFFERENTIAL			
BAGGAGE				SPARE OIL			
DASH LIGHTS				W/S WASHERS			
INTERIOR				WIPER BLADES			
RESTROOM				FUEL COND.			
READING				<b>CHECKS</b>			
<b>BRAKES</b>				INDICATOR LIGHTS			
BRAKE ADJ.				BUZZERS.AIR OIL			
FRONT				ELECT. HORN			
DRIVE				AIR HORN			
TAG				P.A. SYSTEM			
LINING COND.				OIL 28 PSI@900RPM			
WHEEL SEALS				FUEL SWITCH			
<b>TIRES</b>				HOT ENG. SHUTDOWN			
AIR PRESSURE				LOW OIL SHUTDOWN			
VALVE CAPS				WATER LEAKS			
TIRE CARD				BELT TENSION CYLS			
TREAD COND.				FAN BELT			
HUB OIL LEVEL				<b>EMERG. EQUIP</b>			
INSP. WHEEL STUDS				FIRE EXT			
TORQUE LUG NUTS				FIRST AID KIT			
<b>AIR COND</b>				FLARES/TRIANGLES			
EVAP. HTR. FILTER				CHAINS			
DRIVERS FILTER				BLOCKS			
WASH COND. FINS				<b>GLASS</b>			
A/C BELTS				L/WINDSHIELD			
COMP. OIL LEVEL				R/WINDSHIELD			
FREON LEVEL				DRIVERS WINDOW			
HI PRESS. SW & LITE				LOADING DOOR			
LOW PRESS. SW & LITE				PASS. WINDOWS			
RECEIVER FILTER				R/R WINDOW			
WASH EVAP. FINS							

DATE \_\_\_\_\_

MILEAGE \_\_\_\_\_

BUS # \_\_\_\_\_

NOTES:

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U.S. Department  
of  
Transportation

**Federal Motor  
Carrier Safety  
Administration**

1200 New Jersey Ave., S.E.  
Washington, DC 20590

August 29, 2008

In reply refer to:  
Your USDOT No.: 179943  
Review No.: 655382/CR

DALE BOHN  
PRESIDENT  
KINCAID COACH LINES INC  
9207 WOODEND ROAD  
EDWARDSVILLE, KS 66111-1711

Dear DALE BOHN:

The motor carrier safety rating for your company is:

SATISFACTORY

This SATISFACTORY rating is the result of a review and evaluation of your safety fitness completed on August 25, 2008. A SATISFACTORY rating indicates that your company has adequate safety management controls in place to meet the safety fitness standard prescribed in 49 C.F.R. 385.5.

Please assure yourself that any specific deficiencies identified in the review report have been corrected. We appreciate your efforts toward promoting motor carrier safety throughout your company. If you have questions or require further information, please contact:

U.S. DEPARTMENT OF TRANSPORTATION  
FEDERAL MOTOR CARRIER SAFETY ADMINISTRATION  
1303 S.W. FIRST AMERICAN PLACE, SUITE 200  
TOPEKA, KS 66604  
Telephone No.: 785-271-1260

William A. Quade  
Associate Administrator for Enforcement  
and Program Delivery



PERSONNEL AND  
READINESS

DTMO

OFFICE OF THE UNDER SECRETARY OF DEFENSE  
4000 DEFENSE PENTAGON  
WASHINGTON, D.C. 20301-4000

- 3 AUG 2009

Mr. Dale Bohn  
Chief, Operating Officer  
Kincaid Coach Lines, Inc.  
9207 Woodend Road  
Edwardsville, Kansas 66111-1769

Dear Mr. Bohn:

Congratulations on your outstanding performance. You received a top rating of "1" on your Facility, Terminal and Equipment Inspection conducted by our safety contractor, Consolidated Safety Services, Inc., on July 14, 2009.

Your rating of "1" indicates Kincaid Coach is doing an outstanding job maintaining compliance with both the Military Bus Agreement and the Federal Motor Carrier Safety Regulation. We commend the performance of you and your employees and look forward to continuing our partnership to provide the best service and safest transportation support for Department of Defense travelers.

Sincerely,

Paul Joyce  
Chief, Commercial Travel Division  
Defense Travel Management Office

# STATE OF KANSAS

OFFICE OF  
SECRETARY OF STATE  
RON THORNBURGH



To all to whom these presents shall come, Greetings:

I, RON THORNBURGH, Secretary of State of the state of Kansas, do hereby certify that I am the custodian of records of the State of Kansas relating to corporations and that I am the proper official to execute this certificate.

I FURTHER CERTIFY THAT

KINCAID COACH LINES, INC.

is a regularly and properly organized corporation under the laws of the state of KANSAS, having been incorporated in Kansas on the 2nd day of September, A.D. 1977 and has paid all fees and franchise taxes due this office and is in good standing according to the records now on file in the office of Secretary of State.

In testimony whereof:

I hereto set my hand and cause  
to be affixed my official seal.  
Done at the City of Topeka, this  
20th day of May, A.D. 2002



A handwritten signature in black ink that reads "Ron Thornburgh". The signature is stylized and cursive.

RON THORNBURGH  
SECRETARY OF STATE

Georgia, Louisiana, and South Carolina). Your company has available equipment in these states?  Yes \_\_\_ No

6. Prefers a company that can provide replacement equipment from the same company within an hour of notification of a break down of original equipment on a trip. Agree?  Yes \_\_\_ No
7. Prefers a company that will guarantee providing equipment from their company on exact known scheduled dates (see Attachment A-E). If your company cannot meet "all" Attachment A-E known trips, define in your bid which ones it cannot. The College requires all trips be with the same charter bus company. Does your bid include a guarantee that "all" Attachment A-E known trips will be serviced?  Yes \_\_\_ No
8. Prefers a company that will provide, for GCCC, 47 passengers to 54 passenger buses that are restroom equipped and have thermostatic temperature control. Agree?  Yes \_\_\_ No
9. Prefers a company that will use, for GCCC, equipment with both proper on board safety equipment, large storage compartments, video equipment, and window shades or window tinting for each window. Agree?  Yes \_\_\_ No
10. Prefers a company that will allow for GCCC request for certain drivers. Agree?  Yes \_\_\_ No
11. Requires a company with auto liability limits of \$4 million for interstate, general liability insurance coverage at \$1,000,000 combined single limit and worker compensation insurance. Evidence Attached?  Yes \_\_\_ No
12. Prefers a company that provides for the meal expense of drivers on trips. Agree?  Yes \_\_\_ No
13. Prefers a company that provides for the bus and the driver to stay with the team at all times during the known trip. Comply?  Yes \_\_\_ No
14. Prefers a company that will allow for the GCCC coach or administrator to inspect equipment and request certain type of equipment. Agree?  Yes \_\_\_ No

1.40 Responses to this bid solicitation #3-2010/2011 must be delivered to Procurement Office no later than **2:00 PM CST, Tuesday, August 24, 2010** to be considered. Bids received after such time will be returned unopened.

1.50 A College evaluation committee will review all responsive bids and evaluate each against the criteria matrix (See Section 7.0). The Bidder with the highest total value as deemed by the College will be considered for award of an annual contract for the

# ACORD CERTIFICATE OF LIABILITY INSURANCE

OP ID TH  
KINCA-1

DATE (MM/DD/YYYY)  
08/12/10

**PRODUCER**

**Bovard Insurance Group**  
6950 Squibb Road Ste 200  
Mission KS 66202  
Phone: 913-529-1130 Fax: 913-529-1137

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

**INSURED**

**Kincaid Coach Lines, Inc.**  
9207 Woodend Road  
Edwardsville KS 66111

**INSURERS AFFORDING COVERAGE**

**NAIC #**

INSURER A: American Alternative Insurance	19720
INSURER B: General Casualty of Wisconsin	
INSURER C: Accident Fund Insurance Co	10166
INSURER D:	
INSURER E:	

**COVERAGES**

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR	INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
B		GENERAL LIABILITY	CCI0271201	05/31/10	05/31/11	EACH OCCURRENCE	\$ 5,000,000
		<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
		<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person)	\$ 5,000
						PERSONAL & ADV INJURY	\$ 5,000,000
						GENERAL AGGREGATE	\$ 5,000,000
						PRODUCTS - COMP/OP AGG	\$ 5,000,000
						GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	
A		AUTOMOBILE LIABILITY	92A2CA0000181-02	10/01/09	10/01/10	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
		<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)	\$
		<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident)	\$
		<input checked="" type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident)	\$
		<input checked="" type="checkbox"/> HIRED AUTOS					
<input checked="" type="checkbox"/> NON-OWNED AUTOS							
		GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$
		<input type="checkbox"/> ANY AUTO				OTHER THAN AUTO ONLY: EA ACC	\$
						AGG	\$
A		EXCESS/UMBRELLA LIABILITY	96A2UB0000104-00	10/01/09	10/01/10	EACH OCCURRENCE	\$ 4,000,000
		<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE	\$ 4,000,000
		<input type="checkbox"/> DEDUCTIBLE					\$
		<input type="checkbox"/> RETENTION \$					\$
							\$
C		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	WCV6066089	05/31/10	05/31/11	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER	
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				E.L. EACH ACCIDENT	\$ 500,000
		If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - EA EMPLOYEE	\$ 500,000
		OTHER				E.L. DISEASE - POLICY LIMIT	\$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

**CERTIFICATE HOLDER**

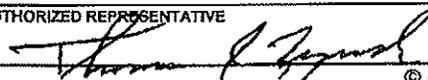
**CANCELLATION**

**PROOF OF**

Proof of Insurance

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE



initial term of **September 3, 2010 through June 30, 2011**. This contract will have the option of up to five (5) additional one (1) year contract terms, renewal based on annual review of satisfactory performance, competitive rates, same terms and conditions.

- 1.60 GCCC shall have the right to termination of contract, without cause or cost upon serving 30-days written notice.
- 1.70 GCCC reserves the right to reject any portion of a bid or all bids and to re-solicit bids or not, and to waive informalities as deemed in the best interest of the College.

**2.00 INTEROGATORIES**

Each bid submitted against this ITB shall include a written response of each of the following criteria.

2.10 EQUIPMENT:

2.11 Is the charter bus equipment proposed to be used for GCCC owned by your company?  Yes \_\_\_ No

2.12 Sizes?

- 54 passenger  Yes \_\_\_ No
- 47 passenger \_\_\_ Yes  No
- 27 passenger  Yes \_\_\_ No

2.13 Number of charter bus vehicles/size of your fleet? Provide a list of each vehicle, age, size, etc.

2.14 Air Conditioning?  Yes \_\_\_ No

2.15 Restroom facilities on each charter bus?  Yes \_\_\_ No

2.16 What safety equipment is carried on each charter bus? (i.e.: first aid kits, fire extinguisher, escape hatches, escape windows, etc.)

First Aid Kit, Fire Extinguisher, Emergency Triangles, Escape Hatches, Emergency window Exits, Bio-Hazard Kits

2.17 Windows tinted?  Yes \_\_\_ No

2.18 Luggage storage under chassis, or where?

Parcel Racks Inside Bus  
3 Large Luggage Bays Under Bus (Approx 450 cubic sq/ft).

2.19 Please attach a copy of D.O.T. certificate.

DOT # 179943 ICC# 146675

# KINCAID COACH LINES, INC. FLEET LIST

UNIT NO.	MAKE	MODEL	YEAR	VEHICLE ID.
1017	MCI	J4500	2008	2M93JMEA88W064872
1018	MCI	J4500	2008	2M93JMEAX8W064873
1019	Thomas	HDX	2009	1T7YU2E2391112850
1022	Prevost	X3-45	2009	2PCG334959C729603
1059	MCI	102ELS	1998	1M8TRMPA4WPO60356
1066	MCI	102ELS	1999	1M8TRMPA4XPO60455
1071	MCI	102ELS	1999	1M8TRMPA9XPO60886
1081	INTL		2001	1HVBEAM91H410230
1087	MCI	J4500	2003	2M93JMPA73W062312
1098	MCI	102EL3	2000	1M8TRMPA7YP061116



Missouri Department of Transportation

# Motor Carrier Services

Jefferson City, Missouri  
573-751-7100

## CERTIFICATE & INTERSTATE PERMIT

**File No:** USDOT 179943

**Name:** KINCAID COACH LINES, INC.

**D/B/A:**

**City:** EDWARDSVILLE

**State:** KS

**Expiration Date:** Not Applicable

**Effective Date:** October 12, 2002

The Department of Transportation has determined that the above-named carrier is qualified to be a registered property carrier as provided in Sections 390.250-390.350 and 622.600-622.620, RSMo, and is in compliance with the applicable requirements for the issuance of this document. The term "registered property carrier" is included within the term "common carrier" as defined in section 390.020, RSMo. Beginning on the effective date shown above, this carrier may engage in transportation for hire as follows:

### INTRASTATE: Certificate

#### Irregular:

Transportation of passengers and their baggage in charter service between Bennett Springs, Buckhorn, Calhoun, Clinton, Coal, Creighton, Cross Timbers, Elkhorn, Fort Leonard Wood, Fristoe, Garden City, Hardin, Harrison, Hartwell, Hazelgreen, Lebanon, Lewis, Louisburg, Plad, Preston, Richmond, Sleeper, St. Roberts, Urbana, Urich, Warsaw, Waynesville, Windsor, on the one hand and all points in Missouri, on the other hand, subject to the restriction that no service is authorized between two points on the regular route of another certificated carrier.

Transportation of passengers and their baggage in charter service between all points and places in the Counties of Putnam, Schuyler, Scotland, Knox, Adair, Sullivan, Macon, Shelby, Monroe, Randolph, Chariton, Carroll, Howard, Boone, Cole, Osage, Maries, Phelps, Pulaski, Miller and Camden, on the one hand, and all points and places in the State of Missouri, on the other hand, in one-way or round trip charter service, provided, however, that service shall not be operated between two points on the regular route of another certificated carrier.

Transportation of passengers and their baggage in charter service from Columbia to all points in the State of Missouri, irrespective of whether such points are on the route of a regular route carrier.

Transportation of passengers and their baggage in charter coach or circle tour service from Buchanan County, Missouri, to all points in the State of Missouri, irrespective of the location of any such points on the route of a regular route common carrier or between points on the routes of two more regular route common carriers where through or joint service has been authorized or established between such regular route common carriers.

### Charter Service: Irregular

Passengers and their baggage and equipment between all points in Missouri.

2.20 Please define handicap access features in each vehicle.

None Available

2.21 Other equipment/definition:-

DVD Player with 5/6 video monitors

**2.30 MINORITY BUSINESS EVALUATION:**

2.31 What is the total number of employees in your firm? 134

2.32 What is the total number of employees that are minorities and/or woman within your firm? 46

2.33 Is your firm minority or woman owned? \_\_\_ Yes  No  
Definition: Is greater than 51% of the company owned and controlled by a certified minority (as defined by the State of Florida) or woman? Please attach a copy of any State of Florida certification.

2.34 Does your firm have an affirmative action/equal employment opportunity program?  
 Yes \_\_\_ No

See Enclosed Handbook Pages 2-5  
Please attach evidence of your AA/EOC program/ statement.

**2.40 DRIVERS:**

2.41 How many licensed drivers does your firm employ? Please define if they are full-time or part-time and what on-going training your company provides or requires drivers to take?

100 drivers (23 full-time, 77 part-time)  
Monthly safety meetings which includes various training  
Yearly requalifications, must pass all aspects in  
order to continue to drive for Kincaid. (See Attached)

2.42 Please provide a list (or resumes, if possible) on each driver, including their education, where the drivers reside within the state (i.e. cities/ counties), experience, vocational training, traffic violations and safety record (to include any traffic violations/ accident each have had over the past 3 years).

Copies Attached?  Yes \_\_\_ No

2.43 Does each driver have a valid CDL license?  Yes \_\_\_ No

2.44 Will the College have the right to select specific drivers for College use, based on prior trip experience(s)?  Yes \_\_\_ No

2.45 Are all drivers uniformed and easy to identify?  Yes \_\_\_ No

# KINCAID COACH LINES, INC.

## Driver's Training Record

Day 1	Date Completed		Trainer Initials	Driver Initials
<b>Introduction/Orientation</b>		1.0 Hrs		
Company history/philosophy				
Motor Coach Operator's Job Description				
Employee Handbook				
Acknowledgement Form Signed				
<b>Video – "Driving Motor Coaches"</b>		20 minutes		
<b>Drug &amp; Alcohol</b>		1.5 Hrs		
J.J. Keller Handbook on Drug & Alcohol				
Company Policies (p. 12-19 Emp. Handbook)				
Video tape on Drug & Alcohol Testing				
Acknowledgement Form Signed				
<b>Blood Borne Pathogens</b>		30 minutes		
Company Statement (p. 7 Emp. Handbook)				
Video tape on Blood Borne Pathogens				
Acknowledgement Form signed				
<b>Attendance/Leave Policies</b>		15 minutes		
FMLA (p. 8-11 Emp Handbook)				
Medical Leave (p. 21 Emp. Handbook)				
Personal Leave (p. 21 Emp. Handbook)				
Tardiness (p. 20 Emp. Handbook)				
Attendance/Absenteeism (p. 20 Emp. Handbook)				
<b>Appearance/Uniform</b>		5 minutes		
(p. 21 Emp. Handbook)				
<b>Code of Ethics/Standards of Conduct</b>		15 minutes		
(p. 3 & 4 Emp. Handbook)				
<b>Equal Employment Opportunity</b>		5 minutes		
(p. 4 Emp. Handbook)				

# KINCAID COACH LINES, INC.

## Driver's Training Record

Day 1	Date Completed		Trainer Initials	Driver Initials
<b>Driver Responsibilities</b>		20 minutes		
(p. 13-15 Emp. Handbook)				
Give Copies of Fuel & Oil Log				
Pre-Trip Procedures				
<b>Rules and Workplace Conduct</b>		20 minutes		
(p. 21-22 Emp. Handbook)				
Harassment & Discrimination				
Sign Form				
<b>Other Driver Duties</b>		20 minutes		
(p. 23, 24, 26 Emp. Handbook)				
Post-Trip Procedures				
Give Copies of Pre-Trip Sheets/Damage Report				
Give Copy of Post-Trip Log Sheet				
<b>Customer Service</b>		1.5 Hrs		
(p. 25-27 Emp. Handbook)				
Give copy of Corrective Behavior Form				
Performance report				
Give copy of "Welcome Aboard Speech"				
<b>Accident/Incident Policies</b>		30 minutes		
(p. 29-31 Emp. Handbook)				
Give copy of Accident/Incident Report Form				
Accident Kits				
Picture Taking at Accident Scene				
Hazardous Materials Handling				
Insurance Cards				
Permit Books				
Sign Acknowledgement form for Accident Proc.				
Evacuations				
Preventable VS Fault				
<b>Safety Policies</b>		15 minutes		
(p. 31,33 Emp. Handbook)				
Safety Incentive Program				
Safety Meetings				
<b>Driver Wages</b>		5 minutes		
(p. 32 Emp. Handbook)				

# KINCAID COACH LINES, INC.

## Driver's Training Record

Day 1	Date Completed		Trainer Initials	Driver Initials
<b>Date of Hire</b>		5 minutes		
(p. 32 Emp. Handbook)				
Probationary Period				
<b>Driver's Lounge/Parking</b>		5 minutes		

Day 2	Date Completed		Trainer Initials	Driver Initials
<b>DOT Driver Log Sheets</b>		1.5 Hrs		
Pass out Driver Log Books				
Video Tape "Driver Logs"				
Pass out DOT Safety Regulations Book				
Acknowledgement Form for DOT Book				
<b>Trip Envelopes</b>				
Doc. KCL.CP.DRV (p.16-31)				
Sample of Trip Envelope				
Sample of confirmation Sheet				
Sample of Pay Sheet				
Sample of Expense Sheets				
Fuel Receipts – Always Get 2 Copies				
Trip Advances				
Personal Items				
Trip Procedures				
Customer Debrief From				
<b>Defensive Driving</b>		4.5 Hrs		
Video Tape - "City Driving"				
Video Tape - "Turning"				
Video tape – "Highway Driving"				
<b>Complete DOT File Paperwork</b>		30 Minutes		
After last day of Behind the Wheel				

**TOTAL CLASSROOM HOURS**      16 Hours

# KINCAID COACH LINES, INC.

## Driver's Training Record

Days 6,7,8,9 are optional	Day 3	Day 4	Day 5	Day 6	Day 7	Day 8	Day 9
DATE:							
Pre-Trip Inspection							
Triangles/Flares/Fuses							
Supply Box							
Fire Extinguisher							
First Aid Kit							
Vehicle Familiarization:							
<i>Obstacle Course Driving</i>							
Windows/ Hatches							
Fuel & Oil Log							
Permit Books							
Post-Trip Inspection							
Mirror Awareness:							
<i>Mirror Adjustment</i>							
Dimensional Awareness							
Switches/Gauges							
Hub meter – if applicable							
Engine Start Up							
Slow Idle							
Fast Idle							
Brakes – Low Air Warning							
A/C Heat							
Manual Transmission – Shifting							
Hazmat Concerns							
General Driving							
Rural Driving							
City Driving							
Highway Driving							
Turns/Cornering							
Backing							
Speed control							
Lane Usage							
Railroad Crossing							
Load/Unload Procedures							
Adverse Weather							
Courtesy – Other Drivers							
Vehicle Shut Down							
Fueling							
Dumping Toilet							
Cleaning							
Trip Envelope Paperwork							
DOT Logs							
<b>TOTAL Hours Today</b>							
<b>Drivers Initials</b>							

*KINCAID COACH LINES, INC.*

Driver's Training Record

Total Hours Behind The Wheel: \_\_\_\_\_

Type of Busses Trained In:

\_\_\_\_\_ 45ft. Renaissance  
\_\_\_\_\_ 45ft. J Model  
\_\_\_\_\_ 45ft. Prevost  
\_\_\_\_\_ Transit/School Bus

I certify that the above training has been completed satisfactorily:

\_\_\_\_\_  
Drivers Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Trainer's Signature

\_\_\_\_\_  
Date

- Complete DOT Qualification File and Employee File

KINCAID COACH LINES, INC.  
9207 WOODEND ROAD  
EDWARDSVILLE, KS 66111  
913-441-6200

BLOODBORNE PATHOGENS TRAINING  
USING UNIVERSAL PRECAUTIONS PROCEDURES

As a new driver applicant you are required by DOT to view the Bloodborne Pathogens Tape.

In order to fulfill the requirements for OSHA you need to view the Bloodborne Pathogens tape. OSHA requires you to see the tape annually. I have watched the tape on Bloodborne Pathogens and understand how to use the Biohazard kit located in the Coach.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

### Kincaid Panama City Drivers

Driver	Residing State	City	County	Years Experience
• David Higgins	Florida	Panama City Beach	Bay	6 yrs
• David Pooler	Florida	Panama City	Bay	17 yrs
• Kent Primous	Florida	Ft Walton Beach	Okaloosa	22 yrs
• Joey Walsh	Florida	Panama City	Bay	14 yrs
• Robert Brinkerhoff	Florida	Panama City	Bay	21 yrs
• John Hightower	Florida	Bonifay	Holmes	38 yrs
• Matthew Lovette	Florida	Panama City	Bay	12 yrs
• Robert Marshall	Florida	Panama City Beach	Bay	2 yrs
• Esther Morehead	Florida	Panama City	Bay	11yrs
• Jerry Payne	Florida	Ft Walton Beach	Okaloosa	20yrs
• David Poggioli	Florida	Panama City	Bay	30yrs
• Jim Smith	Florida	Panama City	Bay	5 yrs
• Sylvester White	Florida	Panama City	Bay	9 yrs
• Wayne Kolmetz	Florida	Chipley	Washington	2 yrs
• Steven Young	Florida	Panama City Beach	Bay	2 yrs



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# DRIVER RECORD SERVICE REPORT FOR FLORIDA

277365326

REPORT DATE	REQUESTOR	ACCT#	SEQUENCE#	BILL CODE	PAGE
05/19/2010	CSA	650934	521535472	000	1

LICENSEE NAME/ADDRESS		LICENSE NUMBER	LICENSE CLASS	STATUS
DAVID SAMUEL HIGGINS 1728 VECUNA CIR PANAMA CITY BEACH, FL 32408-0000		H252177483420	CDL-B	ELIGIBL
		DATE OF BIRTH	RESTRICTIONS	
		09/22/1948	A	
ISSUED	EXPIRES	DRIVER DESCRIPTION		
01/28/2010	09/22/2018	Gender: M Height: 5'11		

REPORT PREPARED FOR	COMMENT
KINCAID COACH LINES 313 E FRONT STREET BONNER SPRINGS, KS 66012-1008	ANNUAL

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## MISCELLANEOUS AND STATE SPECIFIC INFORMATION

REQUESTED AS: DAVID HIGGINS DOB: 09221948 LICENSE: H252177483420  
 COMM:01: ELIGIBLE ELIGIBL B 0128201009222018 P A  
 CDL CLASS: B DESC: CDL SINGLE VEHICLE > 26K,TOW < 10K  
 CDL STATUS: ELIGIBLE  
 CDL ISSUED: 01/28/2010  
 CDL EXPIRES: 09/22/2018  
 CDL RESTR: A DESC: CORRECTIVE LENSES  
 CDL ENDMT: P DESC: PASSENGER TRANSPORTATION  
 EXAMS TAKEN, VISION=1 RD SIGN=1 RD RULES=1 DRIVE=1 MC RULES=1 MC SKILL=1  
 ORIGINAL ISSUE DATE: 01/19/00  
 ORIGINAL CDL ISSUE DATE: 01/28/10  
 \*\* ENTRIES BELOW COVER THE PAST 3 YEARS \*\*  
 \*\* BLOCK PERSONAL INFORMATION \*\*  
 \*\* BLOCK FOR MAILING LIST \*\*  
 \*\* THIS PERSON HAS A DIGITAL IMAGE \*\*  
 \*\* THIS PERSON HAS A REAL ID \*\*  
 LIC ENDMT: MOTORCYCLE  
 NOTE Request match analysis: dl=Y, ln=Y, fn=Y, dob=Y

## DRIVING RECORD HISTORY

TYPE	VIOL/SUS	CONV/REI	DESCRIPTION	CODE	POINTS	SVC	SCORE
** CLEAR RECORD **							

If you are an iiX Customer, and have questions contact:  
 iiX  
 1716 Briarcrest Dr Ste 200  
 Bryan, TX 77802  
 Telephone: 1-800-683-8553

Refer Consumer to:  
 iiX-FCRA  
 1716 Briarcrest Dr Ste 200  
 Bryan, TX, TX 77802  
 Telephone: 1-866-560-7015

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# DRIVER RECORD SERVICE REPORT FOR FLORIDA

277365478

REPORT DATE	REQUESTOR	ACCT#	SEQUENCE#	BILL CODE	PAGE
05/19/2010	CSA	650934	521535716	000	1

LICENSEE NAME/ADDRESS		LICENSE NUMBER	LICENSE CLASS	STATUS
PHILIP ANTHONY POOLER 610 SPARROW ST LYNN HAVEN, FL 32444-4387		P460661583460	CDL-A	ELIGIBL
		DATE OF BIRTH	RESTRICTIONS	
		09/26/1958	6	
ISSUED	EXPIRES	DRIVER DESCRIPTION		
09/17/2009	09/26/2017	Gender: M Height: 6'01		

REPORT PREPARED FOR	COMMENT
KINCAID COACH LINES 313 E FRONT STREET BONNER SPRINGS, KS 66012-1008	ANNUAL

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## MISCELLANEOUS AND STATE SPECIFIC INFORMATION

REQUESTED AS: PHILIP POOLER DOB: 09261958 LICENSE: P460661583460  
 COMM:01: ELIGIBLE ELIGIBL A 0917200909262017 NPT 6  
 CDL CLASS: A DESC: CDL COMBINATION VEHICLE >26K,TOW > 10K  
 CDL STATUS: ELIGIBLE  
 CDL ISSUED: 09/17/2009  
 CDL EXPIRES: 09/26/2017  
 CDL RESTR: 6 DESC: NO CLASS A PASSENGER VEH  
 CDL ENDMT: N DESC: TANKERS - BULK HAULERS  
 CDL ENDMT: P DESC: PASSENGER TRANSPORTATION  
 CDL ENDMT: T DESC: DOUBLE/TRIPLE TRAILERS  
 EXAMS TAKEN, VISION=1 RD SIGN=1 RD RULES=1 DRIVE=1 MC RULES=1 MC SKILL=1  
 ORIGINAL ISSUE DATE: 08/12/93  
 ORIGINAL CDL ISSUE DATE: 08/12/93  
 09/26/08 DUPLICATE LICENSE ISSUED BATCH NO: B10  
 05/01/08 REPLACEMENT LICENSE ISSUED BATCH NO: V10  
 \*\* ENTRIES BELOW COVER THE PAST 3 YEARS \*\*  
 \*\* BLOCK PERSONAL INFORMATION \*\*  
 \*\* BLOCK FOR MAILING LIST \*\*  
 \*\* THIS PERSON HAS A DIGITAL IMAGE \*\*  
 NOTE Request match analysis: dl=Y, ln=Y, fn=Y, dob=Y

## DRIVING RECORD HISTORY

TYPE	VIOL/SUS	CONV/REI	DESCRIPTION	CODE	POINTS	SVC	SCORE
** CLEAR RECORD **							

If you are an iiX Customer, and have questions contact:  
 iiX  
 1716 Briarcrest Dr Ste 200  
 Bryan, TX 77802  
 Telephone: 1-800-683-8553

Refer Consumer to:  
 iiX-FCRA  
 1716 Briarcrest Dr Ste 200  
 Bryan, TX, TX 77802  
 Telephone: 1-866-560-7015

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# DRIVER RECORD SERVICE REPORT FOR FLORIDA

277365501

REPORT DATE	REQUESTOR	ACCT#	SEQUENCE#	BILL CODE	PAGE
05/19/2010	CSA	650934	521535754	000	1

LICENSEE NAME/ADDRESS		LICENSE NUMBER	LICENSE CLASS	STATUS
KENT PRIMOUS UNAVAILABLE		P652500634120	CDL-B	ELIGIBL
		DATE OF BIRTH	RESTRICTIONS	
		11/12/1963		
ISSUED	EXPIRES	DRIVER DESCRIPTION		
11/02/2007	11/12/2013	Gender: M Height: 5'11		

REPORT PREPARED FOR	COMMENT
KINCAID COACH LINES 313 E FRONT STREET BONNER SPRINGS, KS 66012-1008	ANNUAL

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## MISCELLANEOUS AND STATE SPECIFIC INFORMATION

REQUESTED AS: KENT PRIMOUS DOB: 11121963 LICENSE: P652500634120  
 COMM:01: ELIGIBLE ELIGIBL B 1102200711122013 P  
 CDL CLASS: B DESC: CDL SINGLE VEHICLE > 26K,TOW < 10K  
 CDL STATUS: ELIGIBLE  
 CDL ISSUED: 11/02/2007  
 CDL EXPIRES: 11/12/2013  
 CDL ENDMT: P DESC: PASSENGER TRANSPORTATION  
 EXAMS TAKEN, VISION=1 RD SIGN=1 RD RULES=0 DRIVE=0 MC RULES=0 MC SKILL=0  
 ORIGINAL ISSUE DATE: 06/12/80  
 ORIGINAL CDL ISSUE DATE: 04/18/91  
 NO ENTRY WITHIN THE PAST 3 YEARS AGAINST RECORD IN ABOVE NAME  
 \*\* BLOCK FOR MAILING LIST \*\*  
 \*\* THIS PERSON HAS A DIGITAL IMAGE \*\*  
 NOTE Request match analysis: dl=Y, ln=Y, fn=Y, dob=Y

## DRIVING RECORD HISTORY

TYPE	VIOL/SUS	CONV/REI	DESCRIPTION	CODE	POINTS	SVC	SCORE
** CLEAR RECORD **							

If you are an iiX Customer, and have questions contact:  
 iiX  
 1716 Briarcrest Dr Ste 200  
 Bryan, TX 77802  
 Telephone: 1-800-683-8553

Refer Consumer to:  
 iiX-FCRA  
 1716 Briarcrest Dr Ste 200  
 Bryan, TX, TX 77802  
 Telephone: 1-866-560-7015

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# DRIVER RECORD SERVICE REPORT FOR FLORIDA

277365598

REPORT DATE	REQUESTOR	ACCT#	SEQUENCE#	BILL CODE	PAGE
05/19/2010	CSA	650934	521535928	000	1

LICENSEE NAME/ADDRESS		LICENSE NUMBER	LICENSE CLASS	STATUS
JOSEPH L WALSH II 6445 SMITH RD PANAMA CITY, FL 32404-5107		W420492712450	CDL-B	ELIGIBL
		DATE OF BIRTH	RESTRICTIONS	
		07/05/1971		
ISSUED	EXPIRES	DRIVER DESCRIPTION		
02/05/2009	07/05/2017	Gender: M Height: 5'10		

REPORT PREPARED FOR	COMMENT
KINCAID COACH LINES 313 E FRONT STREET BONNER SPRINGS, KS 66012-1008	ANNUAL

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## MISCELLANEOUS AND STATE SPECIFIC INFORMATION

REQUESTED AS: JOSEPH WALSH DOB: 07051971 LICENSE: W420492712450  
 COMM:01: ELIGIBLE ELIGIBL B 0205200907052017 P  
 CDL CLASS: B DESC: CDL SINGLE VEHICLE > 26K,TOW < 10K  
 CDL STATUS: ELIGIBLE  
 CDL ISSUED: 02/05/2009  
 CDL EXPIRES: 07/05/2017  
 CDL ENDMT: P DESC: PASSENGER TRANSPORTATION  
 EXAMS TAKEN, VISION=1 RD SIGN=1 RD RULES=1 DRIVE=1 MC RULES=1 MC SKILL=1  
 ORIGINAL ISSUE DATE: 03/12/87  
 ORIGINAL CDL ISSUE DATE: 02/05/09  
 02/24/09 REPLACEMENT LICENSE ISSUED BATCH NO: B10  
 \*\* ENTRIES BELOW COVER THE PAST 3 YEARS \*\*  
 RECORD APPEARS IN THE NATIONAL DRIVER REGISTER  
 \*\* BLOCK PERSONAL INFORMATION \*\*  
 \*\* BLOCK FOR MAILING LIST \*\*  
 \*\* THIS PERSON HAS A DIGITAL IMAGE \*\*  
 LIC ENDMT: MOTORCYCLE  
 NOTE Request match analysis: dl=Y, ln=Y, fn=Y, dob=Y

## DRIVING RECORD HISTORY

TYPE	VIOL/SUS	CONV/REI	DESCRIPTION	CODE	POINTS	SVC	SCORE
------	----------	----------	-------------	------	--------	-----	-------

\*\* CLEAR RECORD \*\*

If you are an iiX Customer, and have questions contact:  
 iiX  
 1716 Briarcrest Dr Ste 200  
 Bryan, TX 77802  
 Telephone: 1-800-683-8553

Refer Consumer to:  
 iiX-FCRA  
 1716 Briarcrest Dr Ste 200  
 Bryan, TX, TX 77802  
 Telephone: 1-866-560-7015

\*\*\* END OF REPORT \*\*\*



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# DRIVER RECORD SERVICE REPORT FOR FLORIDA

276983012

REPORT DATE	REQUESTOR	ACCT#	SEQUENCE#	BILL CODE	PAGE
05/05/2010	CSA	650934	520898166	000	1

LICENSEE NAME/ADDRESS		LICENSE NUMBER	LICENSE CLASS	STATUS
ROBERT PAUL BRINKERHOFF 5842 JOSEPH RD PANAMA CITY, FL 32404-5028		B652775600090	CDL-A	ELIGIBL
		DATE OF BIRTH	RESTRICTIONS	
		01/09/1960		
ISSUED	EXPIRES	DRIVER DESCRIPTION		
12/21/2009	01/09/2018	Gender: M Height: 5'10		

REPORT PREPARED FOR	COMMENT
KINCAID COACH LINES 313 E FRONT STREET BONNER SPRINGS, KS 66012-1008	PRE-EMPLOYMENT PANAMA CITY BEACH, FL

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## MISCELLANEOUS AND STATE SPECIFIC INFORMATION

REQUESTED AS: ROBERT BRINKERHOFF DOB: 01091960 LICENSE: B652775600090  
 COMM:01: ELIGIBLE ELIGIBL A 1221200901092018  
 CDL CLASS: A DESC: CDL COMBINATION VEHICLE >26K,TOW > 10K  
 CDL STATUS: ELIGIBLE  
 CDL ISSUED: 12/21/2009  
 CDL EXPIRES: 01/09/2018  
 EXAMS TAKEN, VISION=1 RD SIGN=1 RD RULES=1 DRIVE=1 MC RULES=0 MC SKILL=0  
 ORIGINAL ISSUE DATE: 12/28/78  
 ORIGINAL CDL ISSUE DATE: 11/20/91  
 \*\* ENTRIES BELOW COVER THE PAST 3 YEARS \*\*  
 \*\* BLOCK PERSONAL INFORMATION \*\*  
 \*\* BLOCK FOR MAILING LIST \*\*  
 \*\* THIS PERSON HAS A DIGITAL IMAGE \*\*  
 CMV - TEMPORARY DRIVING PERMIT ISSUED 04-16-10  
 EXPIRES: 10-13-10  
 NOTE Request match analysis: dl=Y, ln=Y, fn=Y, dob=Y

## DRIVING RECORD HISTORY

TYPE	VIOL/SUS	CONV/REI	DESCRIPTION	CODE	POINTS	SVC	SCORE
** CLEAR RECORD **							

If you are an iiX Customer, and have questions contact:  
 iiX  
 1716 Briarcrest Dr Ste 200  
 Bryan, TX 77802  
 Telephone: 1-800-683-8553

Refer Consumer to:  
 iiX-FCRA  
 1716 Briarcrest Dr Ste 200  
 Bryan, TX, TX 77802  
 Telephone: 1-866-560-7015

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# DRIVER RECORD SERVICE REPORT FOR FLORIDA

277365355

REPORT DATE	REQUESTOR	ACCT#	SEQUENCE#	BILL CODE	PAGE
05/19/2010	CSA	650934	521535508	000	1

LICENSEE NAME/ADDRESS		LICENSE NUMBER	LICENSE CLASS	STATUS
JOHN HOWELL HIGHTOWER 640 SON IN LAW RD BONIFAY, FL 32425-3213		H236468360260	CDL-A	ELIGIBL
		DATE OF BIRTH	RESTRICTIONS	
		01/26/1936	6	
ISSUED	EXPIRES	DRIVER DESCRIPTION		
06/12/2007	01/26/2014	Gender: M Height: 5'11		

REPORT PREPARED FOR	COMMENT
KINCAID COACH LINES 313 E FRONT STREET BONNER SPRINGS, KS 66012-1008	ANNUAL

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## MISCELLANEOUS AND STATE SPECIFIC INFORMATION

REQUESTED AS: JOHN HIGHTOWER DOB: 01231936 LICENSE: H236468360260  
 COMM:01: ELIGIBLE ELIGIBL A 0612200701262014 TNP 6  
 CDL CLASS: A DESC: CDL COMBINATION VEHICLE >26K,TOW > 10K  
 CDL STATUS: ELIGIBLE  
 CDL ISSUED: 06/12/2007  
 CDL EXPIRES: 01/26/2014  
 CDL RESTR: 6 DESC: NO CLASS A PASSENGER VEH  
 CDL ENDMT: T DESC: DOUBLE/TRIPLE TRAILERS  
 CDL ENDMT: N DESC: TANKERS - BULK HAULERS  
 CDL ENDMT: P DESC: PASSENGER TRANSPORTATION  
 EXAMS TAKEN, VISION=1 RD SIGN=1 RD RULES=0 DRIVE=0 MC RULES=0 MC SKILL=0  
 ORIGINAL ISSUE DATE: 06/15/56  
 ORIGINAL CDL ISSUE DATE: 09/12/95  
 \*\* ENTRIES BELOW COVER THE PAST 3 YEARS \*\*  
 \*\* BLOCK PERSONAL INFORMATION \*\*  
 \*\* BLOCK FOR MAILING LIST \*\*  
 \*\* THIS PERSON HAS A DIGITAL IMAGE \*\*  
 NOTE Request match analysis: dl=Y, ln=Y, fn=Y, dob=N

## DRIVING RECORD HISTORY

TYPE	VIOL/SUS	CONV/REI	DESCRIPTION	CODE	POINTS	SVC	SCORE
** CLEAR RECORD **							

If you are an iiX Customer, and have questions contact:  
 iiX  
 1716 Briarcrest Dr Ste 200  
 Bryan, TX 77802  
 Telephone: 1-800-683-8553

Refer Consumer to:  
 iiX-FCRA  
 1716 Briarcrest Dr Ste 200  
 Bryan, TX, TX 77802  
 Telephone: 1-866-560-7015

\*\*\* END OF REPORT \*\*\*



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# DRIVER RECORD SERVICE REPORT FOR FLORIDA

276161800

REPORT DATE	REQUESTOR	ACCT#	SEQUENCE#	BILL CODE	PAGE
03/31/2010	CSA	650934	519472024	000	1

LICENSEE NAME/ADDRESS		LICENSE NUMBER	LICENSE CLASS	STATUS
MATTHEW CORNELIUS LOVETTE II 102 S CHARLENE DR PANAMA CITY, FL 32404-7901		L130543784470	CDL-B	ELIGIBL
		DATE OF BIRTH	RESTRICTIONS	
		12/07/1978	A	
ISSUED	EXPIRES	DRIVER DESCRIPTION		
08/27/2007	12/07/2013	Gender: M Height: 5'10		

REPORT PREPARED FOR	COMMENT
KINCAID COACH LINES 313 E FRONT STREET BONNER SPRINGS, KS 66012-1008	PRE-EMPLOYMENT PANAMA CITY BEACH, FL.

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\*\*\*\*\* Ordered from the iiX MVR Archive Database. Original Report Date was 03/11/2010. \*\*\*\*\*

## MISCELLANEOUS AND STATE SPECIFIC INFORMATION

REQUESTED AS: MATTHEW CORNELIUS LOVETTE DOB: 12071978 LICENSE: L130543784470  
 COMM:01: ELIGIBLE ELIGIBL B 0827200712072013 N A  
 CDL CLASS: B DESC: CDL SINGLE VEHICLE > 26K,TOW < 10K  
 CDL STATUS: ELIGIBLE  
 CDL ISSUED: 08/27/2007  
 CDL EXPIRES: 12/07/2013  
 CDL RESTR: A DESC: CORRECTIVE LENSES  
 CDL ENDMT: N DESC: TANKERS - BULK HAULERS  
 EXAMS TAKEN, VISION=1 RD SIGN=1 RD RULES=1 DRIVE=1 MC RULES=0 MC SKILL=0  
 ORIGINAL ISSUE DATE: 12/12/95  
 ORIGINAL CDL ISSUE DATE: 08/27/07  
 \*\* ENTRIES BELOW COVER THE PAST 3 YEARS \*\*  
 RECORD APPEARS IN THE NATIONAL DRIVER REGISTER  
 \*\* BLOCK PERSONAL INFORMATION \*\*  
 \*\* BLOCK FOR MAILING LIST \*\*  
 \*\* THIS PERSON HAS A DIGITAL IMAGE \*\*  
 CMV - TEMPORARY DRIVING PERMIT ISSUED 04-29-09  
 NOTE Request match analysis: dl=Y, ln=Y, fn=Y, dob=Y

## DRIVING RECORD HISTORY

TYPE	VIOL/SUS	CONV/REI	DESCRIPTION	CODE	POINTS	SVC	SCORE
+-+			++++ ASSIGNED VIOLATION CODE ++++			580010	0
ADMI	02/21/2005		IDENTIFICATION CARD ISSUED EXPIRES: 12-07-09 CITY: 001 BATCH NO: R08				
+-+			++++ ASSIGNED VIOLATION CODE ++++			580010	0
ADMI	11/28/2005		DUPLICATE ID CARD ISSUED CITY: 002 BATCH NO: B74				
+-+			++++ ASSIGNED VIOLATION CODE ++++			428330	0
VIOL	06/23/2007	10/12/2007	NO/IMPROPER CHILD RESTRAINT DEVICE DISPOSITION: GUILTY CNTY/ST: BAY COURT: COUNTY TICKET NUMBER: 5508EGU BATCH NO: 07288966	404	3.0		



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# DRIVER RECORD SERVICE REPORT FOR FLORIDA

276161800

REPORT DATE	REQUESTOR	ACCT#	SEQUENCE#	BILL CODE	PAGE
03/31/2010	CSA	650934	519472024	000	2

LICENSEE NAME/ADDRESS		LICENSE NUMBER	LICENSE CLASS	STATUS
MATTHEW CORNELIUS LOVETTE II 102 S CHARLENE DR PANAMA CITY, FL 32404-7901		L130543784470	CDL-B	ELIGIBL
		DATE OF BIRTH	RESTRICTIONS	
		12/07/1978	A	
ISSUED	EXPIRES	DRIVER DESCRIPTION		
08/27/2007	12/07/2013	Gender: M Height: 5'10		

## DRIVING RECORD HISTORY

TYPE	VIOL/SUS	CONV/REI	DESCRIPTION	CODE	POINTS	SVC	SCORE
+++ VIOL	08/04/2009	08/04/2009	++++ ASSIGNED VIOLATION CODE ++++ FAIL TO COMPLY TRAFFIC SUMMONS DISPOSITION: GUILTY CNTY/ST: AL TICKET NUMBER: 0866489 BATCH NO: 09216640	460		584110	0
+++ VIOL	05/08/2009	09/14/2009	++++ ASSIGNED VIOLATION CODE ++++ UNLAWFUL SPEED 082/65 DISPOSITION: GUILTY CNTY/ST: AL BATCH NO: 09274CXX	575	4.0	421540	4
+++ SUSP	08/31/2009		++++ ASSIGNED VIOLATION CODE ++++ FAIL TO COMPLY TRAFFIC SUMMONS-AL CNTY/ST: FL COURT: MUNCLPL ACTION: COURT TICKET NUMBER: 0866489 BATCH NO: 09216640 DURATION: INDEFINITE NOTICE REQUIRED BY S.322.251 GIVEN 08-11-09			130110	10
+++ REIN		09/01/2009	++++ ASSIGNED VIOLATION CODE ++++ REINSTATED			330130	0
+++ SUSP	08/10/2009		++++ ASSIGNED VIOLATION CODE ++++ VIO 322.058 F.S. SUPPORT DELQ ACTION: DEPARTMENTAL TICKET NUMBER: 1810096 BATCH NO: 09194999 DURATION: INDEFINITE NOTICE REQUIRED BY S.322.251 GIVEN 07-20-09			130110	10
+++ REIN		07/29/2009	++++ ASSIGNED VIOLATION CODE ++++ REINSTATED			330130	0
+++ +			+++++ ASSIGNED POINT TOTAL				24

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# DRIVER RECORD SERVICE REPORT FOR FLORIDA

277365374

REPORT DATE	REQUESTOR	ACCT#	SEQUENCE#	BILL CODE	PAGE
05/19/2010	CSA	650934	521535556	000	1

LICENSEE NAME/ADDRESS		LICENSE NUMBER	LICENSE CLASS	STATUS
ROBERT ANTHONY MARSHALL 1336 CINCINATTI AVE PANAMA CITY, FL 32401-0000		M624761690490	CDL-B	ELIGIBL
		DATE OF BIRTH	RESTRICTIONS	
		02/09/1969		
ISSUED	EXPIRES	DRIVER DESCRIPTION		
10/19/2009	02/09/2018	Gender: M Height: 6'08		

REPORT PREPARED FOR	COMMENT
KINCAID COACH LINES 313 E FRONT STREET BONNER SPRINGS, KS 66012-1008	ANNUAL

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\*\*\*\*\* Ordered from the iiX MVR Archive Database. Original Report Date was 04/07/2010. \*\*\*\*\*

## MISCELLANEOUS AND STATE SPECIFIC INFORMATION

REQUESTED AS: ROBERT MARSHALL DOB: 02091969 LICENSE: M624761690490  
 COMM:01: ELIGIBLE ELIGIBL B 1019200902092018 P  
 CDL CLASS: B DESC: CDL SINGLE VEHICLE > 26K,TOW < 10K  
 CDL STATUS: ELIGIBLE  
 CDL ISSUED: 10/19/2009  
 CDL EXPIRES: 02/09/2018  
 CDL ENDMT: P DESC: PASSENGER TRANSPORTATION  
 EXAMS TAKEN, VISION=1 RD SIGN=1 RD RULES=1 DRIVE=1 MC RULES=1 MC SKILL=1  
 ORIGINAL ISSUE DATE: 02/12/04  
 ORIGINAL CDL ISSUE DATE: 10/19/09  
 03/11/08 DUPLICATE LICENSE ISSUED BATCH NO: E74  
 10/05/09 REPLACEMENT LICENSE ISSUED BATCH NO: B10  
 09/29/09 REPLACEMENT LICENSE ISSUED BATCH NO: B10  
 \*\* ENTRIES BELOW COVER THE PAST 3 YEARS \*\*  
 \*\* BLOCK PERSONAL INFORMATION \*\*  
 \*\* BLOCK FOR MAILING LIST \*\*  
 \*\* THIS PERSON HAS A DIGITAL IMAGE \*\*  
 LIC ENDMT: MOTORCYCLE  
 CMV - TEMPORARY DRIVING PERMIT ISSUED 05-22-09  
 NOTE Request match analysis: dl=Y, ln=Y, fn=Y, dob=Y

## DRIVING RECORD HISTORY

TYPE	VIOL/SUS	CONV/REI	DESCRIPTION	CODE	POINTS	SVC	SCORE
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\*\* CLEAR RECORD \*\*

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# DRIVER RECORD SERVICE REPORT FOR FLORIDA

277365399

REPORT DATE	REQUESTOR	ACCT#	SEQUENCE#	BILL CODE	PAGE
05/19/2010	CSA	650934	521535601	000	1

LICENSEE NAME/ADDRESS		LICENSE NUMBER	LICENSE CLASS	STATUS
ESTHER ANNETTA MOREHEAD 1108 HARRIS AVENUE PANAMA CITY, FL 32401-4128		M630201626350	CDL-B	ELIGIBL
		DATE OF BIRTH	RESTRICTIONS	
		04/15/1962		
ISSUED	EXPIRES	DRIVER DESCRIPTION		
04/15/2005	04/15/2011	Gender: F Height: 5'07		

REPORT PREPARED FOR	COMMENT
KINCAID COACH LINES 313 E FRONT STREET BONNER SPRINGS, KS 66012-1008	ANNUAL

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## MISCELLANEOUS AND STATE SPECIFIC INFORMATION

REQUESTED AS: ESTHER MOREHEAD DOB: 04151962 LICENSE: M630201626350  
 COMM:01: ELIGIBLE ELIGIBL B 0415200504152011 PS  
 CDL CLASS: B DESC: CDL SINGLE VEHICLE > 26K,TOW < 10K  
 CDL STATUS: ELIGIBLE  
 CDL ISSUED: 04/15/2005  
 CDL EXPIRES: 04/15/2011  
 CDL ENDMT: P DESC: PASSENGER TRANSPORTATION  
 CDL ENDMT: S DESC: SCHOOL BUS  
 EXAMS TAKEN, VISION=1 RD SIGN=1 RD RULES=1 DRIVE=1 MC RULES=0 MC SKILL=0  
 ORIGINAL ISSUE DATE: 12/03/81  
 ORIGINAL CDL ISSUE DATE: 08/04/98  
 \*\* ENTRIES BELOW COVER THE PAST 3 YEARS \*\*  
 \*\* BLOCK PERSONAL INFORMATION \*\*  
 \*\* BLOCK FOR MAILING LIST \*\*  
 \*\* THIS PERSON HAS A DIGITAL IMAGE \*\*  
 \*\* THIS PERSON ENDORSED FOR OPERATING SCHOOL BUSES \*\*  
 CMV - TEMPORARY DRIVING PERMIT ISSUED 07-24-98  
 NOTE Request match analysis: dl=Y, ln=Y, fn=Y, dob=Y

## DRIVING RECORD HISTORY

TYPE	VIOL/SUS	CONV/REI	DESCRIPTION	CODE	POINTS	SVC	SCORE
+--+			++++ ASSIGNED VIOLATION CODE ++++			580010	0
ADMI	02/18/1987		IDENTIFICATION CARD ISSUED CITY: 001 BATCH NO: B10				
+--+			++++ ASSIGNED VIOLATION CODE ++++			580010	0
ADMI	02/18/1987		DUPLICATE ID CARD ISSUED CITY: 002 BATCH NO: B10				
+--+			+++++ ASSIGNED POINT TOTAL				0

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# DRIVER RECORD SERVICE REPORT FOR FLORIDA

277365424

REPORT DATE	REQUESTOR	ACCT#	SEQUENCE#	BILL CODE	PAGE
05/19/2010	CSA	650934	521535646	000	1

LICENSEE NAME/ADDRESS		LICENSE NUMBER	LICENSE CLASS	STATUS
JERRY ELMER PAYNE 200 BURNETTE AVE FT WALTON BEACH, FL 32548-3809		P500425623620	CDL-B	ELIGIBL
		DATE OF BIRTH	RESTRICTIONS	
		10/02/1962		
ISSUED	EXPIRES	DRIVER DESCRIPTION		
09/27/2007	10/02/2013	Gender: M Height: 6'02		

REPORT PREPARED FOR	COMMENT
KINCAID COACH LINES 313 E FRONT STREET BONNER SPRINGS, KS 66012-1008	ANNUAL

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## MISCELLANEOUS AND STATE SPECIFIC INFORMATION

REQUESTED AS: JERRY PAYNE DOB: 10021962 LICENSE: P500425623620  
 COMM:01: ELIGIBLE ELIGIBL B 0927200710022013 P  
 CDL CLASS: B DESC: CDL SINGLE VEHICLE > 26K,TOW < 10K  
 CDL STATUS: ELIGIBLE  
 CDL ISSUED: 09/27/2007  
 CDL EXPIRES: 10/02/2013  
 CDL ENDMT: P DESC: PASSENGER TRANSPORTATION  
 EXAMS TAKEN, VISION=1 RD SIGN=1 RD RULES=2 DRIVE=1 MC RULES=0 MC SKILL=0  
 ORIGINAL ISSUE DATE: 02/28/78  
 ORIGINAL CDL ISSUE DATE: 03/27/92  
 \*\* ENTRIES BELOW COVER THE PAST 3 YEARS \*\*  
 \*\* BLOCK PERSONAL INFORMATION \*\*  
 \*\* BLOCK FOR MAILING LIST \*\*  
 \*\* THIS PERSON HAS A DIGITAL IMAGE \*\*  
 NOTE Request match analysis: dl=Y, ln=Y, fn=Y, dob=Y

## DRIVING RECORD HISTORY

TYPE	VIOL/SUS	CONV/REI	DESCRIPTION	CODE	POINTS	SVC	SCORE
+--+			++++ ASSIGNED VIOLATION CODE +++++			421075	4
VIOL	11/04/2007	12/03/2007	UNLAWFUL SPD - WORK ZONE/SCHOOL ZON 055/40 DISPOSITION: GUILTY CNTY/ST: SNTARSA COURT: COUNTY TICKET NUMBER: 6750FLC BATCH NO: 07338974	586	3.0		
+--+			++++ ASSIGNED VIOLATION CODE +++++			428520	4
VIOL	05/16/2008	06/10/2008	OBSTRUCTING TRAFFIC DISPOSITION: GUILTY CNTY/ST: LEON COURT: CIRCUIT TICKET NUMBER: 9560RJQ BATCH NO: 08190967	396	3.0		
+--+			+++++ ASSIGNED POINT TOTAL				8

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# DRIVER RECORD SERVICE REPORT FOR FLORIDA

278454347

REPORT DATE	REQUESTOR	ACCT#	SEQUENCE#	BILL CODE	PAGE
07/07/2010	CSA	650934	523426166	000	1

LICENSEE NAME/ADDRESS		LICENSE NUMBER	LICENSE CLASS	STATUS
DAVID POGGIOLI 122 N CLAIRE DR PANAMA CITY, FL 32401-4024		P240160600230	CDL-A	ELIGIBL
		DATE OF BIRTH	RESTRICTIONS	
		01/23/1960		
ISSUED	EXPIRES	DRIVER DESCRIPTION		
01/23/2009	01/23/2017	Gender: M Height: 5'10		

REPORT PREPARED FOR	COMMENT
KINCAID COACH LINES 313 E FRONT STREET BONNER SPRINGS, KS 66012-1008	Pre-Employment Panama City Beach, F

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## MISCELLANEOUS AND STATE SPECIFIC INFORMATION

REQUESTED AS: DAVID POGGIOLI DOB: 01231960 LICENSE: P240160600230  
 COMM:01: ELIGIBLE ELIGIBL A 0123200901232017 NT  
 CDL CLASS: A DESC: CDL COMBINATION VEHICLE >26K,TOW > 10K  
 CDL STATUS: ELIGIBLE  
 CDL ISSUED: 01/23/2009  
 CDL EXPIRES: 01/23/2017  
 CDL ENDMT: N DESC: TANKERS - BULK HAULERS  
 CDL ENDMT: T DESC: DOUBLE/TRIPLE TRAILERS  
 EXAMS TAKEN, VISION=1 RD SIGN=1 RD RULES=1 DRIVE=1 MC RULES=0 MC SKILL=0  
 ORIGINAL ISSUE DATE: 10/13/75  
 ORIGINAL CDL ISSUE DATE: 03/31/94  
 \*\* ENTRIES BELOW COVER THE PAST 3 YEARS \*\*  
 RECORD APPEARS IN THE NATIONAL DRIVER REGISTER  
 \*\* BLOCK PERSONAL INFORMATION \*\*  
 \*\* BLOCK FOR MAILING LIST \*\*  
 \*\* THIS PERSON HAS A DIGITAL IMAGE \*\*  
 NOTE Request match analysis: dl=Y, ln=Y, fn=Y, dob=Y

## DRIVING RECORD HISTORY

TYPE	VIOL/SUS	CONV/REI	DESCRIPTION	CODE	POINTS	SVC	SCORE
+-+			++++ ASSIGNED VIOLATION CODE ++++			421370	4
VIOL	05/22/2009	08/14/2009	UNLAWFUL SPEED DISPOSITION: GUILTY CNTY/ST: WY COURT: CIRCUIT BATCH NO: 09246CXX COMMERCIAL MOTOR VEHICLE	065/55 575	3.0		
+-+			++++ ASSIGNED VIOLATION CODE ++++			576700	0
VIOL	06/29/2009	02/08/2010	DEFECTIVE EQUIPMENT DISPOSITION: GUILTY CNTY/ST: MADISON COURT: COUNTY TICKET NUMBER: 0949RQP BATCH NO: 10040947 COMMERCIAL MOTOR VEHICLE	137			
+-+			++++ ASSIGNED VIOLATION CODE ++++			130110	10
SUSP	01/26/2010		FAILED TO PAY TRAFFIC FINE(PENALTY) CNTY/ST: MADISON COURT: COUNTY ACTION: COURT TICKET NUMBER: 0949RQP BATCH NO: 09362935 DURATION: INDEFINITE NOTICE REQUIRED BY S.322.251 GIVEN 01-06-10				
+-+			++++ ASSIGNED VIOLATION CODE ++++			330130	0
REIN		02/08/2010	REINSTATED				



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# DRIVER RECORD SERVICE REPORT FOR FLORIDA

278454347

REPORT DATE	REQUESTOR	ACCT#	SEQUENCE#	BILL CODE	PAGE
07/07/2010	CSA	650934	523426166	000	2

LICENSEE NAME/ADDRESS		LICENSE NUMBER	LICENSE CLASS	STATUS
DAVID POGGIOLI 122 N CLAIRE DR PANAMA CITY, FL 32401-4024		P240160600230	CDL-A	ELIGIBL
		DATE OF BIRTH	RESTRICTIONS	
		01/23/1960		
ISSUED	EXPIRES	DRIVER DESCRIPTION		
01/23/2009	01/23/2017	Gender: M Height: 5'10		

## DRIVING RECORD HISTORY

TYPE	VIOL/SUS	CONV/REI	DESCRIPTION	CODE	POINTS	SVC	SCORE
+	---	+	+++++ ASSIGNED POINT TOTAL				14

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# DRIVER RECORD SERVICE REPORT FOR FLORIDA

277365550

REPORT DATE	REQUESTOR	ACCT#	SEQUENCE#	BILL CODE	PAGE
05/19/2010	CSA	650934	521535845	000	1

LICENSEE NAME/ADDRESS		LICENSE NUMBER	LICENSE CLASS	STATUS
JAMES CLARENCE SMITH UNAVAILABLE		S530443500190	CDL-B	ELIGIBL
		DATE OF BIRTH	RESTRICTIONS	
		01/19/1950		
ISSUED	EXPIRES	DRIVER DESCRIPTION		
10/18/2005	01/19/2012	Gender: M Height: 6'01		

REPORT PREPARED FOR	COMMENT
KINCAID COACH LINES 313 E FRONT STREET BONNER SPRINGS, KS 66012-1008	ANNUAL

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## MISCELLANEOUS AND STATE SPECIFIC INFORMATION

REQUESTED AS: JIM SMITH DOB: 01191950 LICENSE: S530443500190  
 COMM:01: ELIGIBLE ELIGIBL B 1018200501192012 P  
 CDL CLASS: B DESC: CDL SINGLE VEHICLE > 26K,TOW < 10K  
 CDL STATUS: ELIGIBLE  
 CDL ISSUED: 10/18/2005  
 CDL EXPIRES: 01/19/2012  
 CDL ENDMT: P DESC: PASSENGER TRANSPORTATION  
 EXAMS TAKEN, VISION=1 RD SIGN=1 RD RULES=0 DRIVE=0 MC RULES=1 MC SKILL=1  
 ORIGINAL ISSUE DATE: 06/11/70  
 ORIGINAL CDL ISSUE DATE: 10/18/05  
 \*\* ENTRIES BELOW COVER THE PAST 3 YEARS \*\*  
 \*\* BLOCK PERSONAL INFORMATION \*\*  
 \*\* BLOCK FOR MAILING LIST \*\*  
 \*\* THIS PERSON HAS A DIGITAL IMAGE \*\*  
 LIC ENDMT: MOTORCYCLE  
 CMV - TEMPORARY DRIVING PERMIT ISSUED 07-07-05  
 NOTE Request match analysis: dl=Y, ln=Y, fn=N, dob=Y

## DRIVING RECORD HISTORY

TYPE	VIOL/SUS	CONV/REI	DESCRIPTION	CODE	POINTS	SVC	SCORE
** CLEAR RECORD **							

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# DRIVER RECORD SERVICE REPORT FOR FLORIDA

277365633

REPORT DATE	REQUESTOR	ACCT#	SEQUENCE#	BILL CODE	PAGE
05/19/2010	CSA	650934	521535981	000	1

LICENSEE NAME/ADDRESS		LICENSE NUMBER	LICENSE CLASS	STATUS
SYLVESTER WHITE 1128 S GAY AVE LOT APT 117 PANAMA CITY, FL 32404-8709		W300780541610	CDL-B	ELIGIBL
		DATE OF BIRTH	RESTRICTIONS	
		05/01/1954		
ISSUED	EXPIRES	DRIVER DESCRIPTION		
07/22/2004	05/01/2011	Gender: M Height: 5'10		

REPORT PREPARED FOR	COMMENT
KINCAID COACH LINES 313 E FRONT STREET BONNER SPRINGS, KS 66012-1008	ANNUAL

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## MISCELLANEOUS AND STATE SPECIFIC INFORMATION

REQUESTED AS: SYLVESTER WHITE DOB: 05011954 LICENSE: W300780541610  
 COMM:01: ELIGIBLE ELIGIBL B 0722200405012011 PS  
 CDL CLASS: B DESC: CDL SINGLE VEHICLE > 26K,TOW < 10K  
 CDL STATUS: ELIGIBLE  
 CDL ISSUED: 07/22/2004  
 CDL EXPIRES: 05/01/2011  
 CDL ENDMT: P DESC: PASSENGER TRANSPORTATION  
 CDL ENDMT: S DESC: SCHOOL BUS  
 EXAMS TAKEN, VISION=1 RD SIGN=1 RD RULES=1 DRIVE=1 MC RULES=0 MC SKILL=0  
 ORIGINAL ISSUE DATE: 12/23/99  
 ORIGINAL CDL ISSUE DATE: 07/22/04  
 \*\* ENTRIES BELOW COVER THE PAST 3 YEARS \*\*  
 \*\* BLOCK PERSONAL INFORMATION \*\*  
 \*\* BLOCK FOR MAILING LIST \*\*  
 \*\* THIS PERSON HAS A DIGITAL IMAGE \*\*  
 \*\* THIS PERSON ENDORSED FOR OPERATING SCHOOL BUSES \*\*  
 CMV - TEMPORARY DRIVING PERMIT ISSUED 08-24-09  
 NOTE Request match analysis: dl=Y, ln=Y, fn=Y, dob=Y

## DRIVING RECORD HISTORY

TYPE	VIOL/SUS	CONV/REI	DESCRIPTION	CODE	POINTS	SVC	SCORE
** CLEAR RECORD **							

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# DRIVER RECORD SERVICE REPORT FOR FLORIDA

278454403

REPORT DATE	REQUESTOR	ACCT#	SEQUENCE#	BILL CODE	PAGE
07/07/2010	CSA	650934	523426271	000	1

LICENSEE NAME/ADDRESS		LICENSE NUMBER	LICENSE CLASS	STATUS
ELTON WAYNE KOLMETZ JR 2004 FIRE TOWER RD CHIPLEY, FL 32428-0000		K453219752190	CDL-A	ELIGIBL
		DATE OF BIRTH	RESTRICTIONS	
		06/19/1975		
ISSUED	EXPIRES	DRIVER DESCRIPTION		
09/17/2009	06/19/2018	Gender: M Height: 6'00		

REPORT PREPARED FOR	COMMENT
KINCAID COACH LINES 313 E FRONT STREET BONNER SPRINGS, KS 66012-1008	Pre-Employment Panama City Beach, F

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## MISCELLANEOUS AND STATE SPECIFIC INFORMATION

REQUESTED AS: ELTON WAYNE KOLMETZ DOB: 06191975 LICENSE: K453219752190  
 COMM:01: ELIGIBLE ELIGIBL A 0917200906192018 PS  
 CDL CLASS: A DESC: CDL COMBINATION VEHICLE >26K,TOW > 10K  
 CDL STATUS: ELIGIBLE  
 CDL ISSUED: 09/17/2009  
 CDL EXPIRES: 06/19/2018  
 CDL ENDMT: P DESC: PASSENGER TRANSPORTATION  
 CDL ENDMT: S DESC: SCHOOL BUS  
 EXAMS TAKEN, VISION=1 RD SIGN=1 RD RULES=1 DRIVE=1 MC RULES=2 MC SKILL=0  
 ORIGINAL ISSUE DATE: 07/18/90  
 ORIGINAL CDL ISSUE DATE: 08/04/99  
 \*\* ENTRIES BELOW COVER THE PAST 3 YEARS \*\*  
 \*\* BLOCK PERSONAL INFORMATION \*\*  
 \*\* BLOCK FOR MAILING LIST \*\*  
 \*\* THIS PERSON HAS A DIGITAL IMAGE \*\*  
 \*\* THIS PERSON ENDORSED FOR OPERATING SCHOOL BUSES \*\*  
 CMV - TEMPORARY DRIVING PERMIT ISSUED 07-30-09  
 NOTE Request match analysis: dl=Y, ln=Y, fn=Y, dob=Y

## DRIVING RECORD HISTORY

TYPE	VIOL/SUS	CONV/REI	DESCRIPTION	CODE	POINTS	SVC	SCORE
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\*\* CLEAR RECORD \*\*

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Telephone: 1-800-683-8553

Refer Consumer to:

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1716 Briarcrest Dr Ste 200  
Bryan, TX, TX 77802  
Telephone: 1-866-560-7015

\*\*\* END OF REPORT \*\*\*



www.iiX.com  
(800) 683-8553

# DRIVER RECORD SERVICE REPORT FOR FLORIDA

279155379

REPORT DATE	REQUESTOR	ACCT#	SEQUENCE#	BILL CODE	PAGE
08/02/2010	CSA	650934	524571184	000	1

LICENSEE NAME/ADDRESS		LICENSE NUMBER	LICENSE CLASS	STATUS
STEVEN EDWARD YOUNG 16819 FRONT BEACH RD UNIT 2009 PANAMA CITY BEACH, FL 32413-6426		Y520785512020	CDL-A	ELIGIBL
		DATE OF BIRTH	RESTRICTIONS	
		06/02/1951	6	
ISSUED	EXPIRES	DRIVER DESCRIPTION		
03/13/2009	06/02/2013	Gender: M Height: 5'10		

REPORT PREPARED FOR	COMMENT
KINCAID COACH LINES 313 E FRONT STREET BONNER SPRINGS, KS 66012-1008	Pre-Employment Panama City Beach, F.

This report is generated for employment purposes only and may not be used for any other purpose. The use and dissemination of the report and information in it must comply with your iiX agreement and the Fair Credit Reporting Act, the Driver's Privacy Protection Act, and any applicable state statute(s). The data in the report from the applicable state agency or service bureau is provided through iiX "as is."

## MISCELLANEOUS AND STATE SPECIFIC INFORMATION

REQUESTED AS: STEVEN EDWARDS YOUNG DOB: 06021951 LICENSE: Y520785512020  
 COMM:01: ELIGIBLE ELIGIBL A 0313200906022013 HP 6  
 CDL CLASS: A DESC: CDL COMBINATION VEHICLE >26K,TOW > 10K  
 CDL STATUS: ELIGIBLE  
 CDL ISSUED: 03/13/2009  
 CDL EXPIRES: 06/02/2013  
 CDL RESTR: 6 DESC: NO CLASS A PASSENGER VEH  
 CDL ENDMT: H DESC: HAZARDOUS MATERIALS  
 CDL ENDMT: P DESC: PASSENGER TRANSPORTATION  
 EXAMS TAKEN, VISION=1 RD SIGN=1 RD RULES=1 DRIVE=1 MC RULES=0 MC SKILL=0  
 ORIGINAL ISSUE DATE: 08/01/73  
 ORIGINAL CDL ISSUE DATE: 03/13/09  
 05/19/10 REPLACEMENT LICENSE ISSUED BATCH NO: B05  
 03/19/09 REPLACEMENT LICENSE ISSUED BATCH NO: K01  
 03/13/09 REPLACEMENT LICENSE ISSUED BATCH NO: Q13  
 \*\* ENTRIES BELOW COVER THE PAST 3 YEARS \*\*  
 \*\* BLOCK PERSONAL INFORMATION \*\*  
 \*\* BLOCK FOR MAILING LIST \*\*  
 \*\* THIS PERSON HAS A DIGITAL IMAGE \*\*  
 \*\* THIS PERSON HAS A REAL ID \*\*  
 NOTE Request match analysis: dl=Y, ln=Y, fr=Y, dob=Y

## DRIVING RECORD HISTORY

TYPE	VIOL/SUS	CONV/REI	DESCRIPTION	CODE	POINTS	SVC	SCORE
** CLEAR RECORD **							

If you are an iiX Customer, and have questions contact:  
 iiX  
 1716 Briarcrest Dr Ste 200  
 Bryan, TX 77802  
 Telephone: 1-800-683-8553

Refer Consumer to:  
 iiX-FCRA  
 1716 Briarcrest Dr Ste 200  
 Bryan, TX, TX 77802  
 Telephone: 1-866-560-7015

\*\*\* END OF REPORT \*\*\*



2.50 **REFERENCES:**

2.51 Each bidder shall provide company name, contact person and phone number for at least five (5) related references your firm has done business with for intrastate and/or interstate travel for at least the past three (3) years.

Company Name & Address	Contract Person	Telephone No. / Email Address
The University of Tulsa 800 South Tucker Drive Tulsa, OK 74104-9700	Ross Parmley	(918) 631-2421 ross-parmley@ utulsa.edu
Mosley High School 5801 Mosley Dr. Lynn Haven, FL 32444	Cindy Hansen	(850) 272-4400 cmy4blondes@ knology.net
Rutherford High School 1000 School Ave. Panama City, FL 32401	Sgt. Garcia	(850) 872-4500 garcigg@bay.k12.fl.us
Sr. Circle Advisor N. Okaloosa Medical Center 127-A East Redstone Ave. Crestview, FL 32539	Redith Fischer	(850) 689-8409 redithfischer@ chs.net
Student Breaks 8743 Thomas Dr. Panama City Beach, FL 32408	Bob Ferris	(850) 233-9400 bob@studentbreaks.com

2.60 **COMPANY:**

2.61 What is your company's cancellation policy?  
Minimum 2 hrs. before departure or as early as possible. Kincaid Coach understates that events can cancel at last minute due to weather

2.611 Example: What if a trip is cancelled during route? What cost would the College be charged?  
That would depend on where group is in the route.

2.612 Example: A trip has been cancelled and reschedule for a different date and time. Would the original trip cost be honor or would there be a different charge?  
Original Cost unless itinerary has changed.

2.62 Please define the location of your home office?  
Corporate Office - 9207 Woodern Rd, Edwardsville, KS 66111

Florida Office - 9123 Panama City Beach Pkwy  
Panama City Beach, FL 32407

2.63 What is your company's policy on the number of days of advance notice required to reserve service?  
24 hour notice if possible

2.63 Please describe your company's safety record? (Include a list of any traffic violations issued to your company over the past three years).

Kincaid has the highest possible rating by DOT and DoD (Department of Defense)  
Current Accident Loss Ratio approx. 4% (Excellent)

2.64 Please describe your company's road assistance program, in the case of equipment failure. (i.e. intrastate and interstate with your company's "sister" or relief company equipment or competitor's equipment.) Please define the maximum number of hours GCCC passengers would need to wait for assistance. Hrs Can not define

Upon notification from driver, we will determine if we need to replace bus or fix on site. Time frame for either will depend on location, problem, time of day or night and availability. Kincaid tries to keep time minimal, average under 3 hrs. Industry average over 5 hrs.

2.65 Do you display on each vehicle your DOT certificates and ICC numbers?  
 Yes \_\_\_ No

2.66 What are the interstate and intrastate regulations for drivers and passengers regarding smoking?

No Smoking on Bus at anytime

2.67 What time periods are not available for service?

Available 24/7 365 days/year

2.68 What is your current policy for lodging and meals for your drivers? (i.e. does your cost per trip/per mile include such cost?)

Group only responsible for driver lodging

Includes lodging (overnight)? \_\_\_ Yes  No

Includes meals? \_\_\_ Yes  No

2.69 Does your company policy allow/encourage an inspection of your facilities/equipment by the Colleges evaluation committee? (Please define phone numbers and contact person to call to make an appointment?)

Yes  
Robert McNeal (850) 234-7175

2.70 Is your company a member of the "American Bus Association", or any other?

American Bus Association (ABA)  
United Motor Coach Association (UMA)  
National Tourist Association (NTA)

2.71 Please provide a statement as to your company's financial strength/credit rating and a copy of your financial statements for the past three (3) years.

Financial Strength - Strong/Excellent  
Credit Rating - Excellent

2.711 Please list below any reorganizations/bankruptcies your company has filed within the past 5-10 years.

None

2.72 Please clearly define below the scope of your company's operational authority in regard to which states or portion of states/countries you are licensed to transport passengers.

Full Authority throughout United States and  
all Canadian Provinces.

2.74 What guarantees does your bus company provide to assure satisfactory performance against this contract (i.e. what remedies would the College(s) have if you buses arrive one hour late, such as a specific financial/penalty deduction would be taken from your invoice, etc).

Throughout the many years of service, Kincaid has  
always resolved any differences with the  
customers best interest in mind.

**3.00 KNOWN TRIP LIST:**

3.01 See Attachments A-E for athletic trips known at this time, where the services of a charter bus are required. NOTE: These dates and times are subject to change.

**Kincaid Coach Lines Inc**  
**Balance Sheets**

	7/31/2007	7/31/2008	7/31/2009
<b>Assets</b>			
Current Assets			
Cash	\$ 666,141	\$ 579,721	\$ 251,071
Accounts Receivables	955,450	936,488	616,714
Inventories	109,975	122,827	135,843
Prepaid Expenses	<u>266,541</u>	<u>251,752</u>	<u>265,295</u>
Total Current Assets	<u>\$ 1,998,107</u>	<u>\$ 1,890,788</u>	<u>\$ 1,268,923</u>
Equipment and Leasahold Improements			
Coach Bues	14,503,086	14,821,038	16,664,840
Office Furniture	269,093	279,093	288,043
Service Vehicles	170,775	170,775	170,775
Leasehold Improvements	<u>142,354</u>	<u>142,354</u>	<u>225,730</u>
	15,085,308	15,413,260	17,349,388
Less Accumulated Depreciation	<u>6,323,268</u>	<u>6,166,209</u>	<u>7,699,688</u>
Net Equipment	<u>8,762,040</u>	<u>9,247,051</u>	<u>9,649,700</u>
Other assets			
Deposits	288,367	18,040	4,750
Income Tax Deposit	-	95,800	-
Other	<u>13,180</u>	<u>8,940</u>	<u>4,315</u>
Total Other Assets	<u>301,547</u>	<u>122,780</u>	<u>9,065</u>
<b>Total Assets</b>	<u>11,061,694</u>	<u>11,260,619</u>	<u>10,927,688</u>

## Liabilities and Stockholder's Equity

Current maturities of Long-term debt	778,053	804,383	1,015,354
Accounts Payable	253,020	312,893	233,293
Accrued Expenses	200,818	121,331	94,372
Customer Deposits	<u>534,349</u>	<u>361,609</u>	<u>380,404</u>
Total Current Liabilities	<u>1,766,240</u>	<u>1,600,216</u>	<u>1,723,423</u>
Long Tern Debt	<u>6,125,570</u>	<u>6,246,799</u>	<u>6,097,228</u>
Stochholders Equity			
Common Stock	20,000	20,000	20,000
Retained Earnings	<u>3,149,884</u>	<u>3,393,634</u>	<u>3,087,047</u>
Total Equity	<u>3,169,884</u>	<u>3,413,634</u>	<u>3,107,047</u>
<b>Total Liabilities and Stockholders Equity</b>	<b>11,061,694</b>	<b>11,260,649</b>	<b>10,927,698</b>

## 2010-11 Athletic Travel Schedule – VOLLEYBALL

DATE	DEPARTURE TIME	RETURN DATE	RETURN TIME	SCHOOL/TOURNAMENT	CITY	ST	COST
08/26/10	3:00 PM	8/28/2010	10:00 PM	<del>2-day Tournament - FSCJ</del>	Jacksonville	FL	Deleted
9/7/10	12:00 PM	8/7/10	10:00 PM	Single Match - Andrew College	Cuthbert	GA	\$ 975
9/9/10	3:00 PM	9/11/10	10:00 PM	2-day Tournament - SCF & Lake Sumter	Leesburg	FL	\$2,300
9/24/10	12:00 PM	9/24/10	10:00 PM	Single Match - Jeff Davis CC	Brewton	AL	\$ 865
9/30/10	10:00 AM	10/2/10	10:00 PM	Single Match - SJRCC & 2 Day Tournament @ SFCC	Palatka & Avon Park	FL	\$3,150
10/21/10	3:00 PM	10/23/10	10:00 PM	2 Day Tournament - Wallace St. CC	Hanceville	AL	\$2,150
9/15/10 10/8/10 10/27/10	2:00 PM	9/15/10 10/8/10 10/27/10	10:00 PM	Single Matches - Pensacola State College	Pensacola	FL	\$ 760
10/11/10	3:00 PM	10/11/10	9:00 PM	Tri-Match - Florida Baptist College	Graceville	FL	\$ 760
<b>*Total Cost for Volleyball:</b>							<b>\$ 10,960</b>

The above dates and times are subject to change.

\*This amount goes on the price sheet (see last page).

## 2010-11 Athletic Travel Schedule – MEN BASKETBALL

DATE	DEPARTURE TIME	RETURN DATE	RETURN TIME	SCHOOL/TOURNAMENT	CITY	ST	COST
10/9/10	7:00 AM	10/9/10	11:00 PM	Tallahassee Scrimmage Day	Tallahassee	FL	\$ 760
10/23/10	7:00 AM	10/23/10	11:00 PM	Univ. of Auburn @ Montgomery Scrimmage Day	Montgomery	AL	\$ 1,250
11/4/10	2:00 PM	11/6/10	11:45 PM	Aiken Technical College	Aiken	SC	\$ 2,960
11/12/10	7:00 AM	11/13/10	11:00 PM	South Georgia Technical College	Americus	GA	\$ 1,550
11/19/10	2:00 PM	11/19/10	11:00 PM	Northwest FL State College	Niceville	FL	\$ 760
11/20/10	2:00 PM	11/20/10	11:00 PM	Northwest FL State College	Niceville	FL	\$ 760
11/22/10	2:00 PM	11/22/10	11:00 PM	Alabama Southern CC	Monroeville	AL	\$ 1,050
12/3/10	9:00 AM	12/3/10	11:00 PM	Chipola College	Marianna	FL	\$ 760
12/4/10	9:00 AM	12/4/10	11:00 PM	Chipola College	Marianna	FL	\$ 760
12/10/10	10:00 AM	12/12/10	11:00 PM	Central FL CC	Ocala	FL	\$ 2,350
12/14/10	2:30 PM	12/14/10	11:00 PM	Enterprise-Ozark CC	Enterprise	AL	\$ 760
1/4/11	3:00 PM	1/4/11	10:30 PM	Tallahassee CC	Tallahassee	FL	\$ 760
1/15/11	3:30 PM	1/15/11	11:45 PM	Pensacola JC	Pensacola	FL	\$ 760
1/25/11	4:30 PM	1/25/11	11:00 PM	Chipola College	Marianna	FL	\$ 760
2/5/11	4:30 PM	2/5/11	11:00 PM	Northwest FL State College	Niceville	FL	\$ 760
2/9/11	3:00 PM	2/9/11	10:30 PM	Tallahassee CC	Tallahassee	FL	\$ 760
2/16/11	3:30 PM	2/16/11	11:45 PM	Pensacola JC	Pensacola	FL	\$ 760
<b>*Total Cost for Men Basketball :</b>							<b>\$ 18,280</b>

The above dates and times are subject to change.

\*This amount goes on the price sheet (see last page).

## 2010-11 Athletic Travel Schedule – WOMEN BASKETBALL

DATE	DEPARTURE TIME	RETURN DATE	RETURN TIME	SCHOOL/TOURNAMENT	CITY	ST	COST
10/16/10	6:30 AM	10/16/10	8:00 PM	Lurleen B Wallace CC	Andalusia	AL	\$ 760
10/23/10	8:00 AM	10/23/10	8:00 PM	University of Mobile	Mobile	AL	\$ 950
10/30/10	6:00 AM	10/30/10	7:00 PM	Tallahassee CC	Tallahassee	FL	\$ 760
11/5/10	9:45 AM	11/5/10	6:00 PM	Chipola College	Marianna	FL	\$ 760
11/6/10	9:45 AM	11/6/10	6:00 PM	Chipola College	Marianna	FL	\$ 760
11/12/10	TBA	11/12/10	TBA	Chipola College	Marianna	FL	\$ 760
11/13/10	TBA	11/13/10	TBA	Chipola College	Marianna	FL	\$ 760
12/2/10	3:00 PM	12/4/10	10:00 PM	2-day Tournament Santa Fe College	Gainesville	FL	\$ 1,825
12/9/10	1:00 PM	12/12/10	1:00 PM	4-day Tournament Vincennes University	Vincennes	IN	\$ 4,800
12/29/29	5:00 AM	12/30/10	10:00 PM	2-day Tournament Santa Fe College	Gainesville	FL	\$ 1,825
1/2/11	6:00 AM	1/2/11	11:00 PM	Central FL CC	Ocala	FL	\$ 1,950
1/4/11	12:45 PM	1/4/11	10:00 PM	Tallahassee CC	Tallahassee	FL	\$ 760
1/15/11	12:45 PM	1/15/11	10:00 PM	Pensacola JC	Pensacola	FL	\$ 760
1/25/11	2:15 PM	1/25/11	10:00 PM	Chipola College	Marianna	FL	\$ 760
2/5/11	2:15 PM	2/5/11	10:00 PM	Northwest FL State College	Niceville	FL	\$ 760
2/9/11	12:45 PM	2/9/11	10:00 PM	Tallahassee CC	Tallahassee	FL	\$ 760
02/16/11	12:45 PM	2/16/11	10:00 PM	Pensacola JC	Pensacola	FL	\$ 760
<b>*Total Cost for Women Basketball:</b>							<b>\$ 20,470</b>

The above dates and times are subject to change.

\*This amount goes on the price sheet (see last page).

## 2010-11 Athletic Travel Schedule – SOFTBALL

DATE	DEPARTURE TIME	RETURN DATE	RETURN TIME	SCHOOL/TOURNAMENT	CITY	ST	COST
9/24/10	8:00 AM	9/24/10	8:00 PM	Troy Univ. Round Robin	Troy	AL	\$ 760
10/10/10	5:00 AM	10/10/10	8:00 PM	Florida State Univ. Round Robin	Tallahassee	FL	\$ 760
10/30/10	8:00 AM	10/30/10	8:00 PM	Troy Univ. Round Robin	Troy	AL	\$ 760
1/28/11	5:00 AM	1/30/11	7:00 PM	3-day Tournament JUCO Kickoff	Clearwater	FL	\$ 2,550
2/4/11	9:00 AM	In Mobile	In Mobile	Univ. of Mobile	Mobile	AL	\$ 760
2/5/11		2/5/11	8:00 PM	Univ. of West Florida	Pensacola	FL	\$ 760
2/11/11	8:00 AM	2/11/11	6:00 PM	Enterprise-Ozark CC	Enterprise	AL	\$ 760
2/15/11	9:00 AM	2/15/11	7:00 PM	Wallace @ Dothan	Dothan	AL	\$ 760
3/19/11	9:00 AM	3/19/11	7:00 PM	Chipola College	Marianna	FL	\$ 760
3/24/11	12:00 PM	3/24/11	10:00 PM	Northwest FL State College	Niceville	FL	\$ 760
4/1/11	8:00 AM	In Albany	In Albany	Darton College	Albany	GA	\$ 760
4/2/11	In Tifton	4/2/11	11:00 PM	ABAC	Tifton	GA	\$ 870
4/11/11	11:00 AM	4/11/11	10:00 PM	Tallahassee CC	Tallahassee	FL	\$ 760
4/16/11	7:30 AM	4/16/11	9:00 PM	Pensacola JC	Pensacola	FL	\$ 760
<b>*Total Cost for Softball:</b>							<b>\$ 12,540</b>

The above dates and times are subject to change.

\*This amount goes on the price sheet (see last page).

## 2010-11 Athletic Travel Schedule – BASEBALL

DATE	DEPARTURE TIME	RETURN DATE	RETURN TIME	SCHOOL/TOURNAMENT	CITY	ST	COST
9/10/10	6:00 AM	9/10/10	10:00 PM	Central Alabama CC	Alexander City	AL	\$ 1,750
9/19/10	10:00 AM	9/19/10	10:00 PM	Chipola College	Marianna	FL	\$ 760
9/24/10	12:00 PM	9/25/10	11:59 PM	2-day Tournament FCCAA All-Star Weekend	Lakeland	FL	\$ 2,525
9/28/10	10:00 AM	9/28/10	9:00 PM	Wallace-Dothan CC	Dothan	AL	\$ 760
9/30/10	9:00 AM	9/30/10	11:00 PM	Pensacola JC	Pensacola	FL	\$ 760
10/5/10	1:00 PM	10/5/10	11:00 PM	Northwest FL State College	Niceville	FL	\$ 760
10/22/10	8:00 AM	10/22/10	8:00 PM	Alabama Southern CC	Monroeville	AL	\$ 1,050
10/30/10	8:00 AM	10/30/10	8:00 PM	Tallahassee CC	Tallahassee	FL	\$ 760
2/11/11	8:00 AM	2/13/11	8:00 PM	3-day Tournament St. Johns/Central FL/ Santa Fe	Palatka Gainesville	FL	\$ 2,475
2/23/11	9:00 AM	2/23/11	9:00 PM	Wallace - Dothan CC	Dothan	AL	\$ 760
2/25/11	TBA	2/25/11	TBA	Chipola Tournament	Marianna	FL	\$ 760
2/26/11	TBA	2/26/11	TBA	Chipola Tournament	Marianna	FL	\$ 760
3/7/11	12:00 PM	3/7/11	10:00 PM	Tallahassee CC	Tallahassee	FL	\$ 760
3/11/11	11:00 AM	3/11/11	9:00 PM	Tallahassee CC	Tallahassee	FL	\$ 760
3/14/11	1:00 PM	3/14/11	10:00 PM	Chipola College	Marianna	FL	\$ 760
3/25/11	9:00 AM	3/25/11	9:00 PM	Pensacola JC	Pensacola	FL	\$ 760
3/28/11	1:00 PM	3/28/11	10:00 PM	Northwest FL State College	Niceville	FL	\$ 760
4/1/11	10:00 AM	4/1/11	8:00 PM	Northwest FL State College	Niceville	FL	\$ 760
4/4/11	12:00 PM	4/4/11	10:00 PM	Tallahassee CC	Tallahassee	FL	\$ 760
4/8/11	10:00 AM	4/8/11	8:00 PM	Chipola College	Marianna	FL	\$ 760
4/11/11	1:00 PM	4/11/11	10:00 PM	Chipola College	Marianna	FL	\$ 760
4/18/11	12:00 PM	4/18/11	11:00 PM	Pensacola JC	Pensacola	FL	\$ 760
4/22/11	9:00 AM	4/22/11	9:00 PM	Pensacola JC	Pensacola	FL	\$ 760
4/25/11	1:00 PM	4/25/11	11:00 PM	Northwest FL State College	Niceville	FL	\$ 760
*Total Cost for Baseball:							\$ 23,000

The above dates and times are subject to change.

\*This amount goes on the price sheet (see last page).

**4.00 RATES:**

Please note on Attachments A-E the rates for each item that are "firm" for the initial one (1) year contract period.

4.01 For those trips "not" identified at this time, the following quoted discounted rates (firm for the initial year) would prevail.

27 Passenger		47 - 54 Passenger	
Live Rate/Mile	Live Rate/Day	Live Rate on a \$/mile basis	Live Rate on a per day basis
\$ <del>2.5</del> /Mile	\$ <del>725</del> Day	\$ <del>3.49</del> Mile	\$ <del>760</del> Day
\$___/Mile	\$___/Day	\$___/Mile	\$___/Day

**NOTE:** Each company must describe, with their bid how the following two (2) examples would be cost-out using this section 4.01 discounted rates.

**Example #1:** (47 - 54 passenger bus)  
 Depart Panama City, Destination Tallahassee and return to Panama City.  
 Total trip 48 hours

*Because mileage is minimal, day rate would apply.  
 2 days x \$760/day = \$1520 trip*

**Example #2:** (47 - 54 passenger bus)  
 Depart Panama City, Destination Pensacola and return to Panama City.  
 Total trip, same day

*Single Day, Day Rate Applies.  
 \$760 trip*

A College evaluation committee will review all responsive bids and evaluate each against the criteria matrix (See Section 7.0). The Bidder with the highest total value as deemed by the College will be considered for award of an annual contract for the initial term of September 3, 2010 through June 30, 2011. This contract will have the option of up to five (5) additional one (1) year contract terms, renewal based on annual review of satisfactory performance, competitive rates, same terms and conditions.

**5.00 ADDITIONAL GENERAL CONDITIONS**

- a) It is the intent of this bid to provide a means by which GCCC athletic teams may charter bus services for scheduled known travel and unknown travel by other college groups at this time.
- b) The individuals, sole proprietor, partnership or corporation submitting a bid in accordance with these specifications (hereafter referred to as the Bidder), is responsible for reading, understanding, and complying with the requirements and the specifications of the items submitted. The Bidder is also responsible for the

timely delivery of their bid to the above location. The requirements/specifications to this bid cannot be changed except by addendum and made part of this solicitation.

- c) One (1) original and five (5) copies of your bid are required. Your bid should be returned in a sealed envelope with the face of the envelope marked with the bidder's name, the solicitation #09-10-02, the solicitation title, and the date and time of the bid opening.
- d) The deletion, addition, modification, and/or failure to propose on any known trip or part of the requirements may result in your bid being considered "non-responsive" bid. If the Bidder elects not to submit a bid for certain known trips, please state the reason(s).
- e) Your bid must contain a manual signature of an authorized representative from your firm. An unsigned bid is considered "non-responsive".
- f) Bids having any erasures or corrections must be initialed by the Bidder in ink.
- g) All Bidders must give exact net price per known trip. After acceptance of your bid, no amount may be added whatsoever.
- h) No bid may be withdrawn for 45 days after the opening date and time of the bid unless requested in writing with justification and approved by the Associate Director of Procurement or authorized delegate of the College.
- i) If you are not submitting a bid, please explain your reason for the "NO BID" and return to the College. If no response is received, GCCC will assume you are not interested in submitting bids and you will be removed from the GCCC list of potential bidders for future bids.
- j) The Bidder shall hold and save the GCCC District Board of Trustees, its officers, agents, and employees harmless against claims by third parties resulting from the Bidder's employees, agents or subcontractor's negligence or breach of this contract.
- k) Gulf Coast Community College is exempt from Federal excise and State sales tax.
- l) Bidder warrants he or she will disclose with their bid the name of any officer, director or agent who is an employee of any college involved and disclose the name of any employee who owns directly or indirectly an interest of 5% or more in Bidder's firm, affiliates or wholly owned subdivisions.
- m) In the event another Florida Community College uses this contract with your mutual consent, each community college will be solely responsible for their own issuing of purchase orders, for order placement, accounting of merchandise received, providing tax exemption certificates, and payment invoices.

**6.00 SOLE POINT OF CONTACT**

Sole point of contact for all matters relating to this bidder:

Procurement Office  
Gulf Coast Community College  
5230 West US Highway 98  
Panama City, FL 32401

Tonia E. Lawson, CPPB  
Associate Director of Procurement  
850.872.3843  
850.873.3531 fax  
[tlawson@gulfcoast.edu](mailto:tlawson@gulfcoast.edu)

Confidentiality: From the date of issuance of this ITB, the Bidder must not make available or discuss its bid, or any part thereof, with any employee of GCCC, unless permitted by the Associate Director of Procurement, in writing, for purposes of clarification only, as set forth herein.

Questions regarding the ITB document should be in writing and submitted to the Sole Point of Contact no later than **2:00 PM CST, Wednesday, August 17, 2010**. No oral communications shall be considered as a change to the ITB. GCCC may respond to questions deemed to be material in nature via a written addendum. Interpretation of the wording of this document shall be the responsibility of GCCC and that interpretation shall be final. Written responses will be emailed to ALL bidders no later than **4:00 PM CST, Thursday, August 18, 2010**.

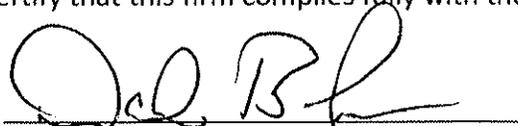
## DRUG-FREE WORKPLACE FORM

The undersigned vendor in accordance with Florida Statute 287.087 hereby certifies that

Kincaid Cooch Lines, Inc. does:  
(Name of Business)

1. Publish a statement notifying employees that the unlawful manufacturer, distribution, dispensing, possession or use of a controlled substance is prohibited in the workplace and specifying the actions that will be taken against employees for violations of such prohibition.
2. Inform employees about the dangers of drug abuse in the workplace, the business's policy of maintaining a drug-free workplace, any available drug counseling, rehabilitation and employee assistance programs, and the penalties that may be imposed upon employees for drug abuse violations.
3. Give each employees engaged in providing the commodities or contractual services that are under bid a copy of the statement specified in subsection (1).
4. In the statement specified in subsection (1), notify the employees that, as a condition of working on the commodities or contractual services that are under bid, the employee will abide by the terms of the statement and will notify the employer of any conviction of, or plea of guilty or nolo contendere to, any violation of Chapter 1893 or of any controlled substance law of the United State or any state, for a violation occurring in the workplace no later than five 95) days after such conviction.
5. Impose a sanction on, or require the satisfactory participation in a drug abuse assistance or rehabilitation program is such is available in the employee's community, by any employee who is so convicted.
6. Make a good faith effort to continue to maintain a drug-free workplace through implementation of this section.

As the person authorized to sign the statement, I certify that this firm complies fully with the above requirements.



Bidder's Signature

8-10-10

Date

SWORN STATEMENT PURSUANT TO SECTION 287.133(3)(a),  
FLORIDA STATUTES, ON PUBLIC ENTITY CRIMES

THIS FORM MUST BE SIGNED AND SWORN TO IN THE PRESENCE OF A NOTARY PUBLIC OR OFFICER OFFICIAL AUTHORIZED TO ADMINISTER OATHES.

1. This sworn statement is submitted to Gulf Coast Community College  
(print name of the public entity)

by Dale Bohn - CEO  
(print individual's name and title)

for Kincaid Coach Lines, Inc.  
(print name of entity submitting sworn statement)

whose business address is: 9173 Panama City Beach Pkwy  
Panama City Beach, FL 32407

and (if applicable its Federal Employer Identification Number (FEIN) is 48-0860936. (If the entity has no FEIN, include the Social Security Number of the individual signing this sworn statement:

\_\_\_\_\_.)

2. I understand that a "public entity crime" as defined in Paragraph 287.133(1)(g), F.S., means a violation of any state or federal law by a person with respect to and directly related to the transaction of business with any public entity or with an agency or political subdivision of any other state or of the United States, including, but not limited to, any bid or contract for goods or services to be provided to any public entity or an agency or political subdivision of any other state or of the United States and involving antitrust, fraud, theft, bribery, collusion, racketeering, conspiracy or material misrepresentation.
3. I understand that "convicted" or "conviction" as defined in Paragraph 287.133(1)(b), F.S., means a finding of guilt or a conviction of a public entity crime, with or without an adjudication of guilt, in any federal or state trial court or record relating to charges brought by indictment or information after July 1, 1989, as a result of a jury verdict, nonjury trial, or entry of a plea of guilty or nolo contendere.
4. I understand that an "affiliate" as defined in Paragraph 287.133(1)(a), F.S., means:
  - a. A predecessor or successor of a person convicted of a public entity; or
  - b. An entity under the control of any natural person who is active in the management of the entity and who has been convicted of a public entity crime. The term "affiliate" includes those officers, directors, executives, partners, shareholders, employees, members and agents who are active in the management of an affiliate. The ownership by one person of shares constituting a controlling interest in another person, or a pooling of equipment or income among persons when not for fair market value under an arm's length agreement, shall be a prima facie case that one person controls another person. A person who knowingly enters into a joint venture with a person who has been convicted of a public entity crime in Florida during the preceding 36 months shall be considered an affiliate.
5. I understand that a "person" as defined in Paragraph 287.133(1)(e), F.S., means any natural person or entity organized under the laws of any state or of the United States with the legal power to enter into a

binding contract and which bids or applies to bid on contracts for the provision of goods or services let by a public entity, or which otherwise transacts or applies to transact business with a public entity. The term "person" includes those officers, directors, executives, partners, shareholders, employees, members and agents who are active in management of an entity.

- 6. Based on information and belief, the statement which I have marked below is true in relation to the entity submitting this sworn statement. (Indicate which statement applies).

X Neither the entity submitting this sworn statement, nor any of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, or an affiliate of the entity has been charged with an convicted of a public entity crime subsequent to July 1, 1989.

\_\_\_\_\_ The entity submitting this sworn statement, or one or more of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, or an affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989. However, there has been a subsequent proceeding before a Hearing Officer of the State of Florida, Division of Administrative Hearings and the Final Order entered by the Hearing Officer determined that it was not in the public interest to place the entity submitting this sworn statement on the convicted vendor list. (Attach a copy of the final order).

I UNDERSTAND THAT THE SUBMISSION OF THIS FORM TO THE CONTRACTING OFFICER FOR THE PUBLIC ENTITY IDENTIFIED IN PARAGRAPH 1 (ONE) ABOVE IS FOR THAT PUBLIC ENTITY ONLY AND THAT THIS FORM IS VALID THROUGH DECEMBER 31 OF THE CALENDAR YEAR IN WHICH IT IS FILED. I ALSO UNDERSTAND THAT I AM REQUIRED TO INFORM THE PUBLIC ENTITY PRIOR TO ENTERING INTO A CONTRACT IN EXCESS OF THE THRESHOLD AMOUNT PROVIDED IN SECTION 297017, FLORIDA STATUTES FOR CATEGORY TWO OF ANY CHANGE IN THE INFORMATION CONTAINED IN THIS FORM.

Dale Bohn  
Signature

Sworn to and subscribed before me this 13 day of August, 2010.

Personally know Dale Bohn

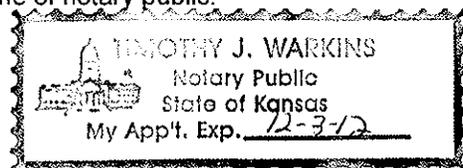
OR Produced identification \_\_\_\_\_

\_\_\_\_\_  
Type of Identification

Tim Warkins  
Notary Public - State of Kansas

My commission expires 12-3-12

Printed, type or stamped commissioned Name of notary public.



## Request for Taxpayer Identification Number and Certification

Give form to the  
requester. Do not  
send to the IRS.

Print or type  
See Specific Instructions on page 2.

Name (as shown on your income tax return) <b>Kincaid Coach Lines Inc</b>	
Business name, if different from above	
Check appropriate box: <input type="checkbox"/> Individual/Sole proprietor <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶ ..... <input type="checkbox"/> Exempt payee <input type="checkbox"/> Other (see instructions) ▶	
Address (number, street, and apt. or suite no.) <b>9207 Woodend Road</b>	Requester's name and address (optional)
City, state, and ZIP code <b>Edwardsville, KS 66111</b>	
List account number(s) here (optional)	

### Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number
or
Employer identification number
48 : 0860936

**Note.** If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

### Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. See the instructions on page 4.

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶ <b>8-12-10</b>
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### General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

#### Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

**Note.** If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,

**Price Sheet**

<b>Attachments</b>	<b>Athletic Team</b>	<b>Team Total Travel Cost</b>
A	2010-11 Athletic <b>Volleyball</b> Travel Schedule	\$ <u>10,960</u>
B	2010-11 Athletic <b>Men's Basketball</b> Travel Schedule	\$ <u>18,280</u>
C	2010-11 Athletic <b>Women's Basketball</b> Travel Schedule	\$ <u>20,470</u>
D	2010-11 Athletic <b>Softball</b> Travel Schedule	\$ <u>12,540</u>
E	2010-11 Athletic <b>Baseball</b> Travel Schedule	\$ <u>23,000</u>
	<b>Total Cost:</b>	\$ <u>85,250</u>