PART - A

WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION

1300 S Evergreen Park Drive SW, PO Box 47250 Olympia, WA 98504-7250 Telephone (360) 664-1222 or 1-888-606-9566 – Fax (360) 586-1181 or 586-1118

Private Nonprofit Transportation Provider Application Fee: \$50.00

APPLICATION FOR CERTIFICATE To provide transportation services for compensation solely to persons with special transportation needs					
(For Commis	sion Use Only)				
Reception Number Safety/Inspection:	Application D#: 79208				
111 0268 20 0 02 50.00 (Insurance:)	Carrier ID: 4/6/				
Date Filed: 7/21/03 Docket#	TN-031238 Employee: L				
TYPE OF APPLIC	CATION (check one)				
☐ New Certificate ☐ Reinstate Certificate ☑	Transfer Certificate (New Owner of New Name)				
APPLICANT ID Attach a copy of approved articles of incorporation and proof	DENTIFICATION of status as a registered non-profit corporation				
	SINESS IDENTIFIER (UBI)#:				
APPLICANT NAME: Rural Resources Community Action	PHONE #: 509 - 684-8421				
d/b/a:	FAX #:				
BUSINESS (MAILING) ADDRESS: (street address, P.O. Box): 956 S. Main, Ste	. A //				
(city, state, zip) Colville, WA 99114	MI DONIES				
PHYSICAL ADDRESS: (street address, if different)					
Same					
PRINCIPAL OFFICERS (List names, titles, and addresses	of two principal officers of the nonprofit corporation)				
Dan Berger, Finace Committee Chair	P.O BOX 249, Kettle Falls, WA 99141				
Terri Owens, Monnova President	1177 Williams LL, Brans 99126				

	TRANSFE	ROF	CERTIFIC	CATE	er en
Complete this section if your corporate name. List section is not complete, yo reissued.	name of current certification	ate hold	er and the	certificate number t	o be transferred. If this
NAME ON CERTIFICATE:	NE WA Rural Res	ource	Devel.	. Assoc.	
CERTIFICATE NUMBER:_	C-0889			ONAME:	community Action
(cer	INSURANCE REQU		MENTS (m	ust check one)	
with a seating capacity including the driver - \$ Property Damage Insurand submit the Safety be subject to the moto relating to Commercial Controlled Substance	ide service only in vehice of less than 16 passent 500,000 in Public Liability of less Survey. You will rearrier safety provision of Driver's License and and Alcohol Training/Te	gers, ty and plete Il not s	a sea incluc Liabili requir Fitnes motor Comr Subst	ting capacity of 16 ling the driver - \$1,0 ity and Property Dared. Complete and as Survey. You will carrier safety provercial Driver's Licetance and Alcohol	mage Insurance is submit the Safety be subject to all of the isions including ense and Controlled
State & License Number	Year and Make of	Se	eating		cation Number (VIN#)
Number	Vehicle	Ca	pacity		
SEE - ATTACH					
CONDITIONS JUS	TIFYING GRANT OF C	ERTIFIC	CATE (Atta	ch Additional She	et if Necessary)
Please describe the trans if a Private Nonprofit Tran transportation needs that grants or contracts, pass	nsportation Provider co t exist and the source of enger fares, etc.)	ertificat of your	te is grante "compens	ed. Be sure to des ation". (i.e. Priva	cribe the special te or Government
RRCA has been providen					•
Medicara clients as	•				
over 35 years w/ par					-
Care of Eastern was	hington, medica	ua s	lub-con	tractor, Head	Start, Job acces
Riverse Commute Gi	ant, Federal Tr	unsit	- Adimin	istration fun	as, and
As applicant, I understan operate and that no operate hereby declare and affirm knowledge and belief.	ations may be conduct	applica ed <u>unti</u> ontain	ntion does I à certifica ed in this a	not in itself consti ne is received from pplication is true	m the Commission. I
0 .		man li		SED	
Connu manugh, &	franset Service Programme / Title	ram C	isst	7/18 D	/r3ate

PART - B

SAFETY FITNESS SURVEY

Instructions: In each category shown below, list the person and/or position responsible for understanding, maintaining, and complying with current Federal Motor Carrier Safety Regulations (FMCSR).

Copies of the FMCSR's are available from several vendors, these include, but are not limited to:

Washington Trucking Associations, 930 So. 336th St., Suite B, Federal Way, WA 98003, (206) 838-1650 J. J. Keller, P O Box 368, Neenah, WI 54957-0368, (800) 558-5011 Willamette Traffic Bureau, 1444 SE Hawthorne, Portland, OR 97214, (503) 236-1183 Government Printing Office, 915 2nd. Seattle, WA 98174, (206) 553-4270

Controlled Su	bstances and	Alcohol Te	esting (Pa	rt 382
THE NAME OF STREET CONTRACTOR TO STREET AND THE STREET				

Name: Kelly Scalf

Position: Division Director

Any person who drives a commercial motor vehicle requiring a CDL must be in a Controlled Substance and Alcohol Testing program that complies with the FMCSR in 49 CFR Part 382 and 49 CFR Part 40.

Each company will have in place a system for complying with FMCSR governing alcohol and controlled substances testing requirements (49 CFR Part 382 and 49 CFR Part 40)

Commercial Drivers License (CDL) Requirements (Part 383)

Name: Kelly Scalf

Position: DIVISION Director

Any driver who operates a vehicle that meets the definition of a commercial motor vehicle <u>as described below</u> must have a valid CDL. The definition of a commercial motor vehicle is:

- has a gross combined weight rating of 26,001 pounds that includes a towed unit with a gross vehicle weight rating of more than 10,000 pounds; or
- has a gross vehicle weight rating of 26,001 pounds or more; or
- is designed to transport 16 or more passengers, including the driver; or
- is of any size and is used to transport hazardous materials of an amount that requires placarding under HM regulations.

(Definition shown above applies in reference to this section and that of controlled substance testing.) Contact local Department of Licensing office for additional information

Driver Qualification Requirements (Part 391)

Name: Kelly Scalf

Position: DIVISION DIRECTOR

Each company must maintain a complete Driver Qualification File for each employee (whether permanent, casual, or intermittent) authorized to drive a motor vehicle. To determine what information is required, review FMCSR Part 391.51.

Owner/operators that work exclusively in intrastate commerce within Washington have limited exemptions that are found in WAC 480-14-370(7). Owner/operators that conduct any interstate operations must maintain a complete file on themselves and any casual or intermittent driver that they may use.

Drivers Hours	of Service (Part 395)	
Name: Kelly Scalf	Position: DIVISION	Director
Each company must maintain true and accurate hours vehicle. If company's operations meet all requirementatus is acceptable. A driver must complete a driver radius or he/she exceeds 12 hours. Note: Reference 49 CFR, P.	nts of the "100 air mile radions of the "100 air mile radions of the "100 he/s" and the "100 he/s" and the "100 he/s" are the "100 he/s" and the "100 he/s" are the "	us driver," a record of duty he exceeds the 100 air-mile
	ir, and Maintenance (Pa	art 396)
Name: Kelly Scalf	Position: DIVISION	w Director
Part 396.11 requires that drivers prepare a written "Dr day. Refer to Part 396.11 for a description of the requ		ort" on each vehicle used eac
Each motor carrier must maintain certain required reconsection 396.3(b).	ords for each vehicle that in	clude the following: (see Part
 Identification of the vehicle. A means to indicate the nature and due to be performed. A record of inspections, repairs and management 	·	·
All companies must comply with Part 396.17 dealing work or have inspected, all motor vehicles subject to its contract.	vith Periodic Inspections. Entrol at least once during the	ach motor carrier must inspec e preceding 12 months.
My signature below certifies that I understand my will comply with all the safety requirements which	responsibility as a motor apply to my operations.	carrier of passengers and l
Kelly- Scar	7-14-03	
/ Signature of applicant	Date	
Please ask for technical assistance if you require infor	mation on any of these safe	ety issues.
H) TEL	SED	

Technical Assistance

As part of the application process, the Commission voluntarily provides technical assistance on any of the Safety Fitness requirements. The goal and mission of the Commission is to assist carriers in understanding the safety rules and regulations and what is necessary to have an adequate and effective safety program.

Requesting additional information on any or all of the below listed sections <u>will not</u> result in your company being selected for a safety compliance audit. There is no additional charge for this service. Technical assistance may be in the form of a personal contact or telephone contact, depending on Commission employee availability.

If you want information on any of the safety requirements, check the appropriate box(es) below. Please include day and evening phone numbers and the name of the person to be contacted.

Place an "X" or check mark in the box in front of any subject on which you wish	Culti-A/T-ui- Au-
assistance.	Subject/Topic Area
	Controlled Substances and Alcohol testing (Part 382)
	Commercial Driver's Licensing requirements (Part 383)
	Minimum Levels of Financial Responsibility (Insurance) (Part 387)
	Driver Qualification requirements (Part 391)
	Driving of Commercial Motor Vehicles (Part 392)
	Parts and Accessories Necessary for Safe Operation (Part 393)
	Hours of Service requirements (Part 395)
	Inspection, Repair, and Maintenance (Part 396)

Contact person:	· · · · · · · · · · · · · · · · · · ·	
Day telephone number:		
Evening telephone number:		

CURRENT PASSENGER SERVICE VEHICLE INVENTORY

Inventory Date: July 22, 2002

Agency: Rural Resources Community Action

8 or 9 = Good working order, requiring only nominal or infrequent minor repairs.

5 to 7 = Requires frequent minor repair or infrequent major repairs.

MAKE/MODEL YEAR VIN Number Seating Odometer Lift No. of Tie Condition Replace? Town where located---(1-10)*Capacity Reading Equip? Down yes/no License # A C (yes/no) **Positions** #3 Ford Champion Bus DOT 2000 1FDXE45S9YHB83229 14 27,802 YES 2 10 NO RS03885 #6 Chevy School Bus RR 1993 2GBHG31K2P4105690 14----22 75,112 NO NA 3 NO METALINE RS00986 #7 Ford Champion Bus DOT 2000 1FDXE45S8YHB88762 14 35,658 YES 2 10 NO RS0388 #11 Ford Champion Bus DOT 2000 1FDXE45S4YHC00969 14 31,689 YES 2 10 NO RS03887 #13 Ford School Bus HS-RR 1989 1FDJE37H5KHB53928 14-----22 113,778 NO NA 3 NO COLVILLE RS00391 #14 Chevy School Bus HS-RR 1991 2GBHG31K7M4124439 14-----22 112,900 NO NA 3 NO CHEWELAH RS00644 #15 Chevy School Bus HS-RR 1992 2GBHG31K6N4120402 14-----22 114,169 NO NΑ 3 NO COLVILLE RS001474 #16 Chevy School Bus HS-RR 1994 1GBHG31K1RF160211 14-----22 70,494 NO NA 3 NO NEWPORT RS00628 #17 Goshen Coach DOT-T 1995 4CDK59M27S2108454 22 116,598 YES 2 Δ NO COLVILLE RS00980 # 24 Ford-Taurus White RR-AVP 1996 1FALP51U6TG255065 5 104,920 NO NA 8 NO AGENCY 636HBC #28 Ford E-350 Aerotech DOT-RR 1997 1FDLE40SoVHB81595 14 104,359 YĘS 2 7 NO COLVILLE RS02204 #29 Ford E-350 Aerotech DOT-RR 1997 1FDLE40S2VHB81596 97,121 YES 14 2 7 NO COLVILLE RS02203 * Condition of the vheicle(s) should be ranked as follows: 2 to 4 = Reuires frequent major repairs (less than 6 months between repairs) 1 = Insufficient poor condition that continued use presents potential problems. 10= No Major Problems, only routine preventative maintenance needed



WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION

For the Operation of Motor Propelled Vehicles

pursuant to the provisions of Chapter 81 RCW

THIS IS TO CERTIFY that authority is granted to operate as a MOTOR CARRIER in the transportation of the commodities and in the territory described herein to

NE WA RURAL RESOURCE & DEVEL. ASSOC. 320 N. MAIN STREET COLVILLE, WA 99114 PERMIT NO. C-00889

Passenger and/or Express Service as a private, non-profit, transportation provider.

M. V. C. NO. 1216

11-28-79



WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION

By AMALL



STATE OF WASHINGTON

WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION

1300 S. Evergreen Park Dr. S.W., P.O. Box 47250 • Olympia, Washington 98504-7250 (360) 664-1160 • TTY (360) 586-8203

July 2, 2003

Rural Resources Community Action Attn: Connie Mahaugh 956 S. Main, Suite A Colville, WA 99114

Dear Ms. Mahaugh:

We recently received your correspondence regarding the Corporation name change from NE WA Rural Resource & Development Association to Rural Resources Community Action. With this type of name change, the Private Non-Profit Transportation Providers application needs to be completed in it's entirety. The application we received was blank.

I am returning the application to you to be completed so we can continue to process this request.

If you have any questions or concerns, please feel free to contact me directly at (360) 664-1170.

Sincerely,

Tina **Ļ**eipski

Transportation Specialist

Licensing Services

Enclosure

TRANSPORTATION DEPARTMENT: 956 S. Main, Suite A • Colville, WA 99114 • (509) 684-2961 • (800) 776-9026

June 19, 2003

Washington Utilities & Transportation Commission 1300 S. Evergreen Park Drive SW PO Box 47250 Olympia, WA 98504-7250

To Whom It May Concern:

I've enclosed the information you recently requested:

- 1) Copy of the agency insurance policy
- 2) Copy from the Secretary of State of notice the corporation name change.
- 3) Copy of our current WUTC number and certificate

Hope with meets with your satisfaction.

Sincerely,

Connie Mahugh

Transit Service Program Asst.

Conne manuge

Cc: Kelly Sclf, Division Director

FREEZERINED

NIASH UT. & TR. COMM.

STATE OF WASHINGTON



SECRETARY OF STATE

RURAL RESOURCES COMMUNITY ACTION

C/O BARRY LAMONT 320 N MAIN ST COLVILLE WA 99114

AMENDMENT

I, Sam Reed, Secretary of State of the State of Washington and custodian of its seal, hereby certify that documents meeting Washington statutory requirements have been filed and processed with the Secretary of State on behalf of:

RURAL RESOURCES COMMUNITY ACTION

A Washington Non-Profit Corporation

UBI: 600 478 485

Filing Date: March 07, 2002

Previous Name:

NORTHEAST WASHINGTON RURAL RESOURCES DEVELOPMENT ASSOCIATION



Given under my hand and the seal of the State of Washington at Olympia, the State Capital.

Sam Reed, Secretary of State

STATE of WASHINGTON



SECRETARY of STATE

I, SAM REED, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF EXISTENCE/AUTHORIZATION

OF

RURAL RESOURCES COMMUNITY ACTION

I FURTHER CERTIFY that the records on file in this office show that the above named nonprofit corporation was formed under the laws of the State of Washington and was issued a Certificate of Incorporation in Washington on October 25, 1965.

I FURTHER CERTIFY that as of the date of this certificate, no Articles of Dissolution have been filed, and that the corporation is duly authorized to conduct affairs in the corporate form in the State of Washington.



Date: December 2, 2002

Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

Sam Reed, Secretary of State

200-002

INSURANCE IDENTIFICATION CARD (STATE) COMPANY NUMBER COMPANY St. Paul Fire & Marine EFFECTIVE DATE POLICY NUMBER EXPIRATION DATE CK01900934 06/30/00 06/30/03 VEHICLE IDENTIFICATION NUMBER MAKE/MODEL YEAR "F L E E T" AGENCY/COMPANY ISSUING CARD MARSH ADVANTAGE AMERICA PO BOX 2151 SPOKANE, WA 99210 Phone: 509-358-3900 INSURED Rural Resources Community Action 956 S. Main, Suite A Colville WA

99114

06-13

THIS CARD MUST BE KEPT IN THE INSURED VEHICLE AND PRESENTED UPON DEMAND IN CASE OF ACCIDENT: Report all accidents to your Agent/Company as soon as possible. Obtain the following Information:

R*

Name and address of each driver, passenger and witness.

Name of Insurance Company and policy number for each vehicle involved.

NORTHEAST WASHINGTON RURAL RESOURCES INSURANCE SUMMARY

UPDATED: 6/30/01

ST. PAUL INSURANCE COMPANY

06/30/00 TO 06/30/03 #CK01900934

Premium as of 06/30/00 Renewal Refer to schedules for premium changes

PROPERTY:

\$12,432

- \$ 4,839,000 Blanket Buildings & Contents
- ➤ \$1,000 Deductible
- Special Form
- Replacement Cost

(Refer to Schedule for Changes)

Additional Coverages:

Bu	siness Income/	Extra Expense (Actual Loss Sustained)
\$	10,000	Money & Securities – On Premises
\$	5,000	Money & Securities – Off Premises
\$	75,000	Property Off Premises (Exhibit)
\$	25,000	Valuable Papers & Records
\$	25,000	Computer
\$	15,000	Debris Removal
\$	15,000	Accounts Receivable
\$	2,500	Depositor's Forgery
\$	3,000	Outdoor Trees, Shrubs, Plants & Lawns Limit Per Loss
\$	500	Outdoor Trees, Shrubs, Plants & Lawns Limit Per Item

NORTHEAST WASHINGTON RURAL RESOURCES INSURANCE SUMMARY

GENER	AL LIABILI	ΓΥ:	\$	16,007
\$	2,000,000	General Aggregate		
\$	2,000,000	Products Completed Operations Aggregate		
\$	1,000,000	Occurrence Limit		
\$	1,000,000	Personal/Advertising Injury		
\$	100,000	Fire Damage		
\$	5,000	Medical Payments		
\$	1,000,000	Employers Liability (Stop Gap)		
\$	1,000,000	Employee Benefits Liability (\$1,000 Deductib	ole)	
\$	250	Property Damage Deductible (Each Claim)		
		(Refer to Schedule for Changes)		
INSTAL	LATION FLO	DATER:	\$	250
\$	10,000	Project Limit		
\$	10,000	Transit Limit		
\$	20,000	Catastrophe Limit		
\$	1,000	Deductible		
MISCEL	LANEOUS P	ROPERTY:	\$	250
\$	4,000	Unscheduled Equipment		
\$	2,000	Miscellaneous Tools & Equipment		
\$	250	Deductible		
ELECTR	ONIC DATA	PROCESSING:	\$	543
N. 3	320 Main, Col	ville, WA		
\$	30,000	Hardware Limit		
\$	65,000	Software, Media/Extra Expense		
\$	250	Deductible		
\$	1,000	Deductible Breakdown		

NORTHEAST WASHINGTON RURAL RESOURCES **INSURANCE SUMMARY**

CR	IME:	•			\$	690 🗸
	\$	60,000	Blanket Limit E	mployee Dishonesty		
	\$	1,000	Deductible	1 3		
	\$	10,000	Forgery and Alte	eration		
	\$	0	Deductible			
	(N	Ioney & Secur	ities – Refer to Prope	erty Extension)		
A	Dishonesty Increased to \$110,000 3/20/01-6/30/01			\$	47	
				6/30/01-6/30/02	\$	132 /
				6/30/02-6/30/03	\$	132
UM	BRE	LLA:			\$:	5,156 /
	\$	5,000,000	Limit Each Occu	rrence		
	\$	5,000,000	Limit Aggregate			

WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION

For the Operation of Motor Propelled Vehicles

pursuant to the provisions of Chapter 81 RCW

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Passenger and/or Express Service as a private, non-profit, transportation provider.

M. V. C. NO. 1216

11-28-79



WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION

By Mile

FROM: Washington Utilities and Transportation Commission

Transportation Operations

PO Box 47250 Phone: (888) 606-9566 Olympia, WA 98504-7250 Fax: (360) 586-1118

Date: 07-30-2003 Staff: Linda Elhardt

TO: D079208

RURAL RESOURCES COMMUNITY ACTION

956 S. MAIN, SUITE A COLVILLE, WA 99114

Return this document with the completed/corrected items listed below for prompt processing of your application for operating authority.

Obtain a CVSA safety inspection of your vehicle (s) and remit a copy of the completed inspection form. You may contact Carolyn Caruso at (360) 664-1244 for an appointment.

Obtain a Uniform Motor Carrier Certificate of Insurance (Form E) from your insurance company. The insurance must show your name EXACTLY as it is shown above.