

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 Commission Use Only)

Reception Number: 0005844	Safety/Inspection: <i>LE</i>	Application D #: <i>79258</i>
111 0268 20002 <i>50.00</i>	Insurance: <i>LE</i>	Carrier ID: <i>42375</i>
Date Filed: <i>2/24/04</i>	Docket # <i>TN-040368</i>	Employee: <i>LE</i>

TYPE OF APPLICATION (check one)

New Certificate Reinstate Certificate Transfer Certificate (New Owner or New Name)

APPLICANT IDENTIFICATION

Attach a copy of approved articles of incorporation and proof of status as a registered non-profit corporation

~~WA UBI#~~ *NPC-1082* WA UNIFIED BUSINESS IDENTIFIER (UBI)#: *601-150-091* ✓

APPLICANT NAME: *Senior Multipurpose Center of Yelm* PHONE #: *360-458-7733*
 d/b/a: FAX #: *360-458-2440*

BUSINESS (MAILING) ADDRESS:
 (street address, P.O. Box): *P.O. Box 474*
 (city, state, zip): *Yelm WA 98597*

PHYSICAL ADDRESS: (street address, if different)
201 Yelm Ave - Yelm WA 98597

PRINCIPAL OFFICERS (List names, titles, and addresses of two principal officers of the nonprofit corporation)

<i>Bill Dean</i>	-	<i>5908 Cherokee Loop - Pacey</i>	<i>Chairman</i>
<i>Reba Minton</i>	-	<i>PO Box 1796 - Yelm</i>	<i>Vice-Chairman</i>
<i>Iran Sherrell</i>	-	<i>PO Box 47 Rainier</i>	<i>Executive Director</i>
		<i>98576</i>	

TRANSFER OF CERTIFICATE

Complete this section if you are transferring an existing certificate to a new corporation, or if you are changing your corporate name. List name of current certificate holder and the certificate number to be transferred. If this section is not complete, you will be issued a new certificate number instead of having the existing certificate reissued.

NAME ON CERTIFICATE: Zelm

CERTIFICATE NUMBER: _____

INSURANCE REQUIREMENTS (must check one)

(certificate will not be issued until acceptable insurance is received)

The applicant will provide service only in vehicles with a seating capacity of less than 16 passengers, including the driver - \$500,000 in Public Liability and Property Damage Insurance is required. Complete and submit the Safety Fitness Survey. You will not be subject to the motor carrier safety provisions relating to Commercial Driver's License and Controlled Substance and Alcohol Training/Testing.

The applicant will provide service in vehicles with a seating capacity of 16 passengers or more, including the driver - \$1,000,000 in Public Liability and Property Damage Insurance is required. Complete and submit the Safety Fitness Survey. You will be subject to all of the motor carrier safety provisions including Commercial Driver's License and Controlled Substance and Alcohol Training/Testing.

EQUIPMENT LIST (Attach additional list if necessary)

State & License Number	Year and Make of Vehicle	Seating Capacity	Vehicle Identification Number (VIN#)
968 ROR - WA	1990 Ford	15	1FDKE30H5LHA73416
	1990 Dodge	7	1B4FK44R7LX286104

CONDITIONS JUSTIFYING GRANT OF CERTIFICATE (Attach Additional Sheet if Necessary)

Please describe the transportation service you will provide to persons with special transportation needs if a Private Nonprofit Transportation Provider certificate is granted. Be sure to describe the special transportation needs that exist and the source of your "compensation". (i.e. Private or Government grants or contracts, passenger fares, etc.)

Stop front our center 5 times per week for a hot lunch.

As applicant, I understand that the filing of this application does not in itself constitute authority to operate and that no operations may be conducted until a certificate is received from the Commission. I hereby declare and affirm that the information contained in this application is true to the best of my knowledge and belief.

Sean Sherrill / Director
Signature / Title

02/20/04
Date

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 Substances and Alcohol Testing (Part 382)

Name: _____ Position: _____

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: _____ Position: _____

Any driver who operates a vehicle that meets the definition of a commercial motor vehicle **as described below** 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: *Ivan Sherrill* Position: *Executive 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: Sean Sherrill Position: Director

Each company must maintain true and accurate hours of service records for each individual that drives a motor vehicle. If company's operations meet all requirements of the "100 air mile radius driver," a record of duty status is acceptable. A driver must complete a driver's daily log book when he/she exceeds the 100 air-mile radius or he/she exceeds 12 hours.

Note: Reference 49 CFR, Part 395.1(e) and WAC 480-14-380

Vehicle Inspection, Repair, and Maintenance (Part 396)

Name: _____ Position: _____

Part 396.11 requires that drivers prepare a written "Driver Vehicle Inspection Report" on each vehicle used each day. Refer to Part 396.11 for a description of the required content of this report.

Each motor carrier must maintain certain required records for each vehicle that include the following: (see Part 396.3(b)).

- Identification of the vehicle.
- A means to indicate the nature and due date of various inspection and maintenance operations to be performed.
- A record of inspections, repairs and maintenance indicating their date and nature.

All companies must comply with Part 396.17 dealing with Periodic Inspections. Each motor carrier must inspect or have inspected, all motor vehicles subject to its control at least once during the preceding 12 months.

My signature below certifies that I understand my responsibility as a motor carrier of passengers and I will comply with all the safety requirements which apply to my operations.

Sean Sherrill
Signature of applicant

3/20/04
Date

Please ask for technical assistance if you require information on any of these safety issues.

FROM: Washington Utilities and Transportation Commission
Transportation Operations
PO Box 47250 Phone: (360) 664-1222
Olympia, WA 98504-7250 Fax: (360) 586-1181

Date: 02-25-2004 Staff: Linda Elhardt

TO: D079258
SENIOR MULTIPURPOSE CENTER OF YELM
P.O. BOX 474
YELM, WA 98597

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.