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: 24 Application D#: 79258						
111 0268 20 8 02 50.00 Insurance Scarrier ID: 425/5						
Date Filed: 2/24/04 Docket # TN-040368 Employee: L&						
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 UNIFIED BUSINESS IDENTIFIER (UBI)#: 601-150-091						
ADDUCANT MARKE						
Denier Multipurpuel Center of Yelm 360-458-7733 d/b/a: FAX #: 360-458-2440						
BUSINESS (MAILING) ADDRESS: (street address, P.O. Box): P.O. By 474						
(city, state, zip) **Tysim** WA 98597 PHYSICAL ADDRESS: (street address, if different)						
PHYSICAL ADDRESS: (street address, if different) 201 Velm Que - Melm WA 985 97						
201 yelm Que - Yelm WA 98597						
PRINCIPAL OFFICERS (List names, titles, and addresses of two principal officers of the nonprofit corporation)						
Bill Dean - 5908 Cherable Long-Paccy Chairman						
Bell Dean - 5908 Cherable Loog-Racey Chairman Reba Minton - POBY 1796 Jelm Vice Chairman Aran Sherriel - POBY 47 Rainin Crecitae Ducitor						
Aran Sheriel - POBP 17 Rainin Genter Duritor						

your corporate name. List	u are transferring an exiname of <u>current</u> certificate will be issued a new c	ate holder and the	CATE a new corporation, or if you are changing certificate number to be transferred. If this instead of having the existing certificate			
CERTIFICATE NOMBER.		WIDENENEO &				
(ce	INSURANCE REQ					
with a seating capacity including the driver - \$ Property Damage Insumed and submit the Safety be subject to the motorelating to Commercia Controlled Substance	and Alcohol Training/Te	gers, a sea ty and include plete Liabil Il not requi is Fitne moto esting. Comi	applicant will provide service in vehicles with sting capacity of 16 passengers or more, ding the driver - \$1,000,000 in Public ity and Property Damage Insurance is red. Complete and submit the Safety as Survey. You will be subject to all of the rearrier safety provisions including mercial Driver's License and Controlled tance and Alcohol Training/Testing.			
State & License	EQUIPMENT LIST () Year and Make of	Attach additional Seating	list if necessary) Vehicle Identification Number (VIN#)			
Number	Vehicle	Capacity				
968 ROR - WA	1	15	1FDKE 30H5LHA73416 1B4FK44R7L x 286104			
	1990 Podge	7	1B4F1744R7L x 286104			
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.) Joo't fromt our Center 5 times see success for a following.						
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operate and that no oper hereby declare and affirm knowledge and belief.	ations may be conduc	ted until a certific	not in itself constitute authority to ate is received from the Commission. I application is true to the best of my			
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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 <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: <u>Aran Sherrill</u> Position: <u>Gerentine Direc</u>

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 <u>any</u> 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: <u>han Sherrell</u> Position: <u>Orrectae</u>
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.
Signature of applicant
Signature of applicant Date
Please ask for technical assistance if you require information on any of these safety issues.

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#42375 Special Project

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UNIFORM DRIVER/VEHICLE INSPECTION REPORT

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,	APPLICATION
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UNIFORM DRIVER/VEHICLE INSPECTION REPORT

1148494

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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 Carúso 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.