

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

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: 0006826
Safety/Inspection:
Application D #: 79277
111 0268 200 02 50.00
Insurance: JEs
Carrier ID: 38739
Date Filed: 4/30/04
Docket # TN-040814
Employee: JEs

TYPE OF APPLICATION (check one)

- New Certificate
[checked] Reinstatement 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

C#: 1063
WA UNIFIED BUSINESS IDENTIFIER (UBI)#: 601-963-775 Fed-91-2004577
APPLICANT NAME: Black Mountain Forestry Center
PHONE #: 360-354-2776 (H)
d/b/a:
FAX #:

BUSINESS (MAILING) ADDRESS:
(street address, P.O. Box): PO Box 730
(city, state, zip): Maple Falls WA 98266
PHYSICAL ADDRESS: (street address, if different)

PRINCIPAL OFFICERS (List names, titles, and addresses of two principal officers of the nonprofit corporation)
Joe Heller 4039 Macadam Ct SE Olympia WA
Danna Beech 6831 Raspberry Dr Everston WA 98247 98501

### 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: \_\_\_\_\_

CERTIFICATE NUMBER: \_\_\_\_\_

### INSURANCE REQUIREMENTS (must check one)

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

- |  |  |
|--|--|
| <ul style="list-style-type: none"> <li>• • 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.</li> </ul> | <ul style="list-style-type: none"> <li>• • 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.</li> </ul> |
|--|--|

### EQUIPMENT LIST (Attach additional list if necessary)

State & License Number	Year and Make of Vehicle	Seating Capacity	Vehicle Identification Number (VIN#)
WA A32974J	1992 Eldor	15	1FDKE3069MH A98490

### 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.)

*Conducting tours (educational) by appointment -*

**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.**

*Sanna K Beech*

Signature / Title

*4/28/04*

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: Bob Wiesen Position: Volunteer - Tours

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: Bob Wiesen 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: Bob Wiesen Position: \_\_\_\_\_

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: Bob Wiesen Position: \_\_\_\_\_

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: Bob Wiesen 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.***

Danna K Beech  
Signature of applicant

4/28/04  
Date

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

## 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 will not 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 assistance.	Subject/Topic Area
<input type="checkbox"/>	Controlled Substances and Alcohol testing (Part 382)
<input type="checkbox"/>	Commercial Driver's Licensing requirements (Part 383)
<input type="checkbox"/>	Minimum Levels of Financial Responsibility (Insurance) (Part 387)
<input type="checkbox"/>	Driver Qualification requirements (Part 391)
<input type="checkbox"/>	Driving of Commercial Motor Vehicles (Part 392)
<input type="checkbox"/>	Parts and Accessories Necessary for Safe Operation (Part 393)
<input type="checkbox"/>	Hours of Service requirements (Part 395)
<input type="checkbox"/>	Inspection, Repair, and Maintenance (Part 396)

Contact person: \_\_\_\_\_

Day telephone number: \_\_\_\_\_

Evening telephone number: \_\_\_\_\_