

PART - A

WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION

1300 S Evergreen Park Drive SW, PO Box 47250
Olympia, WA 98504-7250
Telephone (360) 664-1222 - 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: 0007364
Safety/Inspection: [initials]
Application D #: 79284
111 0268 231 02 50.00
Insurance: [initials]
Carrier ID: 42767
Date Filed: 5/27/04
Docket # TN-040970
Employee: [initials]

TYPE OF APPLICATION (check one)

[X] New Certificate [] 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#: NPC-1080 WA UNIFIED BUSINESS IDENTIFIER (UBI)#: 000 205 189 000
APPLICANT NAME: Pacific Aging Council Endeavors (P.A.C.E.) PHONE #: 360-642-4300
d/b/a: P.A.C.E. In-Home FAX #: 360-642-4628
BUSINESS (MAILING) ADDRESS: P.O. Box 579 Ilwaco, WA 98624
PHYSICAL ADDRESS: 152 North 1st Ave. Ilwaco, WA 98624

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

Walter Deege, President 4934 SR4 West Rosburg, WA 98643
Lori Wirkkala, Treasurer 7009 Sandridge Rd Long Beach, WA 98631

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)

- | | |
|--|---|
| <input checked="" type="checkbox"/> 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. | <input type="checkbox"/> 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#)
WA - 610SEF	1997 Ford Econoline (E-150)	7	1FDEE1423VHB12868

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.) *The proposed program will encompass the transportation of DSHS/HCS authorized clients and private pay clients of P.A.C.E. In-Home Care, providing essential shopping and medical appointment transport services to those in need and those authorized for ambulatory assistance, essential shopping, and medical appointment transport. The service will also provide essential shopping services for the client. The form of compensation P.A.C.E. will receive for providing this service will be contracted reimbursements through Olympic Area Agency on Aging (OAA) as well as private pay contracts.*

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.

Shelley Dutton

 Signature / Title

5/24/2004

 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: n/a Position: n/a

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: n/a Position: n/a

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: James Riggs, Amy Greenhut Position: Driver / Care Provider

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: James Riggs, Amy Greenhut Position: Driver/care provider

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: James Riggs, Amy Greenhut Position: Driver/care provider

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.

Shelley Daulton, Program Manager 5/24/2004
Signature of applicant 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: Shelley Daulton

Day telephone number: 360-642-4300

Evening telephone number: _____



SELECT BUSINESS UNIT

1100 Jadwin Ave
PO Box 70
Richland, WA 99352

Phone: (509) 946-6161
Phone: (800) 659-9916
Fax: (509) 946-8513

FAX COMMUNICATION COVER SHEET

To: Shelly of Pacific Aging Council **Date:** May 25, 2004
Fax Number: 13606424628 **Time:** 11:18:19 AM
From: Kevin D Zoerb **Pages:** 3
Subject:

Comments:

Please see attached Insurance Binder.

CONFIDENTIALITY NOTICE: This fax message, including any attachments, is for the sole use of the intended recipient and may contain confidential and privileged information. Any unauthorized review, use, disclosure or distribution is prohibited. If you are not the intended recipient, please contact the sender and destroy all copies of the original message.

Spencer-Kinney, Inc.
www.spencerkinney.com

ACORD™ INSURANCE BINDER

DATE
05/25/04

THIS BINDER IS A TEMPORARY INSURANCE CONTRACT, SUBJECT TO THE CONDITIONS SHOWN ON THE REVERSE SIDE OF THIS FORM.

PRODUCER Spencer-Kinney, Inc. 1100 Jadwin Ave. P.O. Box 70 Richland, WA 99352	PHONE (A/C, No, Ext): 509-946-6161 FAX (A/C, No): 5099460715	COMPANY Progressive Companies	BINDER # 020668490
CODE: 59190	SUB CODE:	DATE EFFECTIVE 05/14/04 12:01	EXPIRATION DATE TIME 03/13/05 12:01 AM
AGENCY CUSTOMER ID: 47832	INSURED Pacific Aging Council Endeavors PO Box 579 Ilwaco, WA 98624	DESCRIPTION OF OPERATIONS/VEHICLES/PROPERTY (including Location) 1997 Ford Van 1FDEE1423VHB12868	

COVERAGES

LIMITS

TYPE OF INSURANCE	COVERAGE/FORMS	DEDUCTIBLE	COINS %	AMOUNT
PROPERTY CAUSES OF LOSS <input type="checkbox"/> BASIC <input type="checkbox"/> BROAD <input type="checkbox"/> SPEC				
GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR			EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$	
AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	RETRO DATE FOR CLAIMS MADE: Underinsured: 1,000,000 Underinsured PD: 25,000			COMBINED SINGLE LIMIT \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$ MEDICAL PAYMENTS \$5,000 PERSONAL INJURY PROT \$ UNINSURED MOTORIST \$
AUTO PHYSICAL DAMAGE DEDUCTIBLE <input checked="" type="checkbox"/> COLLISION: 500 <input checked="" type="checkbox"/> OTHER THAN COL: 500	<input type="checkbox"/> ALL VEHICLES <input checked="" type="checkbox"/> SCHEDULED VEHICLES	<input checked="" type="checkbox"/> ACTUAL CASH VALUE <input type="checkbox"/> STATED AMOUNT \$ <input type="checkbox"/> OTHER		
GARAGE LIABILITY <input type="checkbox"/> ANY AUTO			AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EACH ACCIDENT \$ AGGREGATE \$	
EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM	RETRO DATE FOR CLAIMS MADE:		EACH OCCURRENCE \$ AGGREGATE \$ SELF-INSURED RETENTION \$ WC STATUTORY LIMITS	
WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY			E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$	
SPECIAL CONDITIONS/ OTHER COVERAGES			FEES \$ TAXES \$ ESTIMATED TOTAL PREMIUM \$	

NAME & ADDRESS

	<input type="checkbox"/> MORTGAGEE	<input type="checkbox"/> ADDITIONAL INSURED
	<input type="checkbox"/> LOSS PAYEE	
	LOAN #	
	AUTHORIZED REPRESENTATIVE 	

CONDITIONS

This Company binds the kind(s) of insurance stipulated on the reverse side. The Insurance is subject to the terms, conditions and limitations of the policy(ies) in current use by the Company.

This binder may be cancelled by the Insured by surrender of this binder or by written notice to the Company stating when cancellation will be effective. This binder may be cancelled by the Company by notice to the Insured in accordance with the policy conditions. This binder is cancelled when replaced by a policy. If this binder is not replaced by a policy, the Company is entitled to charge a premium for the binder according to the Rules and Rates in use by the Company.

Applicable in California

When this form is used to provide insurance in the amount of one million dollars (\$1,000,000) or more, the title of the form is changed from "Insurance Binder" to "Cover Note".

Applicable in Delaware

The mortgagee or Obligee of any mortgage or other instrument given for the purpose of creating a lien on real property shall accept as evidence of insurance a written binder issued by an authorized insurer or its agent if the binder includes or is accompanied by: the name and address of the borrower; the name and address of the lender as loss payee; a description of the insured real property; a provision that the binder may not be canceled within the term of the binder unless the lender and the insured borrower receive written notice of the cancellation at least ten (10) days prior to the cancellation; except in the case of a renewal of a policy subsequent to the closing of the loan, a paid receipt of the full amount of the applicable premium, and the amount of insurance coverage.

Chapter 21 Title 25 Paragraph 2119

Applicable in Florida

Except for Auto Insurance coverage, no notice of cancellation or nonrenewal of a binder is required unless the duration of the binder exceeds 60 days. For auto insurance, the insurer must give 5 days prior notice, unless the binder is replaced by a policy or another binder in the same company.

Applicable in Nevada

Any person who refuses to accept a binder which provides coverage of less than \$1,000,000.00 when proof is required: (A) Shall be fined not more than \$500.00, and (B) is liable to the party presenting the binder as proof of insurance for actual damages sustained therefrom.

Sec. 1717/96
PA

INTERNAL REVENUE SERVICE
DISTRICT DIRECTOR
450 GOLDEN GATE AVENUE, MS 7-4-01
SAN FRANCISCO, CA 94102-7406

DEPARTMENT OF THE TREASURY

Date: *JUL 11 1996*

Employer Identification Number:

51-0204123

Case Number:

956164066

Contact Person:

PATRICE WHANG

Contact Telephone Number:

(415) 522-6053

Our Letter Dated:

June 28, 1991

Addendum Applies:

Yes

RECEIVED JUL 15 1996

PA
FACT
Check

PACIFIC AGING COUNCIL ENDEAVORS INC
BOX 579
ILWACO, WA 98624-0579

Dear Applicant:

This modifies our letter of the above date in which we stated that you would be treated as an organization that is not a private foundation until the expiration of your advance ruling period.

Your exempt status under section 501(a) of the Internal Revenue Code as an organization described in section 501(c)(3) is still in effect. Based on the information you submitted, we have determined that you are not a private foundation within the meaning of section 509(a) of the Code because you are an organization of the type described in section 509(a)(2).

Grantors and contributors may rely on this determination unless the Internal Revenue Service publishes notice to the contrary. However, if you lose your section 509(a)(2) status, a grantor or contributor may not rely on this determination if he or she was in part responsible for, or was aware of, the act or failure to act, or the substantial or material change on the part of the organization that resulted in your loss of such status, or if he or she acquired knowledge that the Internal Revenue Service had given notice that you would no longer be classified as a section 509(a)(2) organization.

As of January 1, 1984, you are liable for taxes under the Federal Insurance Contributions Act (social security taxes) on remuneration of \$100 or more you pay to each of your employees during a calendar year. You are not liable for the tax imposed under the Federal Unemployment Tax Act (FUTA).

You are required to file Form 990 only if your gross receipts each year are normally more than \$25,000. For guidance in determining whether your gross receipts are "normally" more than \$25,000, see the instructions for Form 990. If a return is required, it must be filed by the 15th day of the fifth month after the end of your annual accounting period. A penalty of \$10 a day is charged when a return is filed late, unless there is reasonable cause for the delay. However, the maximum penalty charged cannot exceed \$5,000 or 5 percent of your gross receipts for the year, whichever is less. This penalty may also be charged if a return is not complete, so please be sure your return is complete before you file it.

If we have indicated in the heading of this letter that an addendum applies, the addendum enclosed is an integral part of this letter.


Letter 1050 (DO/CG)

PACIFIC AGING COUNCIL ENDEAVORS INC

Because this letter could help resolve any questions about your private foundation status, please keep it in your permanent records.

If you have any questions, please contact the person whose name and telephone number are shown above.

Sincerely yours,

A handwritten signature in cursive script that reads "Frank P. Nixon". The signature is written in dark ink and is positioned above the typed name.

Acting District Director

PACIFIC AGING COUNCIL ENDEAVORS INC

We have determined that you are a publicly supported organization of the type described in Section 509(a)(2) as opposed to Sections 509(a)(1) and 170(b)(1)(A)(vi) of the Code. This change does not affect your exempt status as an organization described in section 501(c)(3) of the Code, your non-private foundation status, or your filing requirements.

PACIFIC AGING COUNCIL ENDEAVORS INC

Based on the information submitted, we have determined that you are a publicly supported organization of the type described in section 509(a)(2) as opposed to sections 509(a)(1) and 170(b)(1)(A)(vi) of the Code.

This change does not affect your exempt status as an organization described in section 501(c)(3) of the Code, your non-private foundation status, or your filing requirements.

If you agree to this classification, please have an authorized officer sign, date, and return this agreement to our office. The "COPY" is for your files.

Ray Campbell - President June 21, 1986
(Signature, Title and Date)

255586
FILE NUMBER

DOMESTIC



STATE OF WASHINGTON | DEPARTMENT OF STATE

I, **BRUCE K. CHAPMAN**, Secretary of State of the State of Washington and custodian of its seal, hereby certify that

ARTICLES OF INCORPORATION

of PACIFIC AGING COUNCIL ENDEAVORS
a domestic corporation of Seaview, Washington,

was filed for record in this office on this date, and I further certify that such Articles remain on file in this office.



In witness whereof I have signed and have affixed the seal of the State of Washington to this certificate at Olympia, the State Capitol, April 15, 1976

Bruce K. Chapman

BRUCE K. CHAPMAN
SECRETARY OF STATE

APR 15 1976

SECRETARY OF STATE
STATE OF WASHINGTONARTICLES OF INCORPORATION OF
PACIFIC AGING COUNCIL ENDEAVORS

The undersigned, Thomas W. Heald, Robert A. Hall, Roy Sundstrom, Dan D. Connelly, Lorraine Velander for the purpose of forming a corporation under the non profit laws, RCW24.03, of the State of Washington, state:

I

The name of the corporation shall be PACIFIC AGING COUNCIL ENDEAVORS

II

The term of existence shall be indefinite

III

The purposes for which the corporation is organized are as follows: Coordination of the resources of ~~State~~ Pacific County with the needs of its aging and handicapped.

IV

The address of the initial registered office of the corporation shall be:

Post Office Box 268, Seaview, Washington 98644

The name of the initial registered agent at that same address shall be:

Lorraine Velander - Secretary

V

The number of directors constituting the initial Board of Directors shall be 6
The names and addresses of the persons who are to serve as the initial directors are as follows:

<u>Aloha Bassett</u>	<u>P. O. Box 266</u>	<u>Seaview, Washington 98644</u>
<u>William E. Brennan</u>	<u>Rt. #1, Box 411A</u>	<u>Ocean Park, Washington 98640</u>
<u>William K. Ferguson</u>	<u>P. O. Box 125</u>	<u>Ilwaco, Washington 98624</u>
<u>Nancy Jane Fox</u>	<u>P. O. Box 909</u>	<u>Long Beach, Washington 98631</u>
<u>Patricia M. Johnson</u>	<u>Rt. #1, Box 302B</u>	<u>Ocean Park, Washington 98640</u>
<u>William Tetz</u>	<u>P. O. Box 92</u>	<u>Ilwaco, Washington 98624</u>

VI

In the event of dissolution of the corporation, the net assets are to be distributed as follows: All net assets to Pacific County, Washington

Names and addresses of incorporators:

Thomas W. Heald *Thomas W. Heald* Box 365 Long Beach, Washington 98631

Robert A. Hall *Robert A. Hall* Rt. #1, Box 461 Long Beach, Washington 98631

Roy Sundstrom *Roy Sundstrom* P. O. Box 7 Chinook, Washington 98614

Dan Connelly *Dan D. Connelly* Rt. #1, Box 424 Long Beach, Washington 98631

Lorraine Velander *Lorraine Velander* Rt. #1, Box 322F Ocean Park, Washington 98640

11-12-76

(Date)

Kenneth Decker
 (Notary Public for the State of Washington
 Residing at) *Seaview*

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

Date: 05-27-2004 Staff: Linda Elhardt

TO: D079284
PACIFIC AGING COUNCIL ENDEAVORS
P.A.C.E. IN-HOME
P.O. BOX 579
ILWACO, WA 98624

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.

42767

ROUTING SLIP

APPLICATION

ASSIGNMENT NO.: 104150 MOTCAR NO.: 42767 PERMIT: _____

CARRIER NAME: PACIFIC AGING COUNCIL ENDEAVORS INC

INVESTIGATOR(S): GRIMM DATE: 06-10-04

RECOMMENDATION: VEHICLE INSPECTION CONDUCTED
CUSA DECAL 10694843.

EDUCATIONAL & TECHNICAL ASSISTANCE
GIVEN INCLUDING: DRIVER QUALIFICATION, HOURS OF
SERVICE, INSPECTION REPAIR & MAINTENANCE ACCIDENT
REPORTING & FINANCIAL RESPONSIBILITY.

Should carrier be rechecked? No.

REVIEWED BY: Vicki Elliott DATE: 6/18/04

Vehicle inspection resulted in issued CUSA sticker.
No recheck necessary

FINAL RECOMMENDATION BY: VE DATE: 6/18/04

Close & file

OTHER INFORMATION: 6/18/04 Logged on

CC: Bruce Grimm
Licensing

MEMORANDUM

TO: Vicki Elliott, Acting Motor Carrier Safety Compliance Manager-Olympia
FROM: Bruce Grimm, MCLE Special Investigator-UTC Kelso
DATE: June 10, 2004
RE: Pacific Aging Council Endeavors Inc. (non-profit applicant)
152 North 1st Avenue, P.O. Box 579
Ilwaco WA 98624

On June 10, 2004, I contacted Shelley Daulton, director, of Pacific Aging Council Endeavors Inc., a non-profit transportation provider applicant, at the carrier's principal place of business in Ilwaco, Pacific County. The purpose was to convey educational and technical assistance information regarding WAC 480-31 rules to the carrier and conduct a vehicle inspection.

ORGANIZATION AND MANAGEMENT

The organization has operated a social service agency in Pacific County for many years but just recently obtained a vehicle to provide client transportation. This non-profit organization operates on a limited budget funded from fees donations and federal/state program grants. The transportation service includes taking low income and elderly clients to and from medical appointments.

There is a public Board of Directors that governs programs and activities.

FINANCIAL RESPONSIBILITY AND CRASH INFORMATION

The organization has public liability and property damage insurance with prescribed limits underwritten by United Financial Casualty Company through policy 026583440. The effective date was May 4, 2004.

There have been no recordable accidents in the past twelve months. Management is aware of reporting requirements.

**Private, Nonprofit
Transportation Providers
Technical Assistance**

Assignment number: 104150 Date: 06-10-04
 Permit Number: _____ Mot Car # _____ Docket # _____
 DOT# _____ ICC# _____
 Carrier: PACIFIC AGING COUNCIL ENDEAVORS INC
 Physical address: 152 N 1ST AVE City: KWACC
 Mailing address: PO BOX 579 City: KWACC
 Phone: 360 642 4300 FAX: _____ Toll free: _____
 E-mail: _____
 Non CDL Vehicles: 1 CDL Vehicles: C
 Drivers < 100 mi: 1 Drivers > 100 mi: _____
 Person(s) interviewed: SHELLEY DAULTON Title: DIRECTOR
 _____ Title: _____

VEHICLE IDENTIFICATION/INSPECTION

Type	7-8 Pass Vans	9-15 Pass Vans	16+ Pass bus	Other
Number owned	1			
Number leased	—			

Total # Units 1

Total # requiring CDL —

Vehicle inspections	Inspected	Defective	OOS	OOS percent
7-8 Pass Vans	1	1		
9-15 Pass Vans				
16+ Pass bus				

Private Nonprofit Transportation Providers - Technical Assistance

Carrier: PACIFIC AGING COUNCIL ENDEAVOR MC

Date: 06-10-04

DRUG TESTING INFORMATION (if applicable)

Facility: _____

Pre-employment: _____ Random: N/A

Consortium pool: _____ Carrier Pool: _____

DRIVER QUALIFICATION FILES:

1. Application in accordance with **391.21** _____
2. Investigation & inquiries per **391.23** _____
3. Copy of road test & cert per **391.31(e)** OR
a copy of CDL in lieu of road test per **391.33** _____
4. DOL inquiry of previous traffic violations per **391.25(a)** _____
5. Annual review of driving records per **391.25** _____
6. Annual DOL inquiry of violations per **391.25** _____
7. List of violations (employee written) per **391.27** _____
8. Copy of medical cert (long form if avail) per **391.43(f)** _____
9. Copy of waiver (if applicable) per **391.49** _____

Driver files are to be maintained while employed and for 3 years after the employee leaves or is terminated.

The following documents may be removed 3 years after date of execution:

- DOL inquiry of traffic violations
- Annual review of driving records
- List of violations (submitted by employee)
- Medical certificate copy
- Medical waiver (if applicable)

HOURS OF SERVICE - Part 395

Reporting procedure to be used:

Time card _____

Log book _____

60/70 hour rule _____

New hours of service hand out _____

UNIFORM DRIVER/VEHICLE INSPECTION REPORT

1020193

PERSONNEL NO. J540 DIST / DET

LEVEL: 1 2 3 4 5 X

GENERAL HAZARDOUS MATERIALS DATE 06/10/04 TIME (MILITARY) BEGUN 1100 FINISHED 1120 HAZARD CLASS / DIVISION NO. LOCATION: SR/MP ILWACO SCALEHOUSE NO. CNTY CODE 25 REPORTABLE QTY? Y N HAZARDOUS WASTE? Y N PLACARD REQUIRED? Y N CARGO TANKS? Y N

CARRIER (APPLICATION)

CARRIER NAME (Include DBA when applicable) PACIFIC AGING COUNCIL ENDEAVORS INC

ADDRESS PO Box 579

CITY ILWACO STATE WA ZIP CODE 98624 INTERSTATE YES NO DOT NO. ICC NO.

DRIVER

DRIVER NAME LICENSE NO. STATE EXP. YEAR

DATE OF BIRTH MED. CERT. Y N SHIPPER NAME SHIPPING NO. WAIVER Y N

VEHICLE

REGISTERED OWNER NAME/ADDRESS PACIFIC AGING COUNCIL ENDEAVORS INC G.V.W. 7200/7PSNR PBT RATE

Table with columns: UNIT, TYPE, YEAR/MAKE, CO. UNIT NO., LICENSE NO. / VIN NO., STATE. Row 1: 1, VN, 97 FORD, 610 SEE, WA

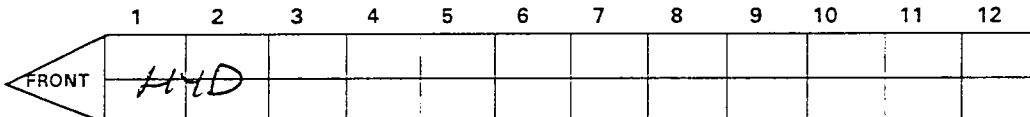


Table with columns: CFR, VIOLATIONS, D, 1, 2, 3, 4, Unit #s O/S, Complied. Row 1: 393.95, EMERGENCY EQUIPMENT MISSING, FIRE EXTINGUISHER & REFLECTOR KIT, X, 600. Row 2: 393.89, DRIVER SEAT PROTECTION INADEQUATE, X, 600.

CVSA DECALS UNIT 1 10694843 UNIT 2 UNIT 3 UNIT 4 NOIC NO.

Vehicle may not be operated until O/S defects noted above are repaired. Driver may not drive until in compliance.

DRIVER SIGNATURE Shelley Denton OFFICER SIGNATURE

1FD6G1423VH1B12568 UNITED FRANKLIN CASUALTY CO 02658344C