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**PRIVATE NONPROFIT SPECIAL NEEDS
TRANSPORTATION PROVIDERS
ANNUAL REPORT**

RECEIVED

JUN 07 2004

WASH. UT. & TP COMM.

C001032
BRINNON SENIORS OF BRINNON WASHINGTON
306144 HWY 101
PO BOX 129
BRINNON, WA 99320-0129

ENTERED INTO COMPUTER

JUN 7 2004

Full name and address of Company

Correct name and address, if different than shown

**WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION
for the
YEAR ENDED DECEMBER 31, 2003**

Inquiries concerning this Annual Report should be addressed to:

NAME: Quacie Thornton TITLE: Treasurer

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

Call Phone:

TELEPHONE: 360-808-2375 FAX: _____ E-MAIL: _____

Do not remove, rearrange or deface
the contents of this Report in any
way. If you need copies, please
contact the Records Center Staff
at 4-1234

The company must notify the Commission, in writing, of any changes to the above information.

TYPE OF PAYMENT - DO NOT SEND CASH IN THE MAIL		For Commission Use Only	
<input type="checkbox"/> Check	<input type="checkbox"/> Money Order	<input type="checkbox"/> AMEX	<input type="checkbox"/> Discover
<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	Credit Card Authorization #: _____	
Credit Card Number: _____		Expiration Date Month/Year	

**NO MONIES
ENCLOSED**

CERTIFICATION: I, the undersigned, under penalty for false statement, certify that the information is true, valid and correct, that I am authorized to execute on behalf of the applicant, and that I agree to pay the above total amount according to card issuer agreement.

Name (Printed): _____ Title: _____

Signature: _____ Date: _____

*Vehicle not used
File case closed*

Reception Number: _____		231-11: _____		Reference Number: _____	
231-01: _____		032-05: _____			

Original to be mailed to the Washington Utilities and Transportation Commission, PO Box 47250, Olympia, WA 98504-7250
Web Site: www.wutc.wa.gov

Call if any questions

Washington Unified Business Identifier (UBI) No.: _____

Insurance Company

Current Insurance Company: _____

Policy #: _____

Did you have any recordable accidents in 2003? Yes No

If yes, how many? _____
(Please indicate total recordable accidents for both intrastate and interstate operations)

Recordable Accident Definition: An occurrence involving a commercial motor vehicle on a public road in intrastate or interstate commerce which results in one or more of the following:

1. A fatality,
2. Injury to a person requiring immediate treatment away from the scene of the accident, or
3. Disabling damage to a vehicle requiring it to be towed from the accident scene.

What were your total operating miles for the year 2003? _____

VEHICLES OPERATED - Indicate vehicles operated during the preceding year under certificate issued by Washington Utilities and Transportation Commission to provide transportation services (for compensation) for persons with special transportation needs.

Year, Make & Model	Passenger Seating Capacity	Number of Vehicles
Total vehicles operated		

PRIMARY SOURCE OF COMPENSATION - Check each that applies and provide a brief description.

- Grants or Contracts Passenger Fares Other

REGULATORY FEE CALCULATION SCHEDULE

Company Name Brunson Services Annual Report Year 2003

In accordance with RCW 81.66.030 "Regulatory Fees", the Commission requires Private Nonprofit Special Needs Transportation Providers to file reports of the number of vehicle operated by said company at any time during the calendar year and pay the sum of ten dollars annually for each vehicle operated. Every company subject to regulation shall file with the Commission a statement under oath and pay to the Commission a fee as instructed below. There is no minimum fee.

- 1 Total Number of vehicles operated at any time during the regulatory year
- 2 Total Regulatory Fees owed (enter amount from line 1)

				1	0
2	0	x	10.00	=	\$ 0
		Agency Use Only			231-01