

PART - A

TRANSFER

WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION

1300 S Evergreen Park Drive SW, P.O. 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

(For Commission Use Only)

Reception Number: 0002348	Safety/Inspection: CS	Application D #: 79464
111 0268 231 02 50.00	Insurance: CS	Motcar #: 44517
Date Filed:	Docket #: TN-061083	Employee: CS

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 nonprofit corporation.

C/NPC#: (issued by the commission) C-905	WA UNIFIED BUSINESS IDENTIFIER (UBI)#: 600 263 085
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APPLICANT NAME: HOPE SOURCE	PHONE #: (509) 925-1448
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D/B/A OR TRADE NAME:	FAX #: (509) 925-1204
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E-MAIL ADDRESS: landerson@hopesource.us

BUSINESS (MAILING) ADDRESS: (Street Address, P.O. Box): 601 W. 5th — P.O. Box 680

(City, State, Zip) ELLENSBURG, WA. 98926

PHYSICAL ADDRESS: (Street Address, if different)

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

Name	Title	Address
SUSAN GRINDLE	EXECUTIVE DIRECTOR	
LARRY S. ANDERSON	TRANSPORTATION V.P.	1250 CLOCKUM RD

**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: KITITAS County Action Council  
CERTIFICATE NUMBER: C-905

**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 and License Number	Year and Make of Vehicle	Seating Capacity	Vehicle Identification Number (VIN#)
SEE ATTACHED LIST			

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

Describe the transportation service you will provide to persons with special transportation needs. Please include:

- > A description of the special transportation needs that exist
- > The source of your compensation and the stated purpose (for example, a grant from a federal, state, or local transit agency to purchase a vehicle for providing transportation; or from a for-profit corporation or other source that provides grants to charitable organizations for the purpose of providing general assistance or education to the hearing impaired)

WE PROVIDE TRANSPORTATION FOR THE DISABLED, ELDERLY, LOW-INCOME, YOUTH AND EMPLOYED BUT LACKING TRANSPORTATION, OF OUR COMMUNITY. FUNDING COMES FROM FEDERAL, STATE, AND LOCAL GRANTS.

As the 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 certify or declare under penalty of perjury under the laws of the state of Washington that the information contained in this application is true and correct.

Fanny Anderson Transportation U.P. 6/14/06  
Signature / Title Date

## PART - B

### SAFETY FITNESS SURVEY

**Instructions:** List the person and/or position responsible for understanding, maintaining, and complying with current Federal Motor Carrier Safety Regulations (FMCSR).

Copies of the FMCSR are available from several vendors. These include, but are not limited to:

U.S. Government Online Bookstore at <http://bookstore.gpo.gov>

Washington Trucking Associations, 30 South 336th St., Suite B, Federal Way, WA 98003, (253) 838-1650

J. J. Keller, P O Box 368, Neenah, WI 54957-0368, 1-800-558-5011

Willamette Traffic Bureau, 16303 NE Cameron Blvd., Portland, OR 97230, 1-800-727-7293

#### CONTROLLED SUBSTANCES AND ALCOHOL TESTING (PART 382)

Name: LARRY S. ANDERSON Position: TRANS. V.P.

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: EUGENE O'NEILL Position: DISPATCHER

Any driver who operates a vehicle that meets the definition of a commercial motor vehicle, **as described below**, must have a valid CDL. A commercial motor vehicle:

- Has a gross combined weight rating of 26,001 or more 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: SARAH LARUE Position: TRANS. OFFICE LEAD

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 49 CFR Part 391.51.

**DRIVERS HOURS OF SERVICE (PART 395)**

Name: MILLIE OLIVER Position: PAYROLL

Each company must maintain true and accurate hours of service records for each individual that drives a motor vehicle.  
Note: Reference 49 CFR Part 395.

**VEHICLE INSPECTION, REPAIR, AND MAINTENANCE (PART 396)**

Name: EUGENE ONEILL Position: DISPATCHER

49 CFR Part 396.11 requires that drivers prepare a written "Driver Vehicle Inspection Report" on each vehicle used each day.

Each motor carrier must maintain certain required records for each vehicle that include the following (see 49 CFR 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.

*As the applicant I understand the responsibilities of a motor carrier of passengers and I am in compliance with all safety requirements which apply to my operations.*

*Harry S. Anderson*  
Signature of Applicant

6/14/06  
Date

