

TN-080063

**RELEASE OF AUTHORITY FOR CANCELLATION**

TO: Washington Utilities and Transportation Commission  
Licensing Services  
P.O. Box 47250  
Olympia, WA 98504-7250  
(360) 664-1222 or fax @ (360) 586-1181

The undersigned, holder of Permit/certificate number(s):  
G \_\_\_\_\_ C -959 CH/ES \_\_\_\_\_  
CC \_\_\_\_\_ HG \_\_\_\_\_ TCC \_\_\_\_\_  
OTHER \_\_\_\_\_

Does hereby declare that the authority is no longer being used and is hereby surrendered to the Commission for cancellation. (Attach original permit or certificate, if available)

FOR COMPASS HEALTH

Tom [Signature]

12/27/07

SIGNATURE OF CARRIER

DATE

FOR COMPASS HEALTH

TOM SEBASTIAN, PRESIDENT/CEO

NAME OF CARRIER (Please print)

4613 FEDERAL AVENUE

ADDRESS

EVERETT, WA 98213

CITY-STATE-ZIP

(425) 349-8415

(AREA CODE) - PHONE NUMBER



STATE OF WASHINGTON

WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION

1300 S. Evergreen Park Dr. S.W., P.O. Box 47250 • Olympia, Washington 98504-7250  
(360) 664-1160 • TTY (360) 586-8203

June 20, 2007

Stephen Reinig  
Compass Health  
PO Box 3810  
Everett, WA 98213

**Re: Notice of Intent to Cancel Your Private Nonprofit Transportation Provider Certificate**

Dear Mr. Reinig:

In March 2006, the Washington Utilities and Transportation Commission (commission) conducted a survey of private nonprofit transportation providers. We received your response to the survey on April 14, 2006.

The survey listed the following questions:

1. Is your organization registered with the Secretary of State's office as a nonprofit corporation?
2. Does your organization transport passengers with special needs (i.e. clients that because of physical or mental disability, income status, or age are unable to transport themselves?)
3. Does your organization receive funding in the form of direct fares, contracts, grants for services or vehicles, or by other means, for the express purpose of providing transportation service?
4. Does your organization have ride share plates issued by Dept. of Licensing?

In order to qualify for a nonprofit transportation provider certificate from the commission, organizations must answer "yes" to questions one through three. Based on your responses to the survey, your organization does not qualify for a certificate (copy enclosed for your reference).

At this time, we request that you take one of two actions:

- Voluntarily cancel your certificate by completing and sending in the enclosed "Release of Authority for Cancellation" form; or
- Respond in writing providing sufficient documentation to support why your organization qualifies for a certificate.

If we do not receive the voluntary cancellation form or your response by July 5, 2007, we may seek a cancellation hearing before an administrative law judge. We also may pursue such



Compass Health

June 20, 2007

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litigation if the documentation you provide does not support your organization's qualification for a certificate.

Please direct your response to Betty Young, Compliance Specialist for Transportation Safety. If you have any questions, Ms. Young can be reached at 360-664-1202, or by e-mail at [byoung@utc.wa.gov](mailto:byoung@utc.wa.gov).

Sincerely,



Carole J. Washburn  
Executive Secretary

Enclosures



STATE OF WASHINGTON

WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION

1300 S. Evergreen Park Dr. S.W., P.O. Box 47250 • Olympia, Washington 98504-7250  
(360) 664-1160 • TTY (360) 586-8203

March 27, 2006

RECEIVED  
APR 06 2006  
WASH. UT. & TP. COMM

Subject: Survey of Nonprofit Transportation Providers

Dear Provider:

The commission is conducting a survey of all current and previously certificated private nonprofit transportation providers. Recent legal analysis of the law regarding certification of this group of transportation providers leads us to believe we need to gather more information about the industry.

Accordingly, please answer the following questions:

1. Is your organization registered with the Washington Secretary of State as a nonprofit corporation?

Yes  No

2. Does your organization transport passengers with special needs; clients that, because of physical or mental disability, income status, or age, are unable to transport themselves?

Yes  No

3. Does your organization receive funding in the form of direct fares, contracts, grants for services or vehicles, or by other means, for the express purpose of providing transportation service?

Yes  No

*not at this moment. We are in process of negotiating Medicaid Transportation contracts*

4. If your organization receives such funding, please identify from which source it is received and for what stated purpose (for example, a grant from a federal, state, or local transit agency to purchase a vehicle for the stated purpose of providing transportation; or from a for profit corporation or other source that provides grants to charitable organizations for the stated purpose of providing general assistance of education to the hearing impaired).

Funding received from \_\_\_\_\_

For the purpose of \_\_\_\_\_



Does your organization have ride share plates issued by the Department of Licensing?

Yes \_\_\_\_\_ No

5. Please provide the contact information for the person completing this survey.

Name Stephen Reinig

Title Contracts Manager

Organization Compass Health

E-mail address steve.reinig@compassh.org

Mailing address P.O. Box 3810 Everett, WA 98213

Telephone number ~~425-349-8425~~ 425-374-5629

Please return this survey form in the enclosed postage-paid envelope by April 10, 2006.

Thank you for your cooperation. If you have questions, please contact Sheri Hoyt, Business Practices Investigations, at 360-664-1149, or at [shoyt@wutc.wa.gov](mailto:shoyt@wutc.wa.gov).

Sincerely,



Carole J. Washburn  
Executive Secretary