

APPLICANT INFORMATION

Name of Applicant: SENIOR SERVICES

Trade Name(s) (if applicable): _____

<u>Mailing Address</u>		<u>Physical Address</u>	
Street	<u>2208 2nd Ave. #100</u>	Street	<u>"Same"</u>
City	<u>SEATTLE</u>	City	<u>"</u>
State/Zip	<u>WA / 98121</u>	State/Zip	<u>"</u>
Phone Number:	<u>206-448-5757</u>	Fax Number:	<u>206-448-5766</u>
UBI #:	<u>600185629</u>	E-Mail:	<u>davidc@seniorservices.org</u>

Principal Officers: (List names, titles, and addresses of two principal officer of the nonprofit corporation)

<u>Name</u>	<u>Title</u>	<u>Address</u>
<u>Denise Klein</u>	<u>Exec. Director</u>	<u>Same as Above</u>
<u>Tim Bridges</u>	<u>Exec. VP (CEO)</u>	<u>" " "</u>

List other certificates or permits held with the commission: None

List your USDOT # 2137862 (If you don't have one you can go online at www.fmcsa.dot.gov/online-registration or contact the Washington State Patrol at 360-596-3812 for assistance.)

EQUIPMENT LIST

(Attach additional sheets if necessary)

License Number	Year And Make Of Vehicle	Vehicle ID Number	Seating Capacity
	<u>Please See Attached</u>		

**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 services to
seniors in need.

We receive funding from grants and Metro.

Transfer of Certificate

Complete this section only 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 of Certificate: Senior Services of Seattle / King Co. Certificate No. C-001000

SAFETY AND OPERATIONS

In each of the categories shown below, list the person and position responsible for understanding and complying with the Federal Motor Carrier Safety Regulations (FMCSR) and Washington State laws and rules. Please refer to the WAC rules, fact sheets, and publication "Your Guide to Achieving a Satisfactory Safety Record".

SAFETY RESPONSIBILITIES	
<ul style="list-style-type: none"> ▪ COMMERCIAL DRIVER'S LICENSE (CDL) STANDARDS REQUIREMENTS AND PENALTIES (Title 49, Code of Federal Regulations Part 383). If you operate commercial motor vehicles, your drivers must have a valid CDL. ▪ DRIVER QUALIFICATION REQUIREMENTS (Title 49, Code of Federal Regulations Part 391). Each of your drivers must meet minimum qualification requirements. You must maintain driver qualification files for each driver. ▪ DRIVERS HOURS OF SERVICE (Title 49, Code of Federal Regulations Part 395). Each of your drivers must maintain hours of service logs. You must maintain true and accurate hours of service records for each driver. ▪ CONTROLLED SUBSTANCE AND ALCOHOL USE AND TESTING (Title 49, Code of Federal Regulations Part 382 and Part 40). If you operate commercial motor vehicles, your drivers must be in a Controlled Substance and Alcohol Use and Testing program. You must have a alcohol and controlled substances testing program. ▪ INSPECTION, REPAIR AND MAINTENANCE (Title 49, Code of Federal Regulations Part 396). You must systematically inspect, repair and maintain all motor vehicles. ▪ SAFETY REGULATIONS, GENERAL (Title 49, Code of Federal Regulations Part 390). You must follow safety regulations. ▪ DRIVING COMMERCIAL MOTOR VEHICLES (Title 49, Code of Federal Regulations Part 392). You must follow regulations for driving commercial motor vehicles. ▪ PARTS AND ACCESSORIES NECESSARY FOR SAFE OPERATION (Title 49, Code of Federal Regulations Part 393). You must maintain parts and accessories in safe condition. 	
Name: <u>Daisy Chew</u>	Position: <u>FACILITIES MANAGER</u>
OPERATIONAL RESPONSIBILITIES	
List the person and position responsible for understanding and complying with the requirements of each category shown below.	
ANNUAL REPORTS AND REGULATORY FEES. You must file an annual safety report and pay regulatory fees by December 31 of each year.	
Name: <u>Daisy Chew</u>	Position: <u>FACILITIES MANAGER</u>
STATE OF WASHINGTON GENERAL LAWS, RULES AND REGULATIONS. You must comply with the regulations of local, state, and federal agencies such as, <u>but not limited to:</u> Department of Labor and Industries, Department of Licensing, Secretary of State, Department of Revenue, Internal Revenue Service and Employment Security.	
Name: <u>Daisy Chew</u>	Position: <u>FACILITIES MANAGER</u>

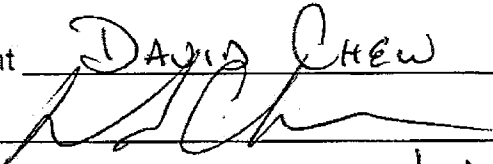
DECLARATION OF APPLICANT

I understand that the filing of this application does not in itself constitute authority to operate as a private, nonprofit transportation provider and that no operations may be conducted until a certificate is received from the commission.

As the applicant for a private, nonprofit transportation provider, I understand the responsibilities of a private, nonprofit transportation provider, and I am in compliance with all local, state, and federal regulations governing business in the state of Washington.

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

I certify that I am authorized to execute and file this document.

Printed name of applicant DAVID CHEW
Signature of applicant 
Date 9-21-2012 County, State king county, WA

2011 WUTC Vehicle list

Dept.	Year	Make	Model	Passengers	Vehicles
CASC	1995	Dodge	Van	15	1
VTS	1997	Dodge	Van	15	1
	1998	Dodge	Van	15	1
	2004	Ford	Van	15	1
	2006	Ford	Van	11	6
	2008	Ford	Van	15	11
	2009	Ford	Van	15	10
MCSC	2006	Ford	Van	12	1
B/NWSC	2004	Chevy	Van	15	1
SVSC	1998	Chevy	Van	8	1
SESC	1999	Chevy	Van	8	1
NSSC	1999	Chevy	Van	15	1
	2000	Ford	Van	15	3
	2002	Ford	Van	15	1
	2003	Ford	Van	15	1
	2005	Ford	Van	15	3
	2007	Ford	Van	15	3
	2009	Ford	Van	15	5
	2011	Ford	Van	15	4
				TOTAL	56

WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION

For the Operation of Motor Propelled Vehicles

pursuant to the provisions of Chapter 81 RCW

THIS IS TO CERTIFY that authority is granted to operate as a MOTOR CARRIER in the transportation of the commodities and in the territory described herein to

SENIOR SERVICES OF SEATTLE/KING COUNTY
1601 SECOND AVENUE #800
SEATTLE, WA 98101

CERT NO.
C-001000

Private, Non-profit Transportation Provider to operate motor vehicles in furnishing passenger and/or express service in the State of Washington.

M. V. C. NO. 2042

03-08-94

SERVICE DATE

MAY 11 2000

WASHINGTON UTILITIES AND TRANSPORTATION
COMMISSION

By

Atty Jaffer



wrong application

COMMON CARRIER OF PROPERTY
 (excluding Household Goods carriers and Brokers)

APPLICATION FOR CHANGE OF NAME OR BUSINESS STRUCTURE
FEE: \$50.00

Application for Change of Name or Business Structure may be used ONLY in the following circumstances:

- Changes of carrier's name, with no change in ownership or business structure.
- Change of business structure from individual to corporation to incorporate an individual's business when the individual is the majority stockholder or, by an individual to a partnership, when the individual is the majority partner or, from a corporation to a proprietorship of the majority shareholder or, by a partnership to a proprietorship of the majority partner.
- Change of name resulting from a change in business structure from a partnership to a corporation established to incorporate the partnership business, when the partners are the majority stockholders in the same proportionate ownership.
- Change of name resulting from a change in business structure from a corporation to another corporation where both corporations are wholly owned by the same stockholders in the same proportions.

TYPE OF PAYMENT

App. Code: 019563

Cash Check Money Order AMEX MasterCard Visa
 Exp Date
 Credit Card Information (if applicable) Month/Year

Amount \$ 50⁰⁰ COMPANY NAME: SENIOR SERVICES

CERTIFICATION: I, the undersigned, under penalty for false statement, certify that the following information is true and correct, that I am authorized to execute and file this document on behalf of the applicant, and that all information on file is current and valid.

Cardholder's signature: *[Signature]* Date 9-19-12

For Commission Use Only

111-2068-200-02	Received date:	ID:
039653 <i>\$50⁰⁰</i>		Insurance:

Holder of Permit CC- David Chen asks the UTC for authority to change the name of or the business structure of the carrier named below under 81.80 RCW and WAC 480-14 to:

NEW BUSINESS INFORMATION

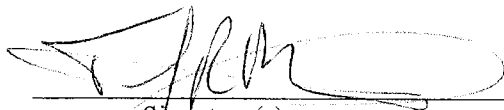
New Name: <u>SENIOR SERVICES</u>	Phone #: <u>206-448-5757</u>		
Trade Name: <u>SENIOR SERVICES</u>	Fax #: <u>206-448-5766</u>		
Mailing Address: <u>2208 2nd Ave</u>	Physical Address: (if different)		
Street/P.O. Box	Street		
City, State Zip <u>SEATTLE, WA 98121</u>	City, State Zip		
USDOT # _____ (If you don't have one, you can apply online at www.finesa.dot.gov/online-registration or contact 360-596-3812 for assistance.)			
Unified Business Identifier Number (UBI): <u>600185629</u>			
<input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Corporation - State of Incorporation <u>WA</u> (LP, LLP, LLC)			
<u>NAME</u>	<u>TITLE</u>	<u>ADDRESS</u>	<u>PERCENTAGE OF SHARES</u>
<u>Tim BRIDGES</u>	<u>EV/ICFO</u>	<u>2208 2ND AVE</u> <u>SEATTLE, WA 98121</u>	<u>N/A (NONPROFIT)</u>

CURRENT BUSINESS INFORMATION

Current Name: <u>SENIOR SERVICES of SEATTLE ^{King} CITY</u>	Phone #: <u>SAME AS ABOVE</u>		
Trade Name: <u>"</u>	Fax #: <u>"</u>		
Mailing Address: <u>SAME AS ABOVE</u>	Physical Address: <u>"</u>		
Street/P.O. Box <u>"</u>	Street <u>"</u>		
City, State Zip <u>"</u>	City, State Zip <u>"</u>		
<input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation (LP, LLP, LLC) State of Incorporation _____			
<u>NAME</u>	<u>TITLE</u>	<u>ADDRESS</u>	<u>PERCENTAGE OF SHARES</u>
<u>SAME AS ABOVE</u>			

CERTIFICATION: Carrier affirms that the change of name or business structure does not involve a change in ownership, management, or control of the operating authority. The undersigned applicant requests that the Commission enter an order granting its petition as provided in 81.80 RCW.

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.



 Signature(s)

09/19/12

 Date



CERTIFICATE OF LIABILITY INSURANCE

ID: SR
 DATE (MM/DD/YYYY)
 09/18/12

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Sprague Israel Giles 1501 Fourth Avenue, Suite 730 Seattle, WA 98101-3225 John M. Policar		206-623-7035 206-682-4993	CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL ADDRESS: PRODUCER CUSTOMER ID #: SENIO-2	FAX (A/C, No):
INSURED Senior Services 2208 2nd Avenue Seattle, WA 98121		INSURER(S) AFFORDING COVERAGE		NAIC #
		INSURER A: General Ins. Co. of America		24732
		INSURER B: American States Insurance Co.		19074
		INSURER C:		
		INSURER D:		
		INSURER E:		
		INSURER F:		

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

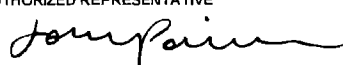
INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY		24CC27747530	01/01/12	01/01/13	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 200,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR					MED EXP (Any one person) \$ 10,000
						PERSONAL & ADV INJURY \$ 1,000,000
						GENERAL AGGREGATE \$ 3,000,000
						PRODUCTS - COMP/OP AGG \$ 3,000,000
						\$
B	AUTOMOBILE LIABILITY		01CH727660-50	01/01/12	01/01/13	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input type="checkbox"/> ANY AUTO					BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS					BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> SCHEDULED AUTOS					PROPERTY DAMAGE (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS					\$
	<input checked="" type="checkbox"/> NON-OWNED AUTOS					\$
						\$
	UMBRELLA LIAB	<input type="checkbox"/> OCCUR				EACH OCCURRENCE \$
	EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE				AGGREGATE \$
	DEDUCTIBLE					\$
	RETENTION \$					\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	<input type="checkbox"/> Y/N	24CC27747530 WA STOP GAP	01/01/12	01/01/13	WC STATUTORY LIMITS <input checked="" type="checkbox"/> OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> N/A				E.L. EACH ACCIDENT \$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
						E.L. DISEASE - POLICY LIMIT \$ 3,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Evidence Only

CERTIFICATE HOLDER

CANCELLATION

CERTIFICATE HOLDER	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE 

© 1988-2009 ACORD CORPORATION. All rights reserved.

Wyse, Lisa (UTC)

From: Leipski, Tina (UTC)
Sent: Wednesday, September 26, 2012 8:11 AM
To: Wyse, Lisa (UTC)
Subject: FW: Trade Names

Please add this to the application I gave you to docket.

Thanks!

From: David Chew [mailto:DavidC@seniorservices.org]
Sent: Tuesday, September 25, 2012 1:33 PM
To: Leipski, Tina (UTC)
Subject: Trade Names

I was reviewing the form and I don't believe you need the Governing People so the list of trade names are below.

Senior Services
Northshore Adult Day Health Center
Northshore Senior Center
Northwest Senior Activity Center
Senior Services Minor Home Repair
Sno-Valley Adult Day Health Center
Sno-Valley Senior Center
Southeast Seattle Senior Center

Thanks Again Tina!

David