

TC-131520



1300 S. Evergreen Park Dr. SW
 P.O. Box 47250
 Olympia, WA 98504-7250
 Phone: 360-664-1222
 Fax: 360-586-1181
 TTY: 360-586-8203
 or
 1-800-416-3289
 E-mail: Transportation@wutc.wa.gov

Type of Passenger Transportation Authority Requested (check one box)	Fee Required
<u>Auto Transportation Authority</u> <input checked="" type="checkbox"/> New Certificate (auto transportation company certificates include statewide charter and excursion carrier service if marked below) – Complete sections 1-8 and Attachment E. Submit a proposed tariff and time schedule. <p style="text-align: right;">Do you plan on providing charter/excursion service <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	\$ 200
<input type="checkbox"/> <u>Extension of Existing Auto Transportation Certificate No. C-</u> Complete sections 1-8. Submit a proposed tariff and time schedule.	\$ 150
<u>Transfer or Lease Auto Transportation Authority</u> – Complete sections 1-8 and Attachment B. <input type="checkbox"/> All of Certificate No. C- _____ <input type="checkbox"/> Portion of Certificate No. C- _____	\$ 200
<input type="checkbox"/> <u>Temporary Auto Transportation Authority</u> (New temporary authority or temporary authority to operate pending a commission decision on a parallel filed permanent application) – Complete sections 1-8 and Attachment A.	\$ 150
<input type="checkbox"/> <u>Mortgage of Certificate</u> – Complete section 1 and Attachment D.	\$ 35
<input type="checkbox"/> <u>Name Change</u> (Change company’s corporate name, change a trade name, add a new trade name, or change the surname of an individual owner or partner) – Complete section 1 and Attachment C.	\$ 35
<input type="checkbox"/> <u>Reinstatement of Cancelled Certificate</u> – Complete sections 1 and 8	\$200

TYPE OF PAYMENT:

Cash
 Check
 Money Order
 AMEX
 MasterCard
 Visa

Credit Card Information (if applicable):	Expiration Date Month/Year

Amount: \$ _____ Company Name: _____
 Cardholder’s signature: _____ Date: _____

FOR OFFICIAL USE ONLY			
Date Filed: 8/16/13	Docket #:	Motcar: 47848	Cert. Issued:
LS Staff Assigned:	Insurance: on file	Application:	Related App:
DOL/SOS: off	Tariff/Time Schedule:	Map:	
Text approved for docket:	Safety Inspection:	Reception #:	111 0268:
111-0268-232-02:	111-0268-232-01:	111-0268-230-02:	111-0268-230-01:

SECTION 1 – APPLICATION INFORMATION

Name of Applicant: People For People		
Trade Name(s) (if applicable):		
Unified Business Identification Number (UBI): 600-532-398 <i>02</i> (If you do not know your UBI number or need to request one contact the Business License Services at 1-800-451-7985)		
Phone Number: (509)-248-6726	Fax Number: (509)-457-7897	E-mail: rbiles@pfp.org
<u>Physical Address</u>		<u>Mailing address</u> (if different from Business Address)
Street: 304 W. Lincoln Ave.		Street: _____
City: Yakima		City: _____
State/Zip: WA, 98902		State/Zip: _____

SECTION 2 – COMPANY INFORMATION

Type of business structure:		
<input type="checkbox"/> Individual	<input type="checkbox"/> Partnership	<input checked="" type="checkbox"/> Corporation
<input type="checkbox"/> Other (LP, LLP, LLC) _____		
List the name, title, and percentage of partner's share or stock distribution for major stockholders:		
<u>Name</u>	<u>Title</u>	<u>Stock Distribution or Percentage of Shares</u>
N/A		

<p>Provide the following documents with your application:</p> <p><input checked="" type="checkbox"/> A map of the proposed line, route, or service territory that meets the standards described in WAC 480-30-051</p> <p><input type="checkbox"/> Support statements for temporary authority (if applicable)</p> <p>Describe the proposed service including the line, route, or service territory description in terms such as streets, avenues, roads, highways, townships, ranges, cities, towns, counties, or other geographic descriptions.</p> <p><u>Service originates in Grant county with stops at the Moses Lake Clinic, Columbia Basin Hospital in Ephrata, Quincy Valley Hospital and Wenatchee Valley Medical center in Chelan County via Highways 17,28 and 282. Routes use a number of city streets to access medical facility locations. See attached route directions.</u></p> <p>State the conditions that justify the granting of this application.</p> <p><u>Transportation services connect special needs populations with vital healthcare services not available in rural areas. The majority of passengers are undergoing cancer treatment only available in Wenatchee. PFP offers a significantly reduced fee to reduce financial train and stops directly at healthcare facilities. This service is funded by WSDOT grants and has offered service since 2004.</u></p> <p>Do other auto transportation companies currently provide service between any of the points or along any portion of the route you propose to serve?</p> <p><input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If yes, list the names and addresses of companies</p> <p><u>Northwestern Trailways - 300 S. Columbia St. Wenatchee, WA 98801</u></p>

What is your USDOT number? 2114249 (If you currently don't have a USDOT number, you can go online to www.fmcsa.dot.gov/online-registration to apply or call 360-596-3812 for assistance.)

Do you currently hold, or have you ever held, an auto transportation certificate?

No Yes If yes, please indicate your certificate number: C-_____

Have you ever applied for and been denied an auto transportation certificate?

No Yes If yes, please explain: _____

Have you been cited for violation of state laws or commission rules?

No Yes If yes, please explain: _____

SECTION 3 – TARIFF AND TIME SCHEDULE

If this application is for temporary authority, a new certificate, or extension of existing certificated authority, you must include a proposed tariff and time schedule that is in compliance with WAC 480-30-251 through WAC 480-30-436.

If this application is a transfer or a lease of authority from an existing certificate, you must either file a new tariff and time schedule at the same rate levels as on file, or you must adopt the current certificate holder's tariff and time schedule. To file a new tariff, use the standard tariff format attached to this application or an approved alternate format. Indicate which option you will use:

Adopt (Complete attachments _____) or File a new tariff

SECTION 4 – HEARING INFORMATION

If the Commission assigns this application for formal hearing, estimate the number of witnesses you will present and the amount of time you will need for your presentation.

Number of witnesses: 4 Amount of time: 30 minutes

Will an attorney be representing you? If yes, complete the following: N/A

Attorney's name: _____ Attorney's phone number: _____

Attorney's address: _____ Fax Number: _____

Street _____ E-mail: _____

City, State, Zip _____

SECTION 5 – FINANCIAL STATEMENT

You may attach a Balance Sheet, Profit and Loss Statement, or business plan if available.

ASSETS		LIABILITIES	
Cash in Bank	\$ 1,817,006	Salaries/Wages Payable	\$ 585,143
Notes Receivable	\$	Accounts Payable	\$ 1,287,972
Accounts Receivable	\$ 1,998,880	Notes Payable	\$
Investments	\$	Mortgages Payable	\$ 1,042,814
Other Current Assets	\$	Contracts and Bonds Payable	\$ 39,306
Prepaid Expenses	\$ 298,145	TOTAL LIABILITIES	\$ 2,955,235
Land and Buildings	\$ 2,442,956	NET WORTH	
Trucks and Trailers	\$	Preferred Stock	\$ 0
Office Furniture	\$	Common Stock	\$ 0
Other Equipment	\$	Retained Earnings	\$ 0
Other Assets	\$ 253,855	Capital	\$ 0
TOTAL ASSETS	\$ 6,810,842	TOTAL LIABILITIES AND NET WORTH	\$ 3,855,607

SECTION 6 – EQUIPMENT LIST

Describe the equipment that will be used (attach additional sheets if necessary). Vehicles must pass inspection and be issued a valid Commercial Vehicle Safety Alliance inspection decal for each motor vehicle before your application may be granted.				
Year	Make	License Number	Vehicle ID Number	Seating Capacity
TBD	TBD	TBD	TBD	TBD
			PPF will purchase vehicle.	

SECTION 7 – 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 Rating" for assistance with requirements.	
SAFETY RESPONSIBILITIES	
COMMERCIAL DRIVER'S LICENSE (CDL) STANDARDS REQUIREMENTS AND PENALTIES (Title 49, Code of Federal Regulations Part 383) Any driver who operates a vehicle that meets the definition of a commercial motor vehicle must have a valid CDL.	
Name: Reneé Biles	Position: Chief Operations Officer
DRIVER QUALIFICATION REQUIREMENTS (Title 49, Code of Federal Regulations Part 391) Driver's must meet minimum qualification requirements and each company must maintain driver qualification files for each driver.	
Name: Reneé Biles	Position: Chief Operations Officer
DRIVERS HOURS OF SERVICE (Title 49, Code of Federal Regulations Part 395) Drivers must maintain logs and each company must maintain true and accurate hours of service records for each driver.	
Name: Reneé Biles	Position: Chief Operations Officer
CONTROLLED SUBSTANCE AND ALCOHOL USE AND TESTING (Title 49, Code of Federal Regulations Part 382) All persons who drive commercial vehicles requiring a CDL must be in a Controlled Substance and Alcohol Use and Testing program that is in compliance with FMCSR in Title 49, Code of Federal Regulations Part 382 and Title 49, Code of Federal Regulations Part 40. Each company will have in place a system for complying with FMCSR governing alcohol use and controlled substances testing requirements (Title 49 Code of Federal Regulations Part 382 and Title 49 Code of Federal Regulations Part 40).	
Name: Reneé Biles	Position: Chief Operations Officer
INSPECTION, REPAIR AND MAINTENANCE (Title 49, Code of Federal Regulations Part 396) Every motor carrier shall systematically inspect, repair, and maintain all motor vehicles subject to its control.	
Name: Reneé Biles	Position: Chief Operations Officer
SAFETY REGULATIONS, GENERAL (Title 49, Code of Federal Regulations Part 390)	
Name: Reneé Biles	Position: Chief Operations Officer
DRIVING OF COMMERCIAL MOTOR VEHICLES (Title 49, Code of Federal Regulations Part 392)	
Name: Reneé Biles	Position: Chief Operations Officer
PARTS AND ACCESSORIES NECESSARY FOR SAFE OPERATION (Title 49, Code of Federal Regulations Part 393)	
Name: Reneé Biles	Position: Chief Operations Officer
OPERATIONAL RESPONSIBILITIES	
List the person and position responsible for understanding and complying with the requirements of each category shown below.	
TARIFFS, TIME SCHEDULES, RATES AND RATE FILINGS (WAC 480-30-251 through WAC 480-30-436) Companies must file a tariff showing all rates it will impose on its customers, together with rules that govern how rates will be assessed. Companies must also file a time schedule. Charter and excursion only carriers are not required to file tariffs and time schedules per WAC 480-30-251.	
Name: Reneé Biles	Position: Chief Operations Officer
ANNUAL REPORTS AND REGULATORY FEES (WAC 480-30-066 through WAC 480-30-081) Auto Transportation companies must file an annual report of their financial and operational activity and pay regulatory fees by May 1 of each year. Charter and excursion carriers must file an annual safety report and pay regulatory fees by December 31 of each year.	
Name: Reneé Biles	Position: Chief Operations Officer

CUSTOMER SERVICE Person responsible for customer service complaints, and customer notice requirements.	
Name: Reneé Biles	Position: Chief Operations Officer
STATE OF WASHINGTON GENERAL LAWS, RULES AND REGULATIONS Individuals and companies doing business in the state of Washington must comply with the regulations of local, state, and federal agencies such as, <u>but not limited to</u> : Department of Labor and Industries (industrial insurance, safety, prevailing wage); Department of Licensing (vehicle and drivers licenses, business licensing, fuel permits, fuel tax); Secretary of State (corporate registrations); Department of Revenue and Internal Revenue Service (taxes); and Employment Security.	
Name: Reneé Biles	Position: Chief Operations Officer

SECTION 8 – DECLARATION OF APPLICANT:

I understand that filing this application **does not** authorize me to start operations requested or in the territory described until the commission grants the application and issues a certificate.

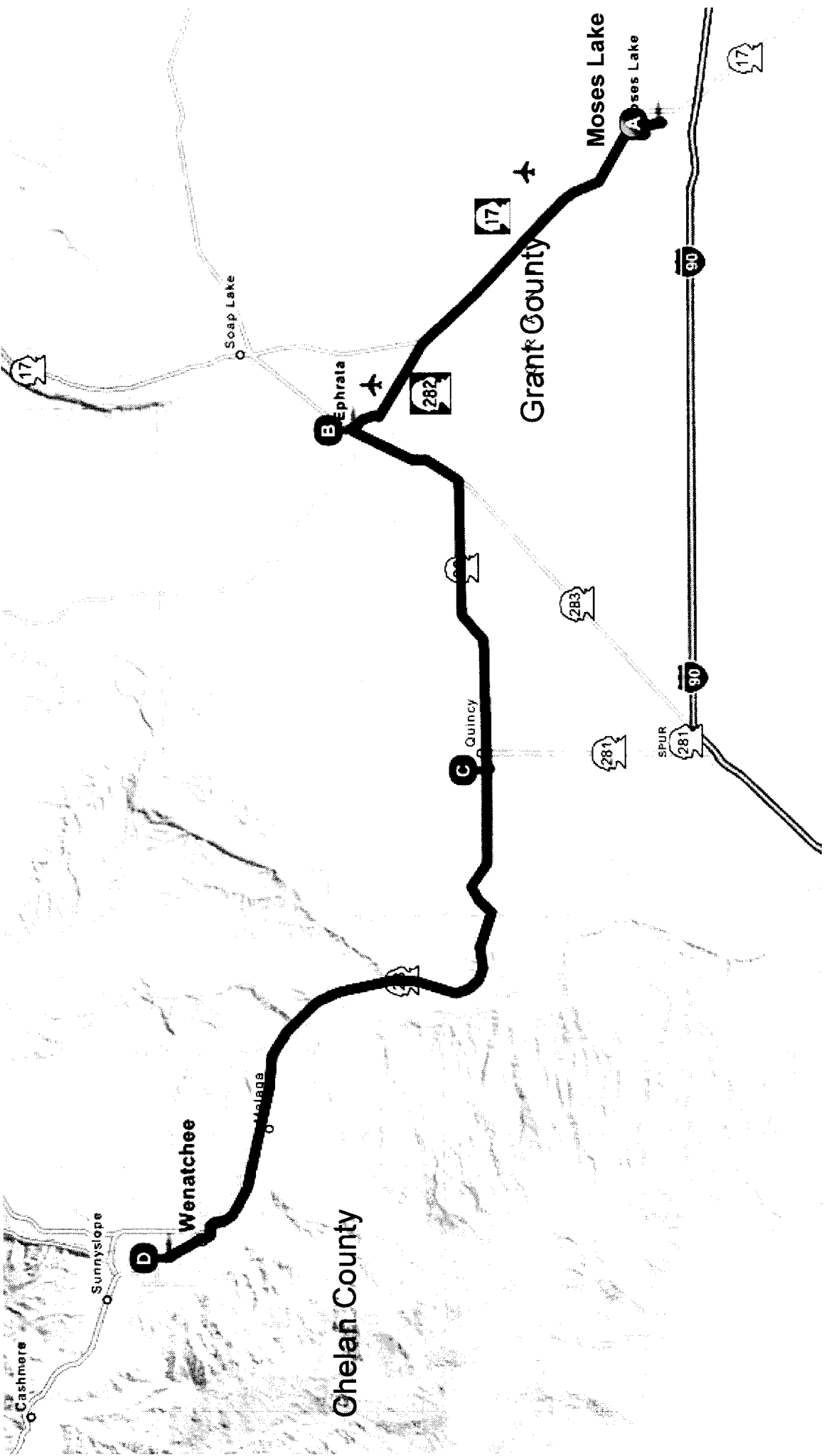
I understand the responsibilities of a passenger transportation company, and I am in compliance with all local, state, and federal regulations governing business in the state of Washington.

I certify under penalty for false statement, that the information contained in this application is true and correct, and that I am authorized to execute and file this document on behalf of the applicant.

Printed name: Madelyn Carlson, CEO

Signature: *Madelyn Carlson*

Date, County, State: 8-14-13 Yakima County, WASHINGTON



Gheelan County

Grant County

Wenatchee

Moses Lake

Ephrata

Quincy

Malaga

Sunnyslope

Cashmere

Soap Lake

SPUR 281

90

90

283

282

17

17

17

Notes













Trip to:

820 N Chelan Ave

Wenatchee, WA 98801-2028









70.43 miles / 1 hour 33 minutes

A **840 E Hill Ave, Moses Lake, WA 98837-2238**

-  1. Start out going **west** on **E Hill Ave** toward **S Juniper Dr.** [Map](#) **0.1 Mi**
0.1 Mi Total
-   2. Take the 2nd **right** onto **S Pioneer Way / I-90-BL.** Continue to follow **I-90-BL.** [Map](#) **1.1 Mi**
1.2 Mi Total
-  3. Turn **right** onto **N Stratford Rd.** [Map](#) **0.9 Mi**
2.1 Mi Total
-   4. Merge onto **WA-17 N** via the ramp on the **left.** [Map](#) **13.0 Mi**
15.0 Mi Total
-   5. **WA-17 N** becomes **WA-282.** [Map](#) **3.8 Mi**
18.8 Mi Total
-  6. Turn **right** onto **Nat Washington Way.** [Map](#) **1.3 Mi**
20.1 Mi Total
-  7. **200 NAT WASHINGTON WAY** is on the **left.** [Map](#)


A to B Travel Estimate: 20.13 mi - about 28 minutes

B **200 Nat Washington Way, Ephrata, WA 98823-1982**

-  1. Start out going **northwest** on **Nat Washington Way** toward **A St SE.** [Map](#) **0.03 Mi**
20.2 Mi Total
-  2. **Nat Washington Way** becomes **3rd Ave SW.** [Map](#) **0.1 Mi**
20.3 Mi Total
-   3. Turn **left** onto **WA-28.** [Map](#) **5.3 Mi**
25.5 Mi Total
-   4. Turn **right** to stay on **WA-28.** [Map](#) **13.0 Mi**
38.6 Mi Total
-  5. Turn **left** onto **10th Ave SW.** [Map](#) **0.1 Mi**
38.7 Mi Total
-  6. **908 10TH AVE SW** is on the **left.** [Map](#)



B to C Travel Estimate: 18.59 mi - about 25 minutes

C 908 10th Ave SW, Quincy, WA 98848-1376



 1. Start out going **north** on **10th Ave SW** toward **H St SW**. [Map](#) **0.1 Mi**
38.9 Mi Total

  2. Turn **left** onto **WA-28**. [Map](#) **28.8 Mi**
67.7 Mi Total

  3. Stay **straight** to go onto **WA-285**. [Map](#) **0.7 Mi**
68.4 Mi Total

  4. Turn **right** onto **S Mission St / WA-285 N**. [Map](#) **2.0 Mi**
70.3 Mi Total

 5. Turn **left** onto **9th St**. [Map](#) **0.06 Mi**
70.4 Mi Total

  6. Take the 1st **left** onto **N Chelan Ave / WA-285 S**. [Map](#) **0.06 Mi**
70.4 Mi Total

 7. **820 N CHELAN AVE** is on the **right**. [Map](#)

C to D Travel Estimate: **31.71 mi - about 39 minutes**

D 820 N Chelan Ave, Wenatchee, WA 98801-2028

TIME SCHEDULE NUMBER 1

 Cancels

 Time Schedule Number

 of

 Company Name: People For People

 Certificate Number: C-00932

 Address: 304 W. Lincoln Ave.

 City/State/Zip: Yakima, WA 98902

TERRITORY:

From Moses Lake to Wenatchee, Washington.

BY THE FOLLOWING ROUTE:

From Moses Lake to Wenatchee with stops in Ephrata and Quincy at healthcare facilities via Highways 17, 282 and 28.

FROM: TO: DEPARTURE TIMES: MILEAGE:

Moses Lake	TO	Wenatchee	(8:00am)	20 Miles
Wenatchee	TO	Ephrata	(8:30am)	19 Miles
Ephrata	TO	Quincy	(9:00am)	32 Miles
Quincy	TO	Wenatchee	(10:00am)	31 Miles

Issue Date: Effective Date:

Issued by:

(For Official Use Only)

Effective: TC- LSN

Order/Other By:

TARIFF NO. 1

Cancels

TARIFF NO.

of

Company Name: People For People

Certificate Number: C-00932

For the transportation of special needs passengers in the following territory:

Moses Lake (Moses Lake Clinic) to Wenatchee (Wenatchee Valley Medical Center) with stops in Ephrata (Columbia Basin Hospital) and Quincy (Quincy Valley Hospital).

Issued by:

Name: People For People

Address: 304 W. Lincoln Ave.

City, State/Zip: Yakima, WA 98902

Telephone No: (509) 248-6726

Fax No.: (509) 457-7897

Issue Date: Effective Date:

(For Official Use Only)

Effective: TC- LSN

Order/Other By:

Tariff No. ___1___ Revised Page No. _____

Company Name:

RATE SCHEDULE

This service is made possible by funding through a Washington State Department of Transportation (WSDOT) grant. PFP provides reduced fares by covering the majority of passenger fares with funding from WSDOT.

People For People will charge \$1.50 per one-way trip or \$3.00 round trip regardless of boarding and destination locations.

Fares may be paid in cash or by check.

Issue Date: Effective Date

Issued By:

(For Official Use Only)

Effective: TC- LSN

Order/Other By:

Tariff No. _____ Revised Page No. _____

Company Name: _____

PASSENGER RULES

Passengers are asked to respect the rights of other riders and follow the rules below. Violators may be subject to exclusion from services. Prohibited conduct includes, but is not limited to:

1. Discarding litter other than in designated receptacles
2. Distracting or disturbing drivers
3. Disturbing other riders with loud, harmful or harassing behaviors
4. Using profanity
5. Eating or Drinking on the bus
6. Destroying or otherwise damaging People For People property
7. Using tobacco
8. Consuming alcoholic beverages or controlled substances
9. Carrying weapons
10. Playing music that can be heard by others

Issue Date: Effective Date:

Issued By:

(For Official Use Only)

Effective: TC- LSN

Order/Other By:

Non Profit Insurance Program

CERTIFICATE OF INSURANCE

Issue Date: 05/23/2013

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONVEYS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT 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 SUBROGRATION IS WAIVED, subject to the terms and conditions of the policy, certain coverage may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	COMPANIES AFFORDING COVERAGE
Canfield 451 Diamond Drive Ephrata, WA 98823	GENERAL LIABILITY American Alternative Insurance Corporation AUTOMOBILE LIABILITY American Alternative Insurance Corporation
INSURED	
People For People 302 West Lincoln Avenue Yakima, WA 98902	PROPERTY American Alternative Insurance Corporation Torus Specialty Insurance Company MISCELLANEOUS PROFESSIONAL LIABILITY

COVERAGES


THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE COVERAGE PERIOD INDICATED, NOT WITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF 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.

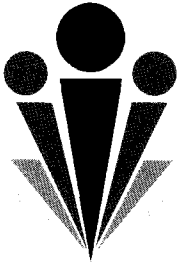
TYPE OF INSURANCE	POLICY NUMBER	POLICY EFF DATE	POLICY EXP DATE	DESCRIPTION	LIMITS
GENERAL LIABILITY					
COMMERCIAL GENERAL LIABILITY OCCURRENCE FORM INCLUDES STOP GAP	N1-A2-RL-0000013-05	06/01/2013	06/01/2014	PER OCCURRENCE PER MEMBER AGGREGATE PRODUCT-COMP/OP PERSONAL & ADV. INJURY ANNUAL POOL AGGREGATE	\$5,000,000 \$10,000,000 \$5,000,000 \$5,000,000 \$50,000,000
(LIABILITY IS SUBJECT TO A \$50,000 SIR PAYABLE FROM PROGRAM FUNDS)					
AUTOMOBILE LIABILITY					
ANY AUTO	N1-A2-RL-0000013-05	06/01/2013	06/01/2014	COMBINED SINGLE LIMIT ANNUAL POOL AGGREGATE	\$5,000,000 NONE
(LIABILITY IS SUBJECT TO A \$50,000 SIR PAYABLE FROM PROGRAM FUNDS)					
PROPERTY					
	N1-A2-RL-0000013-05 47192A122ALI	06/01/2013	06/01/2014	ALL RISK PER OCC EXCL EQ & FL EARTHQUAKE PER OCC FLOOD PER OCC ANNUAL POOL AGGREGATE	\$50,000,000 EXCLUDED EXCLUDED NONE
(PROPERTY IS SUBJECT TO A \$50,000 SIR PAYABLE FROM PROGRAM FUNDS)					
MISCELLANEOUS PROFESSIONAL LIABILITY					
		06/01/2013	06/01/2014	PER CLAIM ANNUAL POOL AGGREGATE	
(LIABILITY IS SUBJECT TO A SIR PAYABLE FROM PROGRAM FUNDS)					

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / SPECIAL ITEMS

Evidence of Insurance.

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

CERTIFICATE HOLDER	AUTHORIZED REPRESENTATIVE
People for People 302 West Lincoln Ave Yakima, WA 98902	



August 14, 2013

Washington State Utilities and Transportation Commission
1300 S. Evergreen Park Drive S.W.
PO Box 47250
Olympia, WA 98504-7250

To Whom It May Concern:

Please find enclosed the Auto Transportation Certificate Application filed by People For People. PFP transportation services connect special needs populations with vital healthcare services not available in rural towns. This service is funded primarily by a grant from Washington State Department of Transportation and has been in operation since 2004 in partnership with Grant Transit Authority. People For People currently possesses a non-profit certification and operates under WSDOT funding. PFP is requesting exemption from Auto Transportation Certification to continue providing the service.

Please feel free to contact me if you have questions regarding the application or request for exemption.

Sincerely,

Madelyn Carlson, CEO
People For People