

TN-131591



RECEIVED

AUG 29 2013

WASH. UT. & TP. COMM

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
1-800-416-5289
e-mail: Transportation@utc.wa.gov

PRIVATE NONPROFIT TRANSPORTATION PROVIDERS
CERTIFICATE APPLICATION

Private Nonprofit Transportation Provider Certificate Fee Required
Application fee \$50.00
New Certificate - If you are applying for an initial certificate.
Reinstate Certificate - If you are applying to reactivate a certificate which has been canceled.
Transfer Certificate - If you are applying to transfer an existing certificate to a new corporation or a new corporate name. (see section regarding "Transfer of Certificate")
C-939 transfer from Paulouse Industries
TYPE OF PAYMENT
Cash Check Money Order AMEX MasterCard Visa
Exp Date Month/Year
Amount \$ 50.00 Company Name: Boost Collaborative
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: Date:
(For Commission Use Only) 111 0268 231 02 50.00
04557 CK #17803
Date Filed: 8/29/13
Company ID: 17459
Docket TN--
Insurance:
Safety Inspection:
DOL/SOS: OK OK
Certificate Issued: NPC-

## APPLICANT INFORMATION

Name of Applicant: Boost Collaborative

Trade Name(s) (if applicable): \_\_\_\_\_

Mailing Address

Physical Address

Street 1235 SE Professional Mall Blvd

Street 1235 SE Professional Mall Blvd

City Pullman

City Pullman

State/Zip WA 99163

State/Zip WA 99163

Phone Number (509) 332-6561

Fax Number (509) 332-3838

UBI #: 600 082 939

E-Mail: ehoyle@boostcollaborativewa.org

**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>Eric Hoyle</u>	<u>Executive Director</u>	<u>1235 SE Prof Mall Blvd, Pullman, WA 99163</u>
<u>Shanna Larson</u>	<u>Board of Director's President</u>	<u>1165 S Grand Ave #107, Pullman, WA 99163</u>

List other certificates or permits held with the commission: \_\_\_\_\_

List your USDOT #2410908 (If you don't have one you can go online at [www.fmcsa.dot.gov/online-registration](http://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
B82695G	2000 Ford	1FMNE31S1YHB66660	7

**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).

Description: Transportation of workers with disabilities to and from workplace(s).

Source of Compensation & Stated Purpose: Grants funded by DSHS, DDD, and DVR.

Contracted provider of vocational services to adults with disabilities.

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**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: Palouse Industries Certificate No. WUTC-C939



## **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".

<b><u>SAFETY RESPONSIBILITIES</u></b>	
<ul style="list-style-type: none"> <li>▪ <b>COMMERCIAL DRIVER'S LICENSE (CDL) STANDARDS REQUIREMENTS AND PENALTIES</b> (Title 49, Code of Federal Regulations Part 383). If you operate commercial motor vehicles, your drivers must have a valid CDL.</li> <li>▪ <b>DRIVER QUALIFICATION REQUIREMENTS</b> (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.</li> <li>▪ <b>DRIVERS HOURS OF SERVICE</b> (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.</li> <li>▪ <b>CONTROLLED SUBSTANCE AND ALCOHOL USE AND TESTING</b> (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.</li> <li>▪ <b>INSPECTION, REPAIR AND MAINTENANCE</b> (Title 49, Code of Federal Regulations Part 396). You must systematically inspect, repair and maintain all motor vehicles.</li> <li>▪ <b>SAFETY REGULATIONS, GENERAL</b> (Title 49, Code of Federal Regulations Part 390). You must follow safety regulations.</li> <li>▪ <b>DRIVING COMMERCIAL MOTOR VEHICLES</b> (Title 49, Code of Federal Regulations Part 392). You must follow regulations for driving commercial motor vehicles.</li> <li>▪ <b>PARTS AND ACCESSORIES NECESSARY FOR SAFE OPERATION</b> (Title 49, Code of Federal Regulations Part 393). You must maintain parts and accessories in safe condition.</li> </ul>	
Name: Eric Hoyle	Position: Executive Director
<b><u>OPERATIONAL RESPONSIBILITIES</u></b>	
List the person and position responsible for understanding and complying with the requirements of each category shown below.	
<b>ANNUAL REPORTS AND REGULATORY FEES.</b> You must file an annual safety report and pay regulatory fees by December 31 of each year.	
Name: Eric Hoyle	Position: Executive Director
<b>STATE OF WASHINGTON GENERAL LAWS, RULES AND REGULATIONS.</b> 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: Eric Hoyle	Position: Executive Director

**DECLARATION OF APPLICANT**

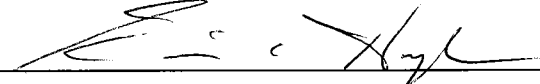
I understand that the filing of this application does not in itself constitute authority to operate as a private, nonprofit transportation provider and that no operations may be conducted until a certificate is received from the commission.

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 Eric Hoyle, Executive Director

Signature of applicant  \_\_\_\_\_

Date 8/27/13 County, State Whitman, Washington

# Non Profit Insurance Program

## CERTIFICATE OF INSURANCE

Issue Date: 05/24/2013

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	<b>GENERAL LIABILITY</b> American Alternative Insurance Corporation  <b>AUTOMOBILE LIABILITY</b> American Alternative Insurance Corporation
INSURED	
Boost Collaborative 1235 SE Professional Mall Pullman, WA 99163	<b>PROPERTY</b> American Alternative Insurance Corporation Torus Specialty Insurance Company  <b>MISCELLANEOUS PROFESSIONAL LIABILITY</b>

**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
<b>GENERAL LIABILITY</b>					
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)					
<b>AUTOMOBILE LIABILITY</b>					
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)					
<b>PROPERTY</b>					
	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)					
<b>MISCELLANEOUS PROFESSIONAL LIABILITY</b>					
		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
Palouse Industries 1235 SE Professional Mall Blvd. Pullman, WA 99163	