



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
<p>Application fee <i>Northshore Senior Center</i> \$50.00</p> <p><input checked="" type="checkbox"/> <u>New Certificate</u> – If you are applying for an initial certificate</p> <p><input type="checkbox"/> <u>Reinstate Certificate</u> – If you are applying to reactivate a cancelled certificate.</p> <p><input type="checkbox"/> <u>Transfer Certificate</u> – If you are applying to transfer an existing certificate to a new corporation or a new corporate name. See below:</p> <p align="center"><u>Transfer of Certificate</u></p> <p>Complete this section only if you are transferring an existing certificate to a new corporation or if you are changing your corporate name. List the name of the <u>current</u> certificate holder and the certificate number to be transferred. If this section is not complete, we will issue a new certificate number instead of reissuing the existing certificate.</p> <p>Name on Certificate: _____ Certificate No. _____</p>	

(For Official Use Only) 111 0268 231 02	Company ID: <i>17491</i>	Docket TN-
Receipt #:	Insurance:	Safety Inspection:
Date Filed: <i>2/26/16</i>	DOL/SOS: <i>ajaw</i>	Certificate Issued: NPC-

#605883

APPLICANT INFORMATION

Name of Applicant: Northshore Senior Center

Trade Name(s) (if applicable): _____

Mailing Address

Physical Address (if different from mailing)

Street: 10201 East Riverside Drive Street: _____

City: Bothell City: _____

State/Zip WA, 98011 State/Zip _____

Phone Number: 425-286-1026 Fax Number: 425-487-3191

UBI #: 601740954 E-Mail: jims@mynorthshore.org

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

<u>Name</u>	<u>Title</u>	<u>Address</u>
<u>Patricia Parkhurst</u>	<u>President, Board of Directors</u>	<u>10201 E Riverside Dr, Bothell WA 98011</u>
<u>Danette Klemens</u>	<u>Executive Director</u>	<u>10201 E Riverside Dr, Bothell WA 98011</u>

List other certificates or permits held with the commission: _____

List your USDOT # 2858222 If you don't have a DOT# you can go online at www.fmcsa.dot.gov/online-registration or contact the Washington State Patrol at 360-596-3810 for assistance.

EQUIPMENT LIST

(Attach additional sheets if necessary)

License Number	Year And Make Of Vehicle	Vehicle ID Number	Seating Capacity
<i>Please see attached inventory</i>			

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".

<u>SAFETY RESPONSIBILITIES</u> <u>49 CFR Parts 300 - 399</u>	
<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: James Seek	Position: Transportation Manager
<u>OPERATIONAL RESPONSIBILITIES</u>	
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: James Seek	Position: Transportation Manager
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: James Seek	Position: Transportation Manager

**Public Transportation Management System
Owned Rolling Stock Inventory & Verification of Continued Use**

I hereby certify that all information reported in the inventories reflects true, accurate and complete information for the agency/organization listed and that project equipment purchased through a state or federal grant agreement is still being used in accordance with the terms and conditions of the grant agreement.

David S. Sub TRANSFORMATION LLC 1/4/16
Signature and Title Date

Agency/Organization: Northshore Senior Center
Date: 1/1/2016

	Year/Make/Model	Vehicle Code	Vehicle Identification Number (VIN)	Agency Vehicle Number	Current Odometer	Condition (points)	Age (years)	Remaining Useful Life (years)	Replacement Cost \$	ADA Access (yes/no)	Seating Capacity	Fuel Type	WSDOT Title (yes/no)
1.	1999 Chevrolet Astro Van	13	1GNDM19W5XB184571	8000	104,632	50-70	17	0	\$33,125	No	8	G	No
2.	2000 Ford ClubWagon	13	1FBSS31S9YHB22328	8973	52,750	50-70	16	1	\$33,125	No	15	G	No
3.	2005 Ford VanTerra	11	1FDSE36LX5HB01503	9380	35,123	80-90	11	6	\$56,700	No	14	G	No
4.	2005 Ford StarTrans	11	1FDXE45S44HB55557	285	169,365	50-70	11	1	\$63,505	Yes	14+0,4+4	G	No
5.	2005 Ford StarTrans	11	1FDXE45S25HB39505	819	145,537	80-90	11	1	\$63,505	Yes	14+0,4+4	G	No
6.	2007 Ford Starcraft	11	1FDXE45S77DA78940	853	161,206	50-70	9	3	\$63,505	Yes	12+0,4+4	G	No
7.	2007 Ford Starcraft	11	1FDXE45S07DA78942	863	124,390	50-70	9	3	\$63,505	Yes	12+0,4+4	G	No
8.	2009 Ford Eldorado	11	1FDXE45S19DA17369	901	113,089	100	7	5	\$63,505	Yes	12+0,4+4	G	No
9.	2009 Ford Eldorado	11	1FDXE45S39DA03182	902	99,071	80-90	7	5	\$63,505	Yes	12+0,4+4	G	No
10.	2009 Ford Eldorado	11	1FDXE45S59DA03183	903	113,482	**	7	5	\$63,505	Yes	12+0,4+4	G	No
11.	2009 Ford Eldorado	11	1FDXE45S69DA47273	904	105,922	100	7	5	\$63,505	Yes	12+0,4+4	G	No
12.	2009 Ford Eldorado	11	1FDXE45S89DA17370	905	137,069	80-90	7	5	\$63,505	Yes	12+0,4+4	G	No
13.	2009 Ford Eldorado	11	1FCFE45S29DA47268	906	145,528	80-90	7	5	\$63,505	Yes	12+0,4+4	G	No
14.	2009 Ford Eldorado	11	1FDXE45S29DA47271	907	167,075	50-70	7	5	\$63,505	Yes	12+0,4+4	G	No
15.	2011 Ford Goshen	11	1FDEE3FS9BDA73487	1100	68,967	50-70	5	7	\$50,552	Yes	8+1, 2+2	G	Yes
16.	2011 Ford Goshen	11	1FDEE3FL7BDA73481	1101	73,043	100	5	7	\$50,552	Yes	8+1	G	Yes
17.	2011 Ford Goshen	11	1FDXE4FS6BDA60021	1102	67,261	80-90	5	7	\$61,677	Yes	12+0,4+4	G	Yes
18.	2011 Ford Goshen	11	1FDXE4FS2BDA60355	1103	76,954	100	5	7	\$61,677	Yes	12+0,4+4	G	Yes
19.	2011 Ford Goshen	11	1FDXE4FS0BDA60354	1104	59,201	80-90	5	7	\$61,677	Yes	12+0,4+4	G	Yes
20.	2011 Ford Goshen	11	1FDEE3FS4BDA97227	1105	100,752	80-90	5	7	\$61,677	Yes	12+0,4+4	G	Yes

** Out-of-service: undergoing major accident repairs

**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).

Northshore Senior Center has been affiliated with, and providing transportation under the license of Senior Services of Seattle/King County (now Sound Generations) – WUTC #C-001000.

However, Northshore Senior Center is returning to being an independent non-profit agency.

We provide transportation to seniors, persons with disabilities, and persons with low incomes in North King and South Snohomish Counties to medical appointments, to our senior centers and adult day center, and to shopping and recreational activities. We provide service in rural areas not served by public transit, as well as cross-county boundary trips that avoid transfers for individuals with complex physical and cognitive disabilities.

Our funding includes contracts with King County Metro, City of Kirkland, and the Hopelink Medicaid Brokerage, as well as grants from Puget Sound Regional Council and the Cities of Bothell, Kenmore and Woodinville.

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 James F. Seeks Title Transportation Manager

Signature of applicant _____

James F. Seeks

Date 2/25/2016

County, State King, Washington

QUESTIONNAIRE

To determine whether you need a private nonprofit transportation provider certificate, answer the following questions:

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

Yes No

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

Yes No

3. Does your organization receive compensation from direct fares, contracts, grants, or by other means, for the express purpose of providing transportation services?

Yes No

If you answered "Yes" to the above questions, you need to apply for a certificate to operate as a private, nonprofit transportation provider.

If you answered "No" to any of the questions, you do not need to obtain a certificate to operate as a private, nonprofit transportation provider from our agency.

This is a "printer friendly" page. Please use the "print" option in your browser to print this screen.



Washington, State of - Utilities & Transportation Commission

Utilities & Transportation Commission POS

Confirmation Number: 665883
 Payment Date: Friday, February 26, 2016
 Payment Time: 07:36AM PT

Payer Information

First Name: James Seek
 Street Address: 10201 East Riverside Drive
 Town/City: Bothell, WA 98011
 Country: United States
 Daytime Phone Number: (425) 286 - 1026
 E-mail Address: jims@mynorthshore.org
 Company Name-If not a Company, provide name of Payee: Northshore Senior Center
 Payment Menu : Application Fees
 Payment Menu - Additional Payment: Application Types (If Applicable): Private Nonprofit

Card Information

Card Type: MasterCard
 Card Number: *****1877
 Expiration Date: 04/2017
 Card Verification Number: ****

Payment Information

Payment Type: Utilities & Transportation Commission POS
 Payment Amount: \$50.00
 Convenience Fee: \$3.95
 Total Payment: \$53.95

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