

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 <u>Fee Required</u>											
Application fee \$50.00											
☐ New Certificate — If you are applying for an initial certificate											
elled certificate.	<u>e</u> – If you are applying to reacti	☐ Reinstate Certificate –									
g certificate to a new	— If you are applying to transfe w corporate name. See below:	Transfer Certificate – If corporation or a new co									
Transfer of Certificate											
Complete this section only if you are transferring an existing certificate to a new orporation or if you are changing your corporate name. List the name of the <u>current</u> ertificate holder and the certificate number to be transferred. If this section is not opposed we will issue a new certificate number instead of reissuing the existing											
UTC -C-601006		certificate.									
No. 🛞	ENIDE SERVICES	Name on Certificate: SE									
		102306-1									
160421	Company ID: 1588	HT SAN TO NOTE NOTE NOTE NOTE NOTE NOTE NOTE									
ction:	Insurance:										
sued: NPC-	DOL/SQS:										
s section is not g the existing  UTC -C -601  No. (30)	certificate holder and the certificate number to be transferred complete, we will issue a new certificate number instead of recertificate.  Name on Certificate: SENIDE SERVICES Certificate (For Official Use Only)   Company ID: TSSS   Dock 111 0268 231 02   Insurance: Safet										

## APPLICANT INFORMATION

Name of Applicant:	SOUND GE	verations		
Trade Name(s) (if appli	cable):			
Mailing Addr	ess	Physical Address (if o	different from mailing)	
Street: 2208	2nd ave	Street:		
city: SEatt	16	City:		
State/Zip_WQ_	98121	State/Zip		
Phone Number: 200	-727-6202 F	ax Number: 206 –	448-5766	/
UBI#: 600/8	5629 E-1	Mail: <u>IERRYMG</u>	448-5766 PSOUNDGENERAL	10115.
		sses of two principal offi		**)
Paula. L. Ho Joanne Don	USOM CEO JOHUE VP.	2208 2208	2nd ave	
List other certificates o	r permits held with the c	ommission:		
	ot.gov/online-registratio	If you don't ha n or contact the Washing		
	EQUIPIV	IENT LIST		
	(Attach additional	sheets if necessary)		
License Number	Year And Make Of Vehicle	Vehicle ID Number	Seating Capacity	

#### SAFETY AND OPERATIONS

In each of the categories shown below, list the person and position responsible for understanding and complying with the <u>Federal Motor Carrier Safety Regulations</u> (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 49 CFR Parts 3001-399

- 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.

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PARTS AND ACCESSORIES NECESSARY FOR SAFE	E OPERATION (Title 49, Code of Federal Regulations Part								
393). You must maintain parts and accessories in									
Name: Jane Docker	Position:								
	RESPONSIBILITIES								
HALL TO THE THE THE THE CHENATIONAL	WEDLOUGHER CO. L. ST. W. S. C.								
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: Tana Im	Position:								
STATE OF WASHINGTON GENERAL LAWS, RULES AN	ID REGULATIONS. You must comply with the regulations								
of local, state, and federal agencies such as, but not l									
Department of Licensing, Secretary of State, Department of Revenue, Internal Revenue Service and									
Employment Security.									
Name:	Position:								

Page 6 of 7

07-2015

### 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:
<ul> <li>□ A description of the special transportation needs that exist.</li> <li>□ 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).</li> </ul>
No harden
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.
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 Janne Done hve Title VP  Signature of applicant Arrow Oroka
Date 4-14-16 County, State Hing WA
77-2015 Page 7 of 7

07-2015

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### Washington, State of - Utilities & Transportation Commission

#### **Utilities & Transportation Commission POS**

**Confirmation Number:** 

Payment Date: Payment Time:

Friday, April 15, 2016

07:51AM PT

#### **Payer Information**

First Name:

Terry Morton

Street Address:

2208 2nd Ave

Town/City:

Seattle, WA 98121

Country:

**United States** 

Daytime Phone

Number:

(206) 727 - 6202

E-mail Address:

terrym@soundgenerations.org

Company Name-If not a

Company, provide

Sound Generations

name of Payee:

Payment Menu:

Application Fees

Payment Menu -

Additional Payment:

Application Types (If

Applicable):

Private Nonprofit

#### **Card Information**

Card Type:

Visa

Card Number:

\*\*\*\*\*\*\*\*\*\*\*7737

Card Verification

Number:

#### **Payment Information**

Payment Type:

**Utilities & Transportation Commission POS** 

Payment Amount:

\$50.00

Convenience Fee:

\$3.95

Total Payment:

\$53.95

Thank you for using Official Payments. If you have a question regarding your payment, please call us toll free at 1-866-621-4109. To make payments in the future, please visit our website at www.officialpayments.com.



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## Non Profit Insurance Program

## CERTIFICATE OF COVERAGE

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONVERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF COVERAGE DOES NOT CONSTITUE 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).

ERAL LIABILITY rican Alternative Insurance Corporation  OMOBILE LIABILITY rican Alternative Insurance Corporation
DMOBILE LIABILITY
rican Alternative Insurance Corporation
PERTY
rican Alternative Insurance Corporation, et al.
ELLANEOUS PROFESSIONAL LIABILITY
ceton Excess and Surplus Lines Insurance Company
s Specialty Insurance Company
inc

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	N1-A2-RL-0000013-07	06/01/2015	06/01/2016	PER OCCURRENCE	\$6,000,000
OCCURRENCE FORM				PER MEMBER AGGREGATE	\$10,000,000
INCLUDES STOP GAP				PRODUCT-CO MP/OP	\$6,000,000
				PERSONAL & ADV. INJURY	\$6,000,000
(LIABILITY IS SUBJECT TO A \$50,000	SIR PAYABLE FROM PRO	OGRAM FUNDS)		ANNUAL POOL AGGREGATE	\$50,000,000
AUTOMOBILE LIABILITY			1 211	THE PRESENT OF STATE OF THE PROPERTY.	
ANY AUTO	N1-A2-RL-0000013-07	06/01/2015	06/01/2016	COMBINED SINGLE LIMIT	\$6,000,000
(LIABILITY IS SUBJECT TO A \$50,000	SIR PAYABLE FROM PRO	OGRAM FUNDS)		ANNUAL POOL AGGREGATE	NONE
PROPERTY					THE RESERVE THE PARTY OF THE PA
	N1-A2-RL-0000013-07	06/01/2015	06/01/2016	ALL RISK PER OCC EXCL EQ & FL	\$75,000,000
				EARTHQUAKE PER OCC	EXCLUDED
				FLOOD PER OCC	EXCLUDED
(PROPERTY IS SUBJECT TO A \$50,00	00 SIR PAYABLE FROM P	ROGRAM FUNDS)		ANNUAL POOL AGGREGATE	NONE
MISCELLANEOUS PROFESSIONAL L	IABILITY				
	N1-A3-RL-0000060-07	06/01/2015	06/01/2016	PER CLAIM	\$2,000,000
(LIABILITY IS SUBJECT TO A \$50,000	SIR PAYABLE FROM PRO	OGRAM FUNDS)		ANNUAL POOL AGGREGATE	\$40,000,000
DESCRIPTION OF OPERATIONS / LOG	CATIONS / VEHICLES / SP	ECIAL ITEMS			
Evidence of Coverage only.					
Evidence of coverage only.					

#### 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
Sound Generations 2208 2nd Avenue Seattle, WA 98121	Venessa Brown