



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
<input type="checkbox"/> <u>New Certificate</u> – If you are applying for an initial certificate <input type="checkbox"/> <u>Reinstate Certificate</u> – If you are applying to reactivate a cancelled certificate. <input checked="" 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><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 <u>changing your corporate name</u>. 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 style="text-align: right;">UTC - C - 6010000</p> <p>Name on Certificate: <u>SENIOR SERVICES</u> Certificate No. <u>00</u></p>	

(For Official Use Only) 111 0268 231 02	Company ID: <u>11588</u>	Docket TN- <u>160421</u>
Receipt #:	Insurance:	Safety Inspection:
Date Filed: <u>4/15/14</u>	DOL/SOS: <u>OK/OK</u>	Certificate Issued: NPC-

APPLICANT INFORMATION

Name of Applicant: SOUND GENERATIONS

Trade Name(s) (if applicable): _____

Mailing Address

Physical Address (if different from mailing)

Street: 2208 2nd AVE Street: _____

City: Seattle City: _____

State/Zip: WA 98121 State/Zip: _____

Phone Number: 206-727-6202 Fax Number: 206-448-5766

UBI #: 600185629 E-Mail: FERRYM@SOUNDGENERATIONS.ORG

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

Name	Title	Address
<u>Paula L. Houston</u>	<u>CEO</u>	<u>2208 2nd AVE</u>
<u>JOANNE DONOHUE</u>	<u>V.P.</u>	<u>2208 2ND AVE</u>

List other certificates or permits held with the commission: _____

List your USDOT #: 2137862 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

attached

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 <u>49 CFR Parts 300-399</u>

- **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: <i>Jane Smith</i>	Position: <i>VP</i>
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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: <i>Jane Smith</i>	Position: <i>VP</i>
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STATE OF WASHINGTON GENERAL LAWS, RULES AND REGULATIONS. You must comply with the regulations of local, state, and federal agencies such as, but not limited to: Department of Labor and Industries, Department of Licensing, Secretary of State, Department of Revenue, Internal Revenue Service and Employment Security.

Name: <i>Jane Smith</i>	Position: <i>VP</i>
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**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).

No
name change only

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 Jeanne Donohue Title VP
Signature of applicant Jeanne Donohue
Date 4-14-16 County, State King, WA

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: 023067
 Payment Date: Friday, April 15, 2016
 Payment Time: 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 name of Payee: Sound Generations
 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

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Non Profit Insurance Program

CERTIFICATE OF COVERAGE

Issue Date: 03/30/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONVERTS 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 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 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 Clear Risk Solutions 451 Diamond Drive Ephrata, WA 98823	COMPANIES AFFORDING COVERAGE GENERAL LIABILITY American Alternative Insurance Corporation AUTOMOBILE LIABILITY American Alternative Insurance Corporation
INSURED Sound Generations 2208 2nd Avenue Seattle WA, 98121	PROPERTY American Alternative Insurance Corporation, et al. MISCELLANEOUS PROFESSIONAL LIABILITY Princeton Excess and Surplus Lines Insurance Company Torus Specialty Insurance Company
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-0000013-07	06/01/2015	06/01/2016	PER OCCURRENCE PER MEMBER AGGREGATE PRODUCT-COMP/OP PERSONAL & ADV. INJURY ANNUAL POOL AGGREGATE	\$6,000,000 \$10,000,000 \$6,000,000 \$6,000,000 \$50,000,000
(LIABILITY IS SUBJECT TO A \$50,000 SIR PAYABLE FROM PROGRAM FUNDS)					
AUTOMOBILE LIABILITY					
ANY AUTO	N1-A2-RL-0000013-07	06/01/2015	06/01/2016	COMBINED SINGLE LIMIT ANNUAL POOL AGGREGATE	\$6,000,000 NONE
(LIABILITY IS SUBJECT TO A \$50,000 SIR PAYABLE FROM PROGRAM FUNDS)					
PROPERTY					
	N1-A2-RL-0000013-07	06/01/2015	06/01/2016	ALL RISK PER OCC EXCL EQ & FL EARTHQUAKE PER OCC FLOOD PER OCC ANNUAL POOL AGGREGATE	\$75,000,000 EXCLUDED EXCLUDED NONE
(PROPERTY IS SUBJECT TO A \$50,000 SIR PAYABLE FROM PROGRAM FUNDS)					
MISCELLANEOUS PROFESSIONAL LIABILITY					
	N1-A3-RL-0000060-07	06/01/2015	06/01/2016	PER CLAIM ANNUAL POOL AGGREGATE	\$2,000,000 \$40,000,000
(LIABILITY IS SUBJECT TO A \$50,000 SIR PAYABLE FROM PROGRAM FUNDS)					
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / SPECIAL ITEMS					
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 Sound Generations 2208 2nd Avenue Seattle, WA 98121	AUTHORIZED REPRESENTATIVE 
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