

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>
<p>Application fee \$50.00</p> <p><u>New Certificate</u> – If you are applying for an initial certificate</p> <p><input checked="" 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 style="text-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: <u>Moses Lake Senior Apartments & Services</u> Certificate No. <u>1060</u></p>	

(For Official Use Only) 111 0268 231 02	Company ID:	Docket TN-
Receipt #: 06239 <small>check # 7634 \$50</small>	Insurance:	Safety Inspection:
Date Filed:	DOL/SOS:	Certificate Issued: NPC-

**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.

TYPE OF PAYMENT

Check Money Order

Amex Discover Mastercard Visa

Expiration Date _____

Credit Card # _____

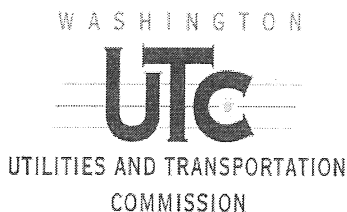
CERTIFICATION: I, the undersigned, under penalty for false statement, certify that the following information is true and correct, that I am authorized to execute and file this document on behalf of the applicant, and that all information on file is current and valid.

Company Name: Moses Lake Senior Opportunity and Services. INC

Name (printed): Carry M. Liles Date: June 06, 2017

Signature: *Carry M Liles* Title: General Manager

If paying by credit card, fax your application to 360-586-1181 or scan and email to transportation@utc.wa.gov.



APPLICANT INFORMATION

Name of Applicant: Moses Lake Senior Opportunity & Service, INC _____

Trade Name(s) (if applicable) _____ : Emergency Transport _____

Mailing Address

Physical Address (if different from mailing)

Street-----608 East Third Avenue----- Street: 608 East Third Avenue

City: Moses Lake City: Moses Lake

State/Zip WA, 98837 State/Zip WA, 98837

Phone Number: 509-765-7809 Fax Number: 509-765-7809

UBI #: 600-084-307 E-Mail: mlsenior@nctv.com

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>Norm W. Miller</u>	<u>President</u>	<u>3211 West Wapato #56</u>
<u>Kay Ward</u>	<u>Secretary</u>	<u>7358 Blue Goose Road</u>
_____	_____	_____

List other certificates or permits held with the commission: _____

List your USDOT # 1396448 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
RS05198	2005 Ford Vanpool	1FDXE45S74HB39465	15

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>

- **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: Carry M. Liles

Position: General Manager

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: Carry M. Liles

Position: General Manager

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: Carry M. Liles

Position: General Manager

**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:

X 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).

We are a senior center and we take seniors to different activities. Our bus is wheel chair and walker accessible to accommodate seniors.

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 Carry M. Liles Title General Manager

Signature of applicant *Carry M. Liles*

Date: June 06, 2017 County, State Grant, WA