



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
<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><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>Spokane Neighborhood Action Partners</u> Certificate No. _____</p>	

(For Official Use Only) 111 0268 231 02	Company ID:	Docket TN-
Receipt #:	Insurance:	Safety Inspection:
Date Filed:	DOL/SOS:	Certificate Issued: NPC-

APPLICANT INFORMATION

Name of Applicant: Spokane Neighborhood Action Partners

Trade Name(s) (if applicable): _____ N / A _____

Mailing Address

Physical Address (if different from mailing)

Street: 3102 W. Ft. Wright Dr.

Street: _____

City: Spokane

City: _____

State/Zip WA, 99224

State/Zip _____

Phone Number: 509-456-7627

Fax Number: 509-534-5874

UBI #: ~~600-615-613~~

E-Mail: Flynn@Snapwa.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>Julie Honekamp</u>	<u>CEO</u>	<u>3102 W. Ft. Wright Dr Spokane WA 99224</u>
<u>Lucy Lepinski</u>	<u>COO</u>	<u>3102 W. Ft. Wright Dr "</u>
<u>Kathy Allen</u>	<u>CFO</u>	<u>3102 W. Ft. Wright Dr "</u>

List other certificates or permits held with the commission: _____

List your USDOT # 3221492 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
BJU1284	2006 Dodge Caravan	E281232	7
TBA	2018 Dodge Caravan	TBA	7
TBA	2019 Dodge Caravan	TBA	7

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: Cameryn Flynn	Position: Transportation Coordinator
<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: Cameryn Flynn	Position: Transportation Coordinator
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: Julie Honekamp	Position: Chief Executive Officer

**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).

Non-emergency medical Transportation for people (seniors, disabled, low-income) who otherwise cannot drive to appointments, obtain access to benefits and services, and food outlets. Source of compensation includes service agreements with local non-profits, health care systems, as well as local, state and federal grants and charitable private foundations.

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 Julie Honekamp Title CEO

Signature of applicant 

Date 10-23-16 County, State Spokane, Washington