



RECEIVED
 JUL 24 2019
 WASH. UT. & TP. COMM

621 Woodland Square Loop SE
 Lacey, WA 98503
 P.O. Box 47250
 Olympia, WA 98504-7250
 Phone: 360-664-1222
 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
<input checked="" 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 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:	
<u>Transfer of Certificate</u>	
<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>	
Name on Certificate: <u>Senior Services Council of San Juan County</u> Certificate No. _____	
\$35.00	
<input type="checkbox"/> <u>Addition of d/b/a or d/b/a Name Change</u> – If you are adding a d/b/a or changing the name of your current d/b/a. Add additional d/b/a in Applicant Information.	

(For Official Use Only) 111 0268 231 02	Company ID:	Docket TN-
Receipt #:	Insurance: 13914	Safety Inspection: 058430

\$ 50.00

APPLICANT INFORMATION

Name of Applicant: SENIOR SERVICES COUNCIL OF SAN JUAN Co.

Trade Name(s) (if applicable): MULLIS COMMUNITY SENIOR SERVICES

Mailing Address

Physical Address (if different from mailing)

Street: PO Box 684

Street: 589 NASH ST

City: FRIDAY HARBOR

City: FRIDAY HARBOR

State/Zip WA 98250

State/Zip WA 98250

Phone Number: 360-378-9102

Fax Number: 360-378-6100

UBI #: 601 211 889

E-Mail: Mullis center@gmail.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>Stephen Shubert</u>	<u>Act. Chair</u>	<u>61 Sitka Dr, FH WA 98250</u>
<u>NANCY GEIST</u>	<u>SECRETARY</u>	<u>1025 HARBORVIEW PL FH</u>
<u>CAROLYN ADLER</u>	<u>TREASURER</u>	<u>445 Canton Ave #4 FH 98250</u>

List other certificates or permits held with the commission: Ø

List your USDOT # 3313566 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)

<u>License Number</u>	<u>Year And Make Of Vehicle</u>	<u>Vehicle ID Number</u>	<u>Seating Capacity</u>
<u>Temp 90276624</u>	<u>NISSA LEAF</u>	<u>IN4BZ1CPXK C313819</u>	<u>4</u>
<u>09837</u>	<u>2012 VPE MVI</u>	<u>523MF1A63 CM 101176</u>	<u>3</u>
<u>11248</u>	<u>2016 FORD Cutaway</u>	<u>1FDEE3FL1 GDC03552</u>	<u>12</u>
<u>64691C</u>	<u>2013 TOYOTA SIENNA</u>	<u>5TDKK3DC 4DS346247</u>	<u>8</u>

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: <i>Anna Coppello</i>	Position: <i>Facility Mgr.</i>
<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 May 1 of each year.	
Name: <i>Anna Coppello</i>	Position: <i>Facility Mgr.</i>
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: <i>Bonnie Sugar</i>	Position: <i>Bookkeeper</i>

**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).

*Transport seniors to and from senior lunches,
medical appointments, recreational trips
and special needs.
WA State transportation grant*

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, the undersigned, certify that the information in this application is true and correct, and that I am the applicant or I am authorized to execute and file this document on behalf of the applicant.

Printed name of applicant STEPHEN SHUBERT Title ACTING CHAIR

Signature of applicant *[Handwritten Signature]*

Date 7/10/19 County, State Da Ja