



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>
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Application fee HUMAN Services Council	\$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>	
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.	
Name on Certificate: _____ 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:	Safety Inspection:

APPLICANT INFORMATION

Name of Applicant: Human Services Council

Trade Name(s) (if applicable): _____

Mailing Address

Physical Address (if different from mailing)

Street: 120 NE 136th Ave #215 Street: _____

City: Vancouver City: _____

State/Zip WA 98684 State/Zip _____

Phone Number: 360-735-3680 Fax Number: _____

UBI #: 600647162 E-Mail: jeanannee@hsc-wa.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>Colleen Kuhn</u>	<u>Executive Director</u>	<u>120 NE 136th Ave #215 Vancouver, WA</u>
<u>Harry Kiick</u>	<u>Board President</u>	<u>120 NE 136th Ave #215 Vancouver, WA</u>

List other certificates or permits held with the commission: _____

List your USDOT # 3325163 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
<u>C054115</u>	<u>2008 Chevy Uplander</u>	<u>1GNDV23W68 D210726</u>	<u>7</u>
<u>C054125</u>	<u>2008 Chevy Uplander</u>	<u>1GNDV23198D210868</u>	<u>7</u>

**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).

Through a grant from C-TRAN, and a donation of 2 mini-vans we will offer a volunteer driver program to residents of Clark County. Passengers will be 65+ or people with a disability.

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 Jeananne Edwards Title Program Manager

Signature of applicant Jeananne Edwards

Date 08/02/2019 County, State Clark, WA