



State Of WASH. UTIL. AND TRASP. COMMISSION
 0555
 Received
 Records Management

621 Woodland Square Loop SE
 Lacey, WA 98503
 P.O. Box 47250
 Olympia, WA 98504-7250
 Phone: 360-664-1222
 Email: transportation@utc.wa.gov

PRIVATE NONPROFIT TRANSPORTATION PROVIDER PERMIT APPLICATION

FOR OFFICAL USE ONLY			
DATE FILED:	Company:	Docket #:	
111-0268	Receipt ID:	Payment ID:	Amount Paid:
111-0268-231-02	111-0268-232-20		

Private Transportation Provider Certificate (check one box)	Fee Required
<p>New Certificate – If you are applying for an initial certificate</p>	\$50.00
<p>Reinstate Certificate – If you are applying to reactivate a cancelled certificate.</p>	\$50.00
<p>Transfer Certificate – If you are applying to transfer an existing certificate to a new corporation or to change to a new corporate name. See below:</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: _____ Certificate No: _____</p>	\$50.00
<p>Addition of a Trade Name (d/b/a) or Name Change – If you are adding a trade name or changing your current trade name. Complete Section 1 including the new trade name block and Section 6.</p>	\$35.00

Section 1 - BUSINESS INFORMATION

Legal Name: _____

Trade Name, if applicable: _____

Physical Address: _____

Mailing Address: _____

Telephone Number: _____ Email: _____

Fax Number: _____

Contact Name: _____

USDOT#: _____ If you do not have a USDOT number, go to the [FMCSA website](#) to apply or call 360-596-3812 for assistance.

Is your business registered with the [Department of Revenue](#)? No Yes

Business License/UBI#: _____



Type of Business

Individual Partnership Corporation Other (LP, LLP, LLC) State of Incorporation

List the name, title and percentage of all partner’s share or stock distribution for major stockholders:

Name	Title	Stock Distribution/% of Shares
------	-------	--------------------------------

Is this application for a name change? Yes No

New Corporate Name (if applicable):

New Trade Name (if applicable):

Section 2 – CONDITIONS JUSTIFYING GRANT OF CERTIFICATE

1) Describe the special transportation needs that exist:

*attach additional pages if necessary

2) What is 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.*

*attach additional pages if necessary



Section 3 - EQUIPMENT LIST

Describe the equipment that will be used (attach additional sheet if necessary). All vehicles must pass a Commercial Vehicle Safety Alliance inspection before an application is granted. All fields are required. Per [WAC 480-31-100](#).

Year	Make	License Number	Vehicle ID (VIN)	Seating Capacity

*attach additional pages if necessary

Section 4 - OPERATIONAL RESPONSIBILITIES

Identify the person and position responsible for understanding and complying with the requirements of each category shown below:

ANNUAL REPORTS AND REGULATORY FEES (WAC 480-30-066 through WAC 480-30-081) Auto Transportation companies must file an annual report of their financial and operational activity and pay regulatory fees by May 1 of each year. Charter and excursion carriers must file an annual safety report by May 1; and pay regulatory fees by Dec. 31 of each year.

Name:	Position:
-------	-----------

STATE OF WASHINGTON GENERAL LAWS, RULES AND REGULATIONS Individuals and companies doing business in the state of Washington must comply with the regulations of local, state, and federal agencies such as, but not limited to: Department of Labor and Industries (industrial insurance, safety, prevailing wage); Department of Licensing (vehicle and drivers licenses, business licensing, fuel permits, fuel tax); Secretary of State (corporate registrations); Department of Revenue and Internal Revenue Service (taxes); and Employment Security.

Name:	Position:
-------	-----------

Section 5 – Safety

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 Rating](#)" for assistance with requirements.

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 an alcohol and controlled substances testing program. **Please attach evidence of your enrollment in a drug and alcohol testing program if your company has commercial vehicles and employs CDL drivers.**

Name:	Position:
-------	-----------



Section 5 – SAFETY Continued	
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.	
Name:	Position:
DRIVER QUALIFICATION REQUIREMENTS (Title 49, Code of Federal Regulations Part 391) Drivers must meet minimum qualification requirements and each company must maintain driver qualification files for each driver.	
Name:	Position:
DRIVERS HOURS OF SERVICE (Title 49, Code of Federal Regulations Part 395) Drivers must maintain logs and each company must maintain true and accurate hours of service records for each driver.	
Name:	Position:
INSPECTION, REPAIR AND MAINTENANCE (Title 49, Code of Federal Regulations Part 396) Every motor carrier shall systematically inspect, repair, and maintain all motor vehicles subject to its control.	
Name:	Position:
SAFETY REGULATIONS, GENERAL (Title 49, Code of Federal Regulations Part 390)	
Name:	Position:
DRIVING OF COMMERCIAL MOTOR VEHICLES (Title 49, Code of Federal Regulations Part 392)	
Name:	Position:
PARTS AND ACCESSORIES NECESSARY FOR SAFE OPERATION (Title 49, Code of Federal Regulations Part 393)	
Name:	Position:

Section 6 - DECLARATION OF APPLICANT	
Initial	<p>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.</p> <p>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.</p> <p>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.</p>
Name:	Date: