



PRIVATE NONPROFIT TRANSPORTATION PROVIDER PERMIT APPLICATION

Private, nonprofit corporations providing transportation services for compensation solely to persons with **special transportation needs** must apply for and receive a certificate from our agency. "Persons with special transportation needs" are those persons, including their personal attendants, who because of physical or mental disability, income status, or age, are unable to transport themselves or purchase appropriate transportation.

You **may not begin** operations as a private nonprofit transportation provider until you are granted authority and the UTC issues you a certificate. You must also obtain a USDOT number from the **Federal Motor Carrier Safety Administration (FMSCA)** before your certificate will be issued.

This application packet contains the following information:

- Questionnaire: Do I need a private nonprofit transportation provider certificate?
- Checklist for a completed application
- Application forms
- **WAC 480-31**, rules and regulations pertaining to Private Nonprofit Transportation Providers
- **"Your Guide to Achieving a Satisfactory Safety Rating"**

Insurance/Bond Requirements

You must file and maintain bodily injury and property damage insurance (**Form E**) or a surety bond (Form G) covering each motor vehicle that you operate in Washington. The commission must be shown as the certificate holder. You must file and maintain insurance or a surety bond at the following minimum levels.

Have a passenger seating capacity of 15 or less (including the driver)	Must have bodily injury and property damage insurance or surety bond with a minimum limit of \$500,000 combined single limit.
Have a passenger seating capacity of 16 or more (including the driver)	Must have bodily injury and property damage insurance or surety bond with a minimum limit of \$1,000,000 combined single limit.

FILING YOUR APPLICATION

The commission has a policy of providing equal access to its services. If you need special accommodations, please call 360-664-1243 or The Washington Relay Service at 7-1-1 or 1-800-833-8384.

Select one of the following:

Scan/PDF your application to efileapp.utc.wa.gov and pay online at payments.utc.wa.gov,

or, mail your application **with** your check or money order to the following address:

UTC, PO Box 47250, Olympia, WA 98504-7250

ACH online (no service fee) or credit card online at payments.utc.wa.gov (2.5% or minimum of \$3.95 is charged by Official Payments for credit card processing).

DO NOT EMAIL YOUR CREDIT CARD INFORMATION



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 for direct fares, contracts, grants, or by other means, for the express purpose of providing transportation services?
 Yes No

If you answered "yes" to **all** the above questions, you need to apply for a certificate to operate as a private, non-profit transportation provider. If you answered "no" to **any** of the above questions, you do not need to obtain a certificate to operate as a private, nonprofit transportation provider from the commission.

CHECKLIST

Section 1 – Business Information

- Legal and Trade Name – as registered with **Business Licensing Services**.
- If corporation or LLC, name must match registration with **Secretary of State's office**.
- Phone, fax, and email address.
- Physical address – mailing address, if different from physical address.
- USDOT number** – All carriers must have one. The legal name on the USDOT must match your application name.
- UBI number – as registered with **Business Licensing Services**.
- Business Structure – If partnership, corporation, or other, list members of partnership, corporation, or LLC and percentages.

Section 2 – Conditions Justifying Grant of Certificate

- 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.

Section 3 – Equipment List

- List of equipment to be used in providing the proposed service. Attach additional sheets if necessary.

Sections 4 and 5 – Operations and Safety

- Operational responsibilities – completed with person(s) and position(s) who will be responsible for understanding and complying with the requirements.
- Safety & Operations – completed with the person(s) and position(s) who will be responsible for understanding and complying with the requirements.

Section 6 – Declaration of Application

- Declaration of Application – sign and date application.



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FOR OFFICIAL 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
<input checked="" type="checkbox"/> New Certificate – If you are applying for an initial certificate	\$50.00
<input type="checkbox"/> Reinstate Certificate – If you are applying to reactivate a cancelled certificate.	\$50.00
<input type="checkbox"/> 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: 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: <input style="width: 300px;" type="text"/> Certificate No: <input style="width: 100px;" type="text"/>	\$50.00
<input type="checkbox"/> 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.	\$35.00

Section 1 - BUSINESS INFORMATION

Legal Name: **Family Services of Grant County**

Trade Name, if applicable:

Physical Address: **1402 E Craig St**

Mailing Address: **1402 E Craig St**

Telephone Number: **509-766-9877** Email: **lorib@familyservicegc.net**

Fax Number: **509-765-0058**

Contact Name: **Lori Bennett**

USDOT#: **2988499** 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#: **600-500-394**



Type of Business

Individual Partnership Corporation Other (LP, LLP, LLC)

State of Incorporation
Washington

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

Name	Title	Stock Distribution/% of Shares
Not Applicable	No Share Holders	

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:

We contracted with People For People to provide transportation between home and school for children in preschool and other programs ages 0-5.

*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.*

We receive a federal grant to provide Head Start and Early Head Start programs to children ages 0-5 and their families. Part of the allowable expenses include transportation services to and from school in a school bus. Family Services of Grant County owns the school buses and People For People, by contract, will provide the drivers for transporting the children to and from school.

*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
2004	Blue Bird	ACV6956	1GBJG31U441111240	29
2001	Blue Bird	ACV7028	1GBJG31R911197099	30
2002	CHEVY	476YMN	1GBJG31R021245963	29
2009	CHEV	AAC8579	1GBJG31K991166739	26
2015	CHEV	CFK1543	1GB3G3BG1F1235597	20
2015	CHEV	CFK1542	1GB3G3BG5F1238745	20
2015	CHEV	CFK1541	1GB3G3BG4F1237067	20
2022	MICB	D5629C	1HA6GUB71NN008489	20
2022	MICB	CEY0367	1HA6GUB77NN008531	20

*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: **Lori Bennett** Position: **Family Services Dept Manager (FSGC)**

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: **Annette Hippolyte** Position: **HR Director (FSGC)**

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: **Jesse Rodriguez** Position: **HR (People For People)**



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: Gabriella Jacobson	Position: Operation Supervisor (PFP)
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: Jesse Rodriquez	Position: HR (PFP)
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: Gabriella Jacobson	Position: Operation Supervisor (PFP)
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: Gabriella Jacobson	Position: Operations Supervisor (PFP)
SAFETY REGULATIONS, GENERAL (Title 49, Code of Federal Regulations Part 390)	
Name: Lori Bennett	Position: Family Services Dept Manager (FSGC)
DRIVING OF COMMERCIAL MOTOR VEHICLES (Title 49, Code of Federal Regulations Part 392)	
Name: Lori Bennett	Position: Family Services Dept Manager (FSGC)
PARTS AND ACCESSORIES NECESSARY FOR SAFE OPERATION (Title 49, Code of Federal Regulations Part 393)	
Name: Lori Bennett	Position: Family Services Dept Manager (FSGC)

Section 9 - DECLARATION OF APPLICANT	
Initial	
<input checked="" type="checkbox"/> <i>LB</i>	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.
<input checked="" type="checkbox"/> <i>LB</i>	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.
<input checked="" type="checkbox"/> <i>LB</i>	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.
Name: <i>Lori L Bennett</i>	Date: <i>4-21-23</i>

Non Profit Insurance Program Certificate of Coverage

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONVERTS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF COVERAGE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGRATION IS WAIVED, subject to the terms and conditions of the policy, certain coverage may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	COMPANIES AFFORDING COVERAGE
Clear Risk Solutions 451 Diamond Drive Ephrata, WA 98823	GENERAL LIABILITY American Alternative Insurance Corporation, et al.
	AUTOMOBILE LIABILITY American Alternative Insurance Corporation, et al.
INSURED	PROPERTY American Alternative Insurance Corporation, et al.
Family Services of Grant County 1402 East Craig Street Moses Lake, WA 98837	MISCELLANEOUS PROFESSIONAL LIABILITY Princeton Excess and Surplus Lines Insurance Company
COVERAGES	

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE COVERAGE PERIOD INDICATED, NOT WITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN. THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

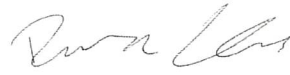
TYPE OF INSURANCE	POLICY NUMBER	POLICY EFF DATE	POLICY EXP DATE	DESCRIPTION	LIMITS
GENERAL LIABILITY					
COMMERCIAL GENERAL LIABILITY	N1-A2-RL-0000013-13	6/1/2022	6/1/2023	PER OCCURRENCE	\$5,000,000
OCCURRENCE FORM INCLUDES STOP GAP				PER MEMBER AGGREGATE	\$10,000,000
				PRODUCT-COMP/OP	\$5,000,000
				PERSONAL & ADV. INJURY	\$5,000,000
(LIABILITY IS SUBJECT TO A \$250,000 SIR PAYABLE FROM PROGRAM FUNDS)				ANNUAL POOL AGGREGATE	\$50,000,000
AUTOMOBILE LIABILITY					
ANY AUTO	N1-A2-RL-0000013-13	6/1/2022	6/1/2023	COMBINED SINGLE LIMIT	\$5,000,000
(LIABILITY IS SUBJECT TO A \$250,000 SIR PAYABLE FROM PROGRAM FUNDS)				ANNUAL POOL AGGREGATE	NONE
PROPERTY					
	N1-A2-RL-0000013-13	6/1/2022	6/1/2023	ALL RISK PER OCC EXCL EQ & FL	\$75,000,000
				EARTHQUAKE PER OCC	Excluded
				FLOOD PER OCC	Excluded
(PROPERTY IS SUBJECT TO A \$250,000 SIR PAYABLE FROM PROGRAM FUNDS)				ANNUAL POOL AGGREGATE	NONE
MISCELLANEOUS PROFESSIONAL LIABILITY					
	N1-A3-RL-0000060-13	6/1/2022	6/1/2023	PER CLAIM	\$5,000,000
(LIABILITY IS SUBJECT TO A \$250,000 SIR PAYABLE FROM PROGRAM FUNDS)				ANNUAL POOL AGGREGATE	\$40,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / SPECIAL ITEMS

Regarding property located at 1402 Craig St., Moses Lake. The USDA Rural Development is named as Additional Insured regarding this location only and is subject to policy terms, conditions & exclusions. Additional Insured endorsement is attached.

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

CERTIFICATE HOLDER	AUTHORIZED REPRESENTATIVE
USDA Rural Development 301 Yakima St., Suite 317 Wenatchee, WA 98801	

**AMERICAN ALTERNATIVE
INSURANCE COMPANY**

**ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION
(GENERAL LIABILITY)**

Named Insured Non Profit Insurance Program (NPIP)	
Policy Number N1-A2-RL-0000013-13	Endorsement Effective 6/1/2022

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY

This endorsement modifies insurance provided under the following:

GENERAL LIABILITY COVERAGE PART

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated above.

Schedule

Person or Organization (Additional **Insured**): As Per Schedule on file with Clear Risk Solutions, Underwriting Administrator

USDA Rural Development
301 Yakima St., Suite 317
Wenatchee, WA 98801

Regarding property located at 1402 Craig St., Moses Lake. The USDA Rural Development is named as Additional Insured regarding this location only and is subject to policy terms, conditions & exclusions. Additional Insured endorsement is attached.

A. With respects to the General Liability Coverage Part only, the definition of **Insured** in the Liability Conditions, Definitions and Exclusions section of this policy is amended to include as an **Insured** the Person or Organization shown in the above Schedule. Such Person or Organization is an **Insured** only with respect to liability for **Bodily Injury, Property Damage, or Personal and Advertising Injury** caused in whole or in part by your acts or omissions or the acts or omissions of those acting on your behalf:

1. In performance of your ongoing operations; or
2. In connection with your premises owned or rented to you.

B. The Limits of Insurance applicable to the additional **Insured** are those specified in either the:

1. Written contract or written agreement; or
2. Declarations for this policy,

whichever is less. These Limits of Insurance are inclusive and not in addition to the Limits Of Insurance shown in the Declarations.

All other terms and conditions remain unchanged.