



## 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.

<b>Have a passenger seating capacity of 15 or less (including the driver)</b>	Must have bodily injury and property damage insurance or surety bond with a minimum limit of \$500,000 combined single limit.
<b>Have a passenger seating capacity of 16 or more (including the driver)</b>	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](http://efileapp.utc.wa.gov) and pay online at [payments.utc.wa.gov](http://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](http://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.



## PRIVATE NONPROFIT TRANSPORTATION PROVIDER PERMIT APPLICATION

<i>FOR OFFICAL USE ONLY</i>			
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><b>New Certificate</b> – If you are applying for an initial certificate</p>	<b>\$50.00</b>
<p><b>Reinstate Certificate</b> – If you are applying to reactivate a cancelled certificate.</p>	<b>\$50.00</b>
<p><b>Transfer Certificate</b> – 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>	<b>\$50.00</b>
<p><b>Addition of a Trade Name (d/b/a) or Name Change</b> – 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>	<b>\$35.00</b>

<b>Section 1 - BUSINESS INFORMATION</b>
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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
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**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:
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**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:
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**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:
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<b>Section 5 – SAFETY Continued</b>	
<b>COMMERCIAL DRIVER’S LICENSE (CDL) STANDARDS REQUIREMENTS AND PENALTIES</b> (Title 49, Code of Federal Regulations Part 383). If you operate commercial motor vehicles, your drivers must have a valid CDL.	
Name:	Position:
<b>DRIVER QUALIFICATION REQUIREMENTS</b> (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:
<b>DRIVERS HOURS OF SERVICE</b> (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:
<b>INSPECTION, REPAIR AND MAINTENANCE</b> (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:
<b>SAFETY REGULATIONS, GENERAL</b> (Title 49, Code of Federal Regulations Part 390)	
Name:	Position:
<b>DRIVING OF COMMERCIAL MOTOR VEHICLES</b> (Title 49, Code of Federal Regulations Part 392)	
Name:	Position:
<b>PARTS AND ACCESSORIES NECESSARY FOR SAFE OPERATION</b> (Title 49, Code of Federal Regulations Part 393)	
Name:	Position:

<b>Section 9 - DECLARATION OF APPLICANT</b>	
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: