

TN-111155-CT



1300 S. Evergreen Park Dr. SW
P.O. Box 47250
Olympia, WA 98504-7250
Phone: 360-664-1222
Fax: 360-586-1181
TTY: 360-586-8203
or
1-800-415-5289
e-mail: Transportation@utc.wa.gov

PRIVATE NONPROFIT TRANSPORTATION PROVIDERS CERTIFICATE APPLICATION

Private Nonprofit Transportation Provider Certificate		Fee Required
Application fee		\$50.00
<input checked="" type="checkbox"/> New Certificate – If you are applying for an initial certificate.		
<input type="checkbox"/> Reinstate Certificate – If you are applying to reactivate a certificate which has been canceled.		
<input type="checkbox"/> Transfer Certificate – If you are applying to transfer an existing certificate to a new corporation or a new corporate name. (see section regarding "Transfer of Certificate")		
TYPE OF PAYMENT		
<input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> AMEX <input checked="" type="checkbox"/> MasterCard <input type="checkbox"/> Visa		Exp Date
Credit Card Information (if applicable)		Month/Year
Amount \$ <u>50⁰⁰</u>	Company Name <u>Quality Behavioral Health</u>	
CERTIFICATION: I, the undersigned, under penalty for false statement, certify that the following information is true and correct, that I am authorized to execute and file this document on behalf of the applicant, and that all information on file is current and valid. <u>078477</u>		
Cardholder's signature: _____	Date: <u>6-16-11</u>	
(For Commission Use Only) 111 0268 231 02 <u>SD</u>	Company ID: <u>6512</u>	Docket TN--
	Insurance:	Safety Inspection:
Date Filed:	DOL/SOS:	Certificate Issued: NPC-

Reception #
Revised 11-09

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APPLICANT INFORMATION

Name of Applicant: Quality Behavioral Health

Trade Name(s) (if applicable): _____

Mailing Address

Physical Address

Street 900 9th Street

Street Same

City Clarkston

City _____

State/Zip WA 99403

State/Zip _____

Phone Number: 509-758-3341

Fax Number: 509-769-6057

UBI #: 600-425-853

E-Mail: sheilman@qbhs.org

Principal Officers: (List names, titles, and addresses of two principal officer of the nonprofit corporation)

<u>Name</u>	<u>Title</u>	<u>Address</u>
<u>Gerrie Lee</u>	<u>30A President</u>	<u>Clarkston WA</u>
<u>Jessica Thompson</u>	<u>30B VP</u>	<u>Leviston ID</u>

List other certificates or permits held with the commission: N/A

List your USDOT # 2146580 (If you don't have one you can go online at www.fmcsa.dot.gov/online-registration or contact the Washington State Patrol at 360-596-3816 or 360-596-3803 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>402U5T</u>	<u>2005 Pontiac Montana Van</u>	<u>1GMDV03E35D114219</u>	<u>8</u>
<u>90240C</u>	<u>2010 Ford E350</u>	<u>1FBNE3BL7ADA06540</u>	<u>11</u>
<u>Purchased 6/7/11</u>	<u>2010 Ford E350</u>	<u>1FBNE3BL2ADA45892</u>	<u>11</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).

We have adult & children that need to be transported to & from our agency for either individual or groups so that they are able to receive our services. We receive some compensation from a transport agency in which we are a subcontractor & follow all their regulations

Transfer of Certificate

Complete this section only if you are transferring an existing certificate to a new corporation or if you are changing your corporate name. List name of current certificate holder and the certificate number to be transferred. If this section is not complete, you will be issued a new certificate number instead of having the existing certificate reissued.

Name of Certificate: _____ Certificate No. _____

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".

SAFETY RESPONSIBILITIES

- **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 an 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: <u>Penny Heilman</u>	Position: <u>Senior Accountant</u>
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OPERATIONAL RESPONSIBILITIES

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 December 31 of each year.

Name: <u>Jenny Heilman</u>	Position: <u>Senior Accountant</u>
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STATE OF WASHINGTON GENERAL LAWS, RULES AND REGULATIONS. You must comply with the regulations of local, state, and federal agencies such as, but not limited to: Department of Labor and Industries, Department of Licensing, Secretary of State, Department of Revenue and Internal Revenue Service and Employment Security.

Name: <u>Jenny Heilman</u>	Position: <u>Senior Accountant</u>
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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 certify under penalty of perjury under the laws of the state of Washington that the information contained in this application is true and correct.

I certify that I am authorized to execute and file this document.

Printed name of applicant Penny Heilman
Signature of applicant Penny Heilman
Date 6-17-11 County, State Notin, Washington