



UTILITIES AND TRANSPORTATION
COMMISSION

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
1-800-416-5289
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"/> <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:	
<p><u>Transfer of Certificate</u></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>	
Name on Certificate: _____ Certificate No. _____	

(For Official Use Only) 111 0268 231 02	Company ID:	Docket TN-
Receipt #:	Insurance:	Safety Inspection:
Date Filed:	DOL/SOS:	Certificate Issued: NPC-

Shipley Center Trips
921 E. Hammond St.
Sequim, WA 98382
(360) 683-5883
Return Service Requested

APPLICANT INFORMATION

Name of Applicant: Sequim Senior Services

Trade Name(s) (if applicable): DBA Shipley Center

<u>Mailing Address</u>	<u>Physical Address (if different from mailing)</u>
Street: <u>PO Box 1827</u>	Street: <u>921 E Hammond St</u>
City: <u>Sequim</u>	City: <u>Sequim W</u>
State/Zip: <u>WA 98382</u>	State/Zip: <u>WA 98382</u>

Phone Number: 360-683-5883 Fax Number: _____

UBI #: 601-007-175 E-Mail: trips@shipleycenter.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>Michael Smith</u>	<u>Executive Director</u>	<u>PO Box 1827, Sequim, WA</u>
<u>Don Gerber</u>	<u>Board Treasurer</u>	<u>131 Leatha Lane, Sequim, WA</u>

List other certificates or permits held with the commission: _____

List your USDOT # 2993621 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>93651DP</u>	<u>2009 Gmc Cutaway</u>	<u>1GBE5VIG98F404752</u>	<u>26</u>

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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 49 CFR Parts 300 - 399

- **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 a 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: <i>Beth Barrett</i>	Position: <i>Trips Coordinator</i>
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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 May 1 of each year.

Name: <i>Beth Barrett</i>	Position: <i>Trips Coordinator</i>
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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, Internal Revenue Service and Employment Security.

Name: <i>Beth Barrett</i>	Position: <i>Trips Coordinator</i>
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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).

The Shipley Center bus often takes members and nonmembers of our center to places they might normally not be able to get to. Some of the bus riders are in their 80's or 90's and no longer have a driver's license, sometimes because of vision problems. Several use wheel chairs, walkers and a few use motorized carts.

Many of our trips get the travelers to a shopping center that may otherwise be inaccessible to them. We have also take the bus to various museums and to the Seattle Library.

Some of our members (with lower income) receive their membership at no charge, via a grant, funded by either the City of Sequim (if they live in the city) or from First Federal (if they live outside city limits). With this kind of membership, the bus trip is discounted with special coupons they receive when they become a member.

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 Beth Barrett Title trips Coordinator

Signature of applicant *Beth Barrett*

Date 8/20/18 Shipley County, State Clallam, WA

921 E. Hammond St.
Sequim, WA 98382
(360) 683-5883

INSURANCE IDENTIFICATION CARD

(STATE)

COMPANY NUMBER COMPANY COMMERCIAL PERSONAL
Philadelphia Insurance Company

POLICY NUMBER EFFECTIVE DATE EXPIRATION DATE
PHPK1B62977 8/12/2018 8/12/2019

YEAR MAKE/MODEL VEHICLE IDENTIFICATION NUMBER
2008 Chevrolet C5500 1GBE5V1G98F404752

AGENCY/COMPANY ISSUING CARD
Callis & Associates, Inc.
806 So Vine St
Port Angeles WA 98362 (877) 342-1102

INSURED
Sequim Senior Services
PO Box 1827

Sequim 98382

SEE IMPORTANT NOTICE ON REVERSE SIDE

Web Address: <http://www.callisinsurance.com>

**THIS CARD MUST BE KEPT IN THE INSURED
VEHICLE AND PRESENTED UPON DEMAND**

IN CASE OF ACCIDENT: Report all accidents to your Agent/Company as soon as possible. Obtain the following information:

1. Name and address of each driver, passenger and witness.
2. Name of Insurance Company and policy number for each vehicle involved.

ACORD 60 (2007/02)

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INS060 (200702)

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