



## **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>

Section 1 - BUSINESS INFORMATION
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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: