

# WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION

## APPLICATION FOR MITIGATION OF PENALTIES

**NOTE:** This form must be completed, signed, and received by the Commission within 15 days of your receipt of this form.

I have read and understand RCW 9A.72.020, which states that making false statements under oath is a class B felony (printed below). I am over the age of 18, am competent to testify to the matters set forth below and I have personal knowledge of those matters. I hereby make, under oath, application for mitigation of the penalties (as described in the attached Notice of Penalties), for the following reasons:

*Please refer to the attached letter to Carole Washburn dated 12/5/05 explaining the confusion as to whether or not our organization was under UTC jurisdiction. At that time, we did file an annual report. Please contact me if you any questions. We will be filing annual reports as required*

*Attached: letter dated 12/5/05; 2005 Annual Report*

I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Dated: 3/2/06 [month/day/year], at SEATTLE, WA [city, state]

Signature of Applicant

*Spilla C. Jones*  
*Assistant Administrator*

RCW 9A.72.020:

“Perjury in the first degree. (1) A person is guilty of perjury in the first degree in any official proceeding he makes a materially false statement which he knows to be false under an oath required or authorized by law. (2) Knowledge of the materiality of the statement is not an element of this crime, and the actor’s mistaken belief that his statement was not material is not a defense to a prosecution under this section. (3) Perjury in the first degree is a class B felony.”

*Now I see my confusion is that I have not filed 2005, which I believe is due soon*

RECEIVED  
RECORDS MANAGEMENT  
05 MAR -6 AM 8:11  
STATE OF WASH.  
UTIL. AND TRANSP.  
COMMISSION

# THE CAROLINE KLINE GALLAND HOME

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7500 Seward Park Avenue S  
Seattle, WA 98118-4256  
(206) 725-8800  
FAX: (206) 722-5210  
www.klinegalland.org

December 5, 2005

**CHIEF EXECUTIVE OFFICER**  
Joshua H. Gortler, ACSW

**CHIEF OPERATING OFFICER**  
Dov Sugarman, MS

**MEDICAL DIRECTOR**  
Scott Pollock, MD

Ms. Carole J. Washburn  
Executive Secretary  
Washington Utilities and Transportation Commission  
P.O. Box 47250  
Olympia, WA 98504-7250

RE: UTC Annual Report  
For Private Nonprofit Special Needs  
Transportation Providers

Dear Ms. Washburn:

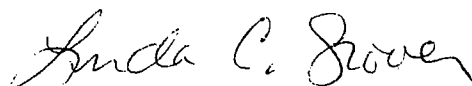
Thank you for the reminder of our overdue annual report. I have been going back and forth between several agencies to determine whether or not we are required to file this report.

We recently had an audit by the UTC and the auditor told us that we did not qualify as an agency that would be under UTC regulation.

I therefore did not file an annual report for 2004. Since receiving your latest call, I did more research. I now understand that the only reason we would be required to be under UTC guidance is for RideShare permits. We do in fact have two vehicles that have RideShare plates, so it appears that we should be reporting to the UTC.

Please accept our apologies for the confusion, and for the tardy report. Thank you for your help.

Sincerely,



Linda C. Grover  
Assistant Administrator

Enclosure – 2004 Annual Report

2  
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4

# PRIVATE NONPROFIT SPECIAL NEEDS TRANSPORTATION PROVIDERS

RECEIVED  
RECORDS MANAGEMENT

06 MAR -6 AM 8:26

## ANNUAL REPORT

STATE OF WASH.  
UTIL. AND TRANSP.  
COMMISSION

C001044  
**KLINE GALLAND**  
 7500 SEWARD PARK AVENUE SOUTH  
 SEATTLE, WASHINGTON 98118

Full name and address of Company

Correct name and address, if different than shown

### WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION for the YEAR ENDED DECEMBER 31, 2004

Inquiries concerning this Annual Report should be addressed to:

NAME: LINDA GROVER TITLE: ASSISTANT ADMINISTRATOR  
 ADDRESS: 7500 SEWARD PARK AVENUE SOUTH  
 CITY: SEATTLE STATE: WA ZIP: 98018  
 TELEPHONE: 206-725-8800 FAX: 206-722-5210 E-MAIL: lindag@klinegalland.com

The company must notify the Commission, in writing, of any changes to the above information.

TYPE OF PAYMENT - DO NOT SEND CASH IN THE MAIL		For Commission Use Only	
<input type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> AMEX <input type="checkbox"/> Visa <input checked="" type="checkbox"/> MasterCard		Credit Card Authorization #: _____	
Credit Card Number:			Expiration Date Month/Year
5 4 7 2 1 8 4 1 1 0 9 8 0 2 9 9			9 0 8
CERTIFICATION: I, the undersigned, under penalty for false statement, certify that the information is true, valid and correct, that I am authorized to execute on behalf of the applicant, and that I agree to pay the above total amount according to card issuer agreement.			
Name (Printed): <u>LINDA C. GROVER</u>		Title: <u>ASST. ADMINISTRATOR</u>	
Signature: <u>Linda C. Grover</u>		Date: <u>12/5/05</u>	

For Commission Use Only		
Reception Number: _____	001-111-02-68-231-11: _____	Ref. No: _____
001-111-02-68-231-01: _____	001-111-02-68-032-05: _____	

Original to be mailed to the Washington Utilities and Transportation Commission, PO Box 47250, Olympia, WA 98504-7250  
Web Site: www.wuttc.wa.gov

### CERTIFICATION

I certify that I, LINDA GROVER, the responsible person for KLINE GALLAND have examined the foregoing report; that, to the best of my knowledge, information and belief, all statements of fact contained in said report are true and said report is a correct statement of the above-named respondent in respect to each and every matter set forth therein during the period from January 1, 2004, to December 31, 2004, inclusive.

Name (Printed): LINDA C. GROVER Title: ASST. ADMINISTRATOR

Signature: Linda C. Grover Date: 12/5/05

Washington Unified Business Identifier (UBI) No.: 601 139 551  
 (If you do not know your UBI No., please contact the Department of Licensing at 360664-1400)

**Insurance Company**

Current Insurance Company: CNA  
 Policy #: 206 735 8821

Did you have any recordable accidents in 2004?  Yes  No

If yes, how many?  
 (Please indicate total recordable accidents for both intrastate and interstate operations)

**Recordable Accident Definition:** An occurrence involving a commercial motor vehicle on a public road in intrastate or interstate commerce which results in one or more of the following:

1. A fatality,
2. Injury to a person requiring immediate treatment away from the scene of the accident, or
3. Disabling damage to a vehicle requiring it to be towed from the accident scene.

What were your total operating miles for the year 2004? 19,280

**VEHICLES OPERATED** - Indicate vehicles operated during the preceding year under certificate issued by Washington Utilities and Transportation Commission to provide transportation services (for compensation) for persons with special transportation needs.

Year, Make & Model	Passenger Seating Capacity	Number of Vehicles
1999 FORD CUTAWAY BUS	16 + 2 w/c	1
1995 FORD 350	12 + 2 w/c	1
RIDESHARE BUSES ONLY		Total vehicles operated
		2

**PRIMARY SOURCE OF COMPENSATION**- Check each that applies and provide a brief description.

Grants or Contracts     Passenger Fares     Other

**REGULATORY FEE CALCULATION SCHEDULE**

Company Name KLINE GALLAND Annual Report Year 2004

In accordance with RCW 81.66.030 "Regulatory Fees", the Commission requires Private Nonprofit Special Needs Transportation Providers to file reports of the number of vehicle operated by said company at any time during the calendar year and pay the sum of ten dollars annually for each vehicle operated. Every company subject to regulation shall file with the Commission a statement under oath and pay to the Commission a fee as instructed below. There is no minimum fee.

- 1 Total Number of vehicles operated at any time during the regulatory year
- 2 Total Regulatory Fees owed (enter amount from line 1)

				1	2
2	2	x	10.00	=	\$ 20.00
					Agency Use Only .001-111-02-68-231-01