



# HOUSEHOLD GOODS CARRIER PERMIT APPLICATION



Type of Household Goods Authority Requested - Check one	Fee Required
<input type="checkbox"/> Emergency temporary authority (to meet an urgent need for up to thirty days) - Complete pages 1 - 5 and Attachment E	\$ 50
<input type="checkbox"/> Temporary authority (to meet a short-term need) - Complete pages 1 - 5 and Attachment A	\$ 250
<input type="checkbox"/> Permanent authority (at least six months must be served on a temporary provisional basis) - Complete pages 1 - 5 and Attachment A	\$ 550
<input type="checkbox"/> Permanent authority to transfer or acquire control resulting in a change in ownership or controlling interest (at least six months must be served on a temporary provisional basis) - Complete pages 1 - 5 and Attachment B	\$ 550
<input checked="" type="checkbox"/> Permanent authority to transfer or acquire control under the exceptions in WAC 480-15-260 - Complete pages 1 - 5 and Attachments B & C	\$ 250
<input type="checkbox"/> Reinstatement of permit (must be filed within 30 or 60 days of cancellation, depending on criteria set forth in WAC 480-15-460) - Complete pages 1 - 2 and include a statement justifying the reinstatement	\$ 250
<input checked="" type="checkbox"/> Name Change - Complete page 1 and Attachment D	\$ 35
<input type="checkbox"/> Extension of authority - Complete pages 1 - 5 and Attachment A	\$ 550

### TYPE OF PAYMENT

- Check   
  Money Order   
  Amex   
  Discover   
  Mastercard   
  Visa

Expiration Date: 04-07

Amount: 3500

# 1022057

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.

Name (printed): Dennis T. Brewster

Date: Dec 22, 2004

Signature: [Signature]

Title: RESIDENT

### FOR OFFICIAL USE ONLY

Date Filed: <u>3/18/05</u>	Application #: <u>P 79344</u>	Motor #: <u>43452</u>	Permit Issued: HG- <u>61105</u>
Staff Assigned: <u>[Signature]</u>	Insurance: <u>[Signature]</u>	Inspection: <u>[Signature]</u>	DOL/SOS: <u>OK/OK</u>
Reception #: <u>111-0268-207-02</u>	<u>35.00</u>	<u>111-0268-202-01</u>	<u>111-0268-013-20</u>

0009197  
\$215.00  
0009702

TV-050419



DOY 105  
per 3/10/05

**BUSINESS INFORMATION**

Name of Applicant Denny's Relocation Services Inc  
DENNIS Brewster DBA Denny's Relocation SERVICES INC  
(must be individual, partners of a partnership, or corporation)

Trade Name, if applicable \_\_\_\_\_

Physical Address 1345 E. HEATHERWOOD North TAC, WA 98406

Mailing Address 1345 E. HEATHERWOOD North TAC, WA 98406

Telephone Number (253) 752-0707 Fax Number (253) 752-0707

UBI # 602431951 Email: Denny'srelocation@aol.com

**TYPE OF BUSINESS STRUCTURE**

Individual     Partnership     Corporation     Other \_\_\_\_\_  
(LP, LLP, LLC)

List the name, title, and percentage of partner's share or stock distribution for major stockholders:

Name	Title	Stock Distribution or Percentage of Shares
<u>DENNIS Brewster</u>	<u>president</u>	<u>100%</u>
<u>Vicky Hovany</u>	<u>VICIPRESIDENT</u>	<u>0%</u>
<u>Jim Brewster</u>	<u>TREASURER</u>	<u>0%</u>

Choose one of the following for the territory in which you wish to operate:

- All counties in the State of Washington
- The following named counties only: \_\_\_\_\_

Describe the services you wish to provide. Explain how your services will enhance customer choice, promote competition, or fill an unmet need for service: provide moving services

Briefly describe your experience in the transportation/household goods moving industry:  
I've BEEN INVOLVED IN THE MOVING + STORAGE INDUSTRY FOR OVER 17 YEARS

Do you currently hold, or have you ever held, a permit to operate as a motor carrier of property?  
 No  Yes If yes, please indicate your permit number: \_\_\_\_\_

Have you ever applied for and been denied a permit to operate as a motor carrier of property?  
 No  Yes If yes, please explain: \_\_\_\_\_

Do you currently operate interstate?  No  Yes If yes, please indicate your:  
 DOT# 1154573 MC# 464580 Single State Registration Base State \_\_\_\_\_

Do you operate interstate as an agent of another company?  No  Yes If yes, what is the name of the company? \_\_\_\_\_

Do you have, or have you ever had a business related legal proceeding against you in Washington, or in any other state?  No  Yes If yes, please explain: \_\_\_\_\_

Have you ever been convicted of a Class A or B Felony?  No  Yes If yes, please explain: \_\_\_\_\_

Have you been cited for violation of state laws or Commission rules?  No  Yes If yes, please explain: \_\_\_\_\_

FINANCIAL STATEMENT			
You may attach a Balance Sheet, Profit and Loss Statement, or business plan if available			
ASSETS		LIABILITIES	
Cash in Bank	\$	Salaries/Wages Payable	\$
Notes Receivable	\$	Accounts Payable	\$
Accounts Receivable	\$	Notes Payable	\$
Investments	\$	Mortgages Payable	\$
Other Current Assets	\$	Other	\$
Prepaid Expenses	\$	<b>TOTAL LIABILITIES</b>	\$
Land and Buildings	\$	<b>NET WORTH</b>	
Trucks and Trailers	\$	Preferred Stock	\$
Office Furniture	\$	Common Stock	\$
Other Equipment	\$	Retained Earnings	\$
Other Assets	\$	Capital	\$
<b>TOTAL ASSETS</b>	\$	<b>TOTAL LIABILITIES &amp; NET WORTH</b>	\$

## EQUIPMENT LIST

Describe the equipment that will be used (attach additional sheets if necessary). Vehicles must pass inspection and be issued a valid Commercial Vehicle Safety Alliance inspection decal before your application may be granted.

Year	Make	License Number	Vehicle ID Number	Gross Vehicle Weight
1997	Freightliner			26,000
1984	Ford	A30627U	1FDXZ98W1KUA11645	(15,320 lbs)
1997	Freightliner	A98317D	1FUBHFACSVH696382	(26,000 lbs)

## 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 Rating" for assistance with requirements that may apply to your specific operations.

### SAFETY RESPONSIBILITIES

**COMMERCIAL DRIVERS LICENSE (CDL) REQUIREMENTS (Title 49, Code of Federal Regulations Part 383)** Any driver who operates a vehicle that meets the definition of a commercial motor vehicle must have a valid CDL.

Name: Dennis T. Brewster Position: PRESIDENT

**DRIVER QUALIFICATION REQUIREMENTS (Title 49, Code of Federal Regulations Part 391)**

Driver's must meet minimum qualification requirements and each company must maintain driver qualification files for each driver.

Name: Dennis T. Brewster Position: PRESIDENT

**DRIVERS HOURS OF SERVICE (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: Dennis T. Brewster Position: PRESIDENT

**CONTROLLED SUBSTANCES AND ALCOHOL TESTING (Title 49, Code of Federal Regulations Part 382 & Part 40)** Any person who drives a commercial motor vehicle requiring a CDL must be in a Controlled Substance and Alcohol Testing program that complies with the FMCSR in 49 CFR Part 382 and 49 CFR Part 40.

Name: Dennis T. Brewster Position: PRESIDENT

Each company will have in place a system for complying with FMCSR governing alcohol and controlled substances testing requirement (49 CFR Part 382 and 49 CFR Part 40)

**VEHICLE INSPECTION, REPAIR, AND MAINTENANCE (Title 49, Code of Federal Regulations Part 396)** Companies must ensure that each motor vehicle operated is regularly inspected, repaired, and maintained.

Name: Dennis T. Brewster Position: PRESIDENT

**INSURANCE REQUIREMENTS (WAC 480-15-530)** All companies must file and maintain proof of public liability and property damage insurance covering vehicles operated. (\$300,000 minimum coverage for vehicles under 10,000 pounds GVWR and \$750,000 minimum coverage for vehicles 10,000 pounds GVWR or more)

Name: Position:

**CARGO INSURANCE REQUIREMENTS (WAC 480-15-550)** All companies must maintain cargo insurance coverage. (\$10,000 for household goods transported in motor vehicles under 10,000 pounds GVWR and \$20,000 for vehicles 10,000 pounds GVWR or more)

Name: Dennis T. Brewster Position: PRESIDENT

**OPERATIONAL RESPONSIBILITIES**

**ANNUAL REPORTS and REGULATORY FEES (WAC 480-15-480)** Companies must annually file a report of their financial operations and pay regulatory fees.

Name: DENNIS T. BREWSTER Position: PRESIDENT

**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. Please state the name and position of the person in your organization who will be responsible for ensuring compliance with the laws of the state of Washington, 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, Unified Business Identifier (UBI number), fuel permits, fuel tax); Secretary of State (corporate registrations); Department of Transportation (over-size or over-weight permits); Department of Revenue and Internal Revenue Service (taxes); and Employment Security.

Name: DENNIS T. BREWSTER Position: PRESIDENT

**DECLARATION OF APPLICANT:**

*I understand that filing this application **does not** in itself constitute authority to operate as a household goods mover.*

*As the applicant for a household goods permit, I understand the responsibilities of a motor carrier, and I am in compliance with all local, state, and federal regulations governing businesses, including household goods movers, in the state of Washington.*

*I understand that if the Commission grants my application as a new entrant I will be granted temporary authority to provide service as a household goods carrier on a provisional basis for at least six months. During this time, the Commission will evaluate whether I have met the criteria in WAC 480-15-330 to obtain permanent authority. I also understand that I must comply with all conditions placed on my temporary permit and that failure to do so will result in cancellation of my permit.*

*I certify or declare under penalty of perjury under the laws of the State of Washington that the information contained in this application is true and correct.*

DENNIS T. BREWSTER  
Print name of applicant

DR  
Signature of Applicant

MARCH 14, 2005  
Date & Place

**ATTACHMENT D**

**CHANGE OF CORPORATE/INDIVIDUAL NAME  
(WAC 480-15-400)**

This application is for name change only and must not involve a change in ownership, management, or control of the household goods operating authority.

M-43452  
P-79344

A company must file a name change application to:

- Change a corporation's name
- Change an individual's name (may be sole proprietor or individual in a partnership)
- Change or add a trade name

*Transfer of Control*

NOTE: You may not advertise to operate under the changed name until a permit is issued in the new name.

Current Name on Permit Denny's Relocation Services Dennis Brewster

Current Trade Name on Permit DENNY'S RELOCATION SERVICES

Address 1345 E. HEATHERWOOD North

Phone Number 253-752-0707

Fax Number 253-752-0707

Email Address DENNY'S RELOCATION@AOL.COM

If a corporation, list names, titles, stock distribution, or major stockholders under the current name:

I request the name on household goods permit HG- 61105 be changed to:  
New Name DENNY'S RELOCATION SERVICES INC. UBI Number 602-431-951

New Trade Name (if applicable) \_\_\_\_\_

Address (if changed) \_\_\_\_\_

If a corporation, list names, titles, stock distribution, or major stockholders under the new name:

<u>DENNIS T. Brewster</u>	<u>PRESIDENT</u>	<u>100%</u>
<u>Vicky Hawkins</u>	<u>VICE PRESIDENT</u>	<u>0%</u>
<u>James Brewster</u>	<u>Treasurer</u>	<u>0%</u>

I certify that this information is true and correct, that I am authorized to execute and file this document on behalf of the applicant, and that all information is current and valid.

[Signature]  
Signature & Title of Applicant

NOV 8 2004 TAUMAWA  
Date & Location

1345 E. HEATHERWOOD N.

**ATTACHMENT B**

**Transfer or Acquisition of Control**

Applicant is seeking one of the following - please check one:

Transfer  Acquisition of Control

Denny's Relocation Services Inc.  
Current Name on Permit (Seller)

DENNY'S RELOCATION SERVICES INC.  
Current Trade Name on Permit (Seller)

1345 E. HETHERWOOD N. TACOMA, WA 98406  
Address (Seller)

HG- 61105 Permit Number (253) 752-9481 Phone Number (Seller)

Does the transfer of this permit fall under the provisions of WAC 480-15-260?  No  Yes If yes, please complete Attachment C.

Have all fines and/or penalties been paid?  No  Yes

Has the closing annual report been filed with the Commission?  No  Yes

A customer may file a loss or damage claim for up to nine months following a move, and up to two years for a lawsuit. Who will be responsible for handling claims filed by customers for loss and/or damage that occurred on moves taking place prior to the sale and transfer or acquisition?

Dennis Beuster

**RELEASE OF AUTHORITY**

I, the seller, have sold or otherwise released interest in my household goods permit number HG- 61105 to the following:

Denny's Relocation Services Inc.  
Name of Buyer

Trade Name of Buyer

**We, as applicants, hereby jointly declare and affirm that all information is true to the best of our knowledge.**

Seller's Signature same person

Date & Location

Buyer's Signature

Date & Location



## ATTACHMENT C

### TRANSFER OR ACQUISITION OF PERMANENT HOUSEHOLD GOODS AUTHORITY UNDER EXCEPTIONS IN WAC 480-15-260

1. The Commission will grant an application for permanent authority without public notice or comment if the applicant is fit, willing, and able to provide service and the application is filed to transfer or acquire control of permanent authority for one of the following reasons (check one, if applicable):
- A partnership has dissolved due to the death, bankruptcy, or withdrawal of a partner, and that partner's interest is being transferred to one or more of the remaining partners or a spouse;
  - A shareholder in a corporation has died and that shareholder's interest is being transferred to a surviving spouse or one or more surviving shareholders;
  - A sole proprietor has died and the interest is being transferred as property of the estate;
  - An individual has incorporated, and the same individual remains the majority shareholder;
  - An individual has added a partner, but the same individual remains the majority partner;
  - A corporation has dissolved and the interest is being transferred to the majority shareholder;
  - A partnership has dissolved and the interest is being transferred to the majority partner;
  - A partnership has incorporated and the partners are the majority shareholders; or
  - Ownership is being transferred from one corporation to another corporation when both are wholly owned by the same shareholders.

\*\*\*NOTE\*\*\* Documentation must be included with your application. Documentation may be in the form of a corporate resolution, partnership agreement, court order, death certificate, will or other proof of right to inherit, estate executor's statement, community property agreement or other such documentation that may support your request.

2. The Commission will grant an application for permanent authority without temporary permit operations following public notice or comment if the applicant is fit, willing, and able to provide service and the application is filed to transfer or acquire control of permanent authority for the following reason (check box, if applicable):
- Ownership or control of a permit is being transferred to any shareholder, partner, family member, employee, or other person familiar with the company's operations and the household goods moving services provided. If you check this option, please complete the following:
    - a. Has the permit been actively used by the current owner to provide household goods moving services during the last twelve-month period?     No     Yes
    - b. Explain why the transfer of ownership or control is necessary to ensure the company's economic viability:  
There is no transfer. I'm still the current owner.  
Dennis Brewster
    - c. Describe the steps taken by the applicant and the current owner to ensure that safe operations and continuity of service to the customers are maintained: Dennis Brewster is still  
the current owner

RECEIVED  
DISTRIBUTION CENTER

2005 MAR 16 AM 7:47

FROM: Washington Utilities and Transportation Commission  
Transportation Operations  
PO Box 47250 Phone: (360) 664-1222  
Olympia, WA 98504-7250 Fax: (360) 586-1181

STATE OF WASH.  
WUTC

Date: 02-23-2005 Staff: Tina Leipski

P079344  
DENNY'S RELOCATION SERVICES, INC  
1345 E HEATHERWOOD NORTH  
TACOMA, WA 98406

Return this document with the completed/corrected items listed below for prompt processing of your application for operating authority.

X 2ND REQUEST--We need to receive the transfer application and an addition \$215.00. If I don't receive this application by 3/22/05, your file will be turned over to our Compliance department. Any questions, give me a call at 360-664-1170. Thanks! Tina

0009702

207.02 215.00

SENT  
3-14-05  
//

INQR UTL024P1 MASTER LICENSE SERVICE 03/18/05  
BUSINESS ENTITY INQUIRY 13:06:28

-----  
UBI: 602 431 951 001 0001 State of Inc: WA Loc Status: A  
Type: PROFIT CORPORATION Date of Inc: 01 01 2005 Corp Status: A  
-----

Owner Name: DENNYS RELOCATION SERVICES INC.

Reg. Agent: DENNIS T BREWSTER  
Reg. Address: 1345 E HEATHERWOOD N Exp. Date: 01 31 2006  
TACOMA WA 98406 Total Shares authzd:  
Total Shares issued:

Firm Name : DENNYS RELOCATION SERVICES INC.  
Loc: 1345 E HEATHERWOOD N Mail: 1345 E HEATHERWOOD N  
TACOMA WA 98406 TACOMA WA 98406

Phone: (877) 728-7779 Registered Tradenames for this UBI? No  
RFI: No NSF: No Location First Activity: 09 01 2004  
RFP: No Withhold: No Last License Issue: 01 04 2005  
TRANSFER: \_\_\_\_\_ {Press <ENTER> for Endorsements List}  
Enter-PF1---PF2---PF3---PF4---PF5---PF6---PF7---PF8---PF9---PF10--PF11--PF12---  
GLIST APLST UBIQ SERV TRDU INQA INQR MMENU

MASTER LICENSE SERVICE 03/18/05  
BUSINESS ENTITY INQUIRY 13:06:39  
INQR UTL024P1

-----  
UBI: 602 431 951 001 0001 Loc Status: A  
Type: PROFIT CORPORATION  
-----

Owner Name: DENNYS RELOCATION SERVICES INC.  
Firm Name : DENNYS RELOCATION SERVICES INC.  
Page: 1

Endorsements	Unit	Account #	Stat	Date	Expires
TAX REGISTRATION			A	10 15 2004	
UNEMPLOYMENT INSURANCE			A	12 29 2004	
INDUSTRIAL INSURANCE			A	12 29 2004	

TRANSFER: \_\_\_\_\_ End of Endorsement List  
Enter-PF1---PF2---PF3---PF4---PF5---PF6---PF7---PF8---PF9---PF10---PF11---PF12---  
GLIST APLST UBIQ SERV TRDU INQA INQR MMENU

[HOME](#)[CORPORATIONS MENU](#)**CORPORATIONS DIVISION - REGISTRATION DATA SEARCH****DENNYS RELOCATION SERVICES INC.**

<b>UBI Number</b>	602 431 951
<b>Category</b>	Regular Corporation
<b>Profit/Nonprofit</b>	Profit
<b>Active/Inactive</b>	Active
<b>State of Incorporation</b>	WA
<b>Date of Incorporation</b>	01/01/2005
<b>License Expiration Date</b>	01/31/2006
<b>Registered Agent Information</b>	
<b>Agent Name</b>	DENNIS T BREWSTER
<b>Address</b>	1345 E HEATHERWOOD N
<b>City</b>	TACOMA
<b>State</b>	WA
<b>ZIP</b>	98406
<b>Special Address Information</b>	
<b>Address</b>	
<b>City</b>	
<b>State</b>	
<b>Zip</b>	

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