


HOUSEHOLD GOODS MOVING
 COMPANY PERMIT APPLICATION

TV-131616
 - COPY -


Type of Household Goods Authority Requested – Check one	Fee Required
<input checked="" type="checkbox"/> Provisional and permanent authority. The fee for provisional, and then permanent authority is a one-time fee. – Complete pages 2 - 7 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 2 - 7 and Attachment B	\$ 550
<input type="checkbox"/> Permanent authority to transfer or acquire control under the exceptions in WAC 480-15-186 and 480-15-187 -- Complete pages 2 - 7 and Attachments B & C	\$ 250
<input type="checkbox"/> Reinstatement of permit (must be filed within 30 days of cancellation, depending on criteria set forth in WAC 480-15-450) – Complete pages 2 - 3 and include a statement justifying the reinstatement	\$ 250
<input type="checkbox"/> Name Change – Complete pages 2 - 3 and Attachment D	\$ 35

TYPE OF PAYMENT			
<input type="checkbox"/> Check	<input type="checkbox"/> Money Order	<input checked="" type="checkbox"/> Amex	<input type="checkbox"/> Mastercard <input type="checkbox"/> Visa
Amount: <u>550.00</u>		Expiration Date: <u>07/15</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.			
Name (printed): <u>KRIS O'BARRON</u>		Company Name: <u>Northwest Movers Central LLC</u>	
Cardholder's Signature: _____		Date: _____	
FOR OFFICIAL USE ONLY			
Date Filed: <u>8/29/13</u>	DOL/SOS: <u>OK/OK</u>	ID: <u>1464</u>	Permit Issued: THG-
Staff Assigned: _____	Insurance: _____	Inspection: _____	Docket # <u>TV131616</u>
Reception #: <u>045587</u>	111-0268-207-02		111-0268-013-20

Replacement pages

BUSINESS INFORMATION

Name of Applicant NORTHWEST MOVERS CENTRAL, LLC
(must be individual, partners of a partnership or corporation)

Trade Name, if applicable BEEKINS NORTHWEST

Physical Address 1891 N. 1st STREET YAKIMA, WA 98901

Mailing Address 935 POPLAR ST OLYMPIA, WA 98501

Telephone Number (360) 753-2344 Fax Number (360) 753-2559

UBI #: 6203-311-974 Email: JILL@JAYMPCMOVERS.NET

USDOT #: _____ (If you currently don't have one, you can go online at www.fmcsa.dot.gov/online-registration to apply for one or call 360-596-3812 for assistance.)

Department of Labor & Industries-Worker's Comp Acct? Account # 869,822-05

Employment Security Department registration number? ESD # 487931-007

Is your business registered with the Department of Revenue? No Yes

TYPE OF BUSINESS STRUCTURE

Individual Partnership Corporation (LP, LLP, LLC) Other _____

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

<u>*Name</u>	<u>Title</u>	<u>Stock Distribution or Percentage of Shares</u>
<u>KRIS O'BANNON</u>	<u>PRESIDENT</u>	<u>50%</u>
<u>CARI O'BANNON</u>	<u>VICE PRESIDENT</u>	<u>50%</u>

*Must provide a copy of a valid Washington state driver's license for each person listed above.

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:

WE HAVE PURCHASED BEKINS NORTHWEST AND PLAN ON SERVING THE PASCO, YAKIMA AND SURROUNDING AREAS MOVING & STORAGE HHG SERVICES.

Briefly describe your experience in the transportation/household goods moving industry:

KRIS & LAUREL CRANNEN HAVE BEEN IN THE MOVING INDUSTRY FOR 25 & 30 YEARS RESPECTIVELY. THEY CURRENTLY OWN OLYMPIA MOVING AND STORAGE.

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 ~~416-45021000~~ HC-43903

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

Do you currently operate interstate? No Yes If yes, please indicate your MC# _____

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

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: _____

Has any person named in this application, within the past five years, been convicted of any crime involving theft, burglary, sexual misconduct, identity theft, fraud, false statements, or the manufacture, sale, or distribution of a controlled substance? No Yes If yes, please explain: _____

Has any person named in this application, been cited for violation of state laws or Commission rules? No Yes If yes, please explain: TV-13510 FAILURE TO APPLY FOR TRANSFER OF PERMIT IN A TIMELY MANNER

OPERATIONAL RESPONSIBILITIES

Annual Reports and Regulatory Fees (WAC 480-15-480). You must annually file a report of your financial operations and pay regulatory fees.

Name: <u>Louis Clendon</u>	Position: <u>member</u>
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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. 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 the 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, Internal Revenue Service (taxes); and Employment Security.

Name: <u>Louis Clendon</u>	Position: <u>member</u>
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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 receive 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.

My employees are sufficiently trained to comply with commission rules regarding estimates, bills of lading, rates and charges and terms and conditions of household goods moves. In addition, my employees are sufficiently trained to comply with commission rules regarding vehicle operation, maintenance, and all other safety requirements. My company will provide a copy of the customer survey to each customer for whom we provide transportation service.

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.

Louis Clendon
Print name of applicant

[Signature]
Signature of Applicant

9/1/13 Olympia
Date and Location