

7. 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 list below:

Type of Legal Proceeding	Date	State

\*attach additional pages if necessary

8. Has any person named in this application ever been convicted of any crime involving theft, burglary, assault, sexual misconduct, identity theft, fraud, false statements, or the manufacture, sale, or distribution of a controlled substance?  No  Yes If yes, please list below:

Type of Conviction	Date	City/State

\*attach additional pages if necessary

9. Has any person named in this application, been cited for violation of state laws or Commission rules?  No  Yes If yes, please list below:

Violation	Date	RCW/WAC
<i>Penalty of non payment dues</i>		

\*attach additional pages if necessary

### FINANCIAL STATEMENT

Complete the following financial statement or attach a balance sheet, profit and loss statement, or business plan.


Assets		Liabilities	
Cash in Bank	\$ 600.00	Salaries/Wages Payable	\$ 3000.00
Notes Receivable	\$ 2000.00	Accounts Payable	\$ 0
Investments	\$ 0	Notes Payable	\$ 0
Other Current Assets	\$ 0	Mortgages Payable	\$ 0
Prepaid Expenses	\$ 700.00	<b>TOTAL LIABILITIES</b>	\$ 0
Land and Buildings	\$ 0	<b>NET WORTH</b>	
Trucks and Trailers	\$ 4000.00	Preferred Stock	\$ 0
Office Furniture	\$ 60.00	Common Stock	\$ 0
Other Equipment	\$ 0	Retained Earnings	\$ 0
Other Assets	\$ 1500.00	Capital	\$ 0
<b>TOTAL ASSETS</b>	\$ 0	<b>TOTAL LIABILITIES &amp; NET WORTH</b>	\$ 3000.00

**ATTACHMENT A**

**HOUSEHOLD GOODS STATEMENT OF SUPPORT**

Your application must include at least three shipper or public statements supporting the proposed household goods moving service. Shipper statements may come from persons or organizations with a need for household goods moving services, or who support your request for a permit to provide those services. These forms may be copied by you as needed.

**Applicant Name:** ANC Movers

The following must be completed by the Supporter of the applicant	
Name, Title, and Business Name:	Teresa Nosko - Owner, Consign It!
Address (include street address, mailing address, city, state, zip, and county):	5139 NE 94th Avenue Suite A, Vancouver, WA. 98662
Phone Number:	360-885-9595
Do you currently need the services of a residential household goods moving company? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If yes, please describe your current moving needs:	We, on a regular basis, need to refer our clients to ANC Movers for furniture moving purposes. We also use ANC Movers to help with moving furniture on our showroom floor.
Do you anticipate a future need for the services of a residential household goods moving company? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If yes, please describe your future moving needs:	For the same purposes as above, to help both our customers and us on our showroom floor.
Briefly describe how granting this company a permit to provide household goods moving services in Washington State will benefit you, your business, and/or your community:	It will help our customers whom cannot move things on their own and help us in our showroom to move items much to heavy for us to lift. Without the help of movers we would not be able to do so.
Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?	
<i>I certify (or declare) under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.</i>	
 Signature of Person Completing Form	8-10-16 Date and Location

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Applicant Name:

ANC MOVERS INC

**The following must be completed by the Supporter of the applicant**

Name, Title, and Business Name:

MARIO RAIA

Address (include street address, mailing address, city, state, zip, and county):

10319 SE 15th Street, Vancouver, WA 98664

Phone Number:

360-608-7659

Do you currently need the services of a residential household goods moving company?

No  Yes If yes, please describe your current moving needs:

Do you anticipate a future need for the services of a residential household goods moving company?

No  Yes If yes, please describe your future moving needs:

Appliances + other large ticket items.

ANC has high integrity. They always do what they say they will do.


Briefly describe how granting this company a permit to provide household goods moving services in Washington State will benefit you, your business, and/or your community:

ANC has moved items for me in the past. His people are very conscientious. They did a great job.

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?

I have referred quite a few people to ANC. Everybody had a great experience.

I certify (or declare) under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

  
Signature of Person Completing Form

8/10/16 VANCOUVER, WA  
Date and Location

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<b>Applicant Name:</b>	Peter Clark
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The following must be completed by the Supporter of the applicant	
Name, Title, and Business Name:	Shantina Fox, Event Director, Why Racing Events, Inc.
Address (include street address, mailing address, city, state, zip, and county):	1011 Broadway St. Vancouver, WA 98660
Phone Number:	360-567-7405
Do you currently need the services of a residential household goods moving company? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If yes, please describe your current moving needs:	We work with Peter's team multiple times per year. They oversee all of our moving needs, from loading the goods into trucks and unloading them as well.
Do you anticipate a future need for the services of a residential household goods moving company? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If yes, please describe your future moving needs:	We hire ANC Movers roughly 15 times per year and will continue to do so.
Briefly describe how granting this company a permit to provide household goods moving services in Washington State will benefit you, your business, and/or your community:	Granting ANC this permit will ensure our community has a trust worthy company to rely on for all their moving needs. We are always thankful for the job they do for us, and their attention to detail and customer service.
Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?	No.
<i>I certify (or declare) under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.</i>	
<u>Shantina Fox</u>	<u>8/10/16 Vancouver, WA</u>
Signature of Person Completing Form	Date and Location

**BUSINESS INFORMATION - continued**

UBI #: 603-525-219 Email: peter@aremovers.com

USDOT #: 2877082 (If you currently don't have one, go online at [www.fmcsca.dot.gov/online-registration](http://www.fmcsca.dot.gov/online-registration) to apply or call 360-596-3812 for assistance.)

Department of Labor & Industries Worker's Comp account # 086, 034-03

Employment Security Department registration number \_\_\_\_\_

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

**TYPE OF BUSINESS STRUCTURE**

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

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

Name	Title	Stock Distribution or % of Shares
<u>Peter Clarke</u>	<u>owner</u>	<u>100%</u>

Must provide a copy of a valid driver's license or government-issued photo identification card for each person named in the application.

1. Describe the services you wish to provide. Explain how your services will enhance customer choice, promote competition, or fill an unmet need for service: Moving household goods and pianos

2. Briefly describe your experience in the transportation/household goods moving industry: I have over 15 years of experience

3. 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 \_\_\_\_\_

4. 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 we did have a penalty but was resolved. When we called to get it up again they said to get a new application

5. Do you currently operate interstate?  No  Yes If yes, please indicate your MC# \_\_\_\_\_

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