

Completed Activity Report Motor Carrier Safety

Upload? ☐ Yes ☒ No

1. Investigator(s): Alan Dickson

2. Assignment No.: 107224

3. Current Date: 10-20-07

4. Date of Activity: 10/1, 29/2007

5. Carrier Name: Andy Chen

6. Permit: THG-62751

7. MOTCAR No.: 4419

8. DOT No.: _____

9. MC No.: _____

10. ☐ Destination Check Only:

- Attach a copy of the Destination Check Safety Plan.
- Number of buses inspected: # of 9-15 passenger _____ # of 16+ passenger _____
- Number of vehicle inspections: Level 1 _____ Level 2 _____ Level 5 _____
- Describe any special emphasis placed on the destination check and the results:

- Date of debriefing meeting: _____
- What might we do differently to increase our success at the next destination check:

- Did staff complete all of the elements of the Destination Check Safety Plan? ☐ Yes ☐ No
- If not, explain why: _____

11. ☐ Safety Complaint Only:

- Attach a copy of the Individual Safety Complaint Plan.

- What activity did staff complete for this safety complaint:

☐ Compliance review

☐ Technical assistance

☐ Number of vehicle inspections: Level 1 _____ Level 2 _____ Level 5 _____

☐ Unannounced CR

☐ Other (please explain): _____

- Did staff meet the performance measures for the Individual Safety Plan? ☐ Yes ☐ No

- If not, explain why: _____

12. ☐ New Entrant only – *Charter, Auto Transportation*:

- Attach a copy of the New Entrant Carrier Safety Plan.

- Is this carrier referred by FMCSA, operating intra and interstate: ☐ Yes ☐ No

♦ Did staff inspect all vehicles between three and nine months: ☐ Yes ☐ No

♦ Number of vehicle inspections: Level 1 _____ Level 2 _____ Level 5 _____

♦ Did staff conduct a CR/SA between three and nine months: ☐ Yes ☐ No ☐ CR ☐ SA

- Is this carrier based in another state, requesting intrastate authority: ☐ Yes ☐ No

♦ Did staff inspect all vehicles between three and nine months: ☐ Yes ☐ No

♦ Number of vehicle inspections: Level 1 _____ Level 2 _____ Level 5 _____

- Is this carrier based in Washington, requesting intrastate authority: ☐ Yes ☐ No

♦ Did staff inspect all vehicles between three and nine months: ☐ Yes ☐ No

♦ Number of vehicle inspections: Level 1 _____ Level 2 _____ Level 5 _____

♦ Did staff conduct a CR/SA between three and nine months: ☐ Yes ☐ No ☐ CR ☐ SA

13. ☐ New Entrant only – **HHG**:

- Attach a copy of the New Entrant Carrier Safety Plan.
- Is this carrier referred by FMCSA, operating intra and interstate: ☐ Yes ☒ No
 - ♦ Did staff inspect all vehicles between three and eighteen months: Yes ☐ No
 - ♦ Number of vehicle inspections: Level 1 ____ Level 2 ____ Level 5 ____
 - ♦ Did staff conduct a CR/SA between three and eighteen months: X Yes ☐ No ☐ CR ☐ SA
- Is this carrier based in another state, requesting intrastate authority: ☐ Yes ☒ No
 - ♦ Did staff inspect all vehicles between three and eighteen months: ☐ Yes ☐ No
 - ♦ Number of vehicle inspections: Level 1 ____ Level 2 ____ Level 5 ____
- Is this carrier based in Washington, requesting intrastate authority: X Yes ☐ No
 - ♦ Did staff inspect all vehicles between three and eighteen months: X Yes ☐ No
 - ♦ Number of vehicle inspections: Level 1 ____ Level 2 ____ Level 5 3
 - ♦ Did staff conduct a CR/SA between three and eighteen months: X Yes ☐ No ☐ CR ☐ SA
 - ♦ Did staff conduct technical assistance within three months: X Yes ☐ No

14. ☐ Individual Safety Plan Only:

- Attach a copy of the Individual Carrier Safety Plan.
- What activity did staff complete for this safety complaint:
 - ☐ Compliance review
 - ☐ Technical assistance
 - ☐ Number of vehicle inspections: Level 1 ____ Level 2 ____ Level 5 ____
 - ☐ Unannounced CR
 - ☐ Other (please explain): _____
- Did staff meet the performance measures for the Individual Safety Plan? ☐ Yes ☐ No
- If not, explain why: _____

*Attached -
In-process
assignment.*

15. ☐ All Other Assignments:

▪ Type of Activity:

☒ Compliance review

☐ Safety audit

☐ Technical assistance

☐ Number of vehicle inspections: Level 1 _____ Level 2 _____ Level 5 1

☐ Unannounced CR

☐ Complaint (other than safety)

☐ Other (please explain): _____

▪ Describe how the performance measures from the safety plan were or were not met:

16. ☐ Compliance Review Data:

▪ Safety Rating: ☒ Satisfactory ☐ Unsatisfactory

☐ Conditional

▪ Number of vehicles operated: 1

▪ Number of drivers operated: 1

▪ Total miles for prior year: 2,000

▪ Recordable accidents for prior year: 0

▪ Accident Ratio: 0%

17. ☐ Part B Violations:

Part	Violations	Part	Violations	Part	Violations
382/40		383		387	
390		391		392	
395		396		397	

18. X Vehicle Inspection Data:											
	MC	MB 1-15	MB 16+	SB 1-8	SB 9-15	SB 16+	VAN 1-8	VAN 9-15	TRK	TT	TRA
Inspections									1		
Defective Vehicles									0		
OOS Vehicles									0		
Location									Seatt le		
Level									5		

19. <input type="checkbox"/> Vehicle Inspection Violations:											
	MC	MB 1-15	MB 16+	SB 1-8	SB 9-15	SB 16+	VAN 1-8	VAN 9-15	TRK	TT	TRA
Brakes											
Steering											
Lights											
Tires, wheels, rims											
Horn											
Windshield and Wipers											
Mirrors											
Emergency Equip, Exits											
Coupling Devices											
Frame											
Suspension											
Exhaust											
Other											

20. Relevant carrier history, if any: _____

21. Findings: Satisfactory safety rating. Carrier is in compliance with the household goods economic regulations. I recommend granting of the permanent HG authroty.

22. Recommended Action:

- ☐ No further action.
- X Notify the company in writing of the findings by providing a copy of the CR, vehicle inspection report, safety audit or other similar document.
- ☐ Require the company to submit a compliance plan in response to the 15-day letter requirement.
- ☐ Send the company a compliance letter. Require a response: ☐ Yes ☐ No
- ☐ Issue administrative penalties in the amount of \$ _____
- ☐ Issue a complaint.
- ☐ Stop company operations.

23. Recheck: ☐ Yes (Date: _____) X No

24. Is this carrier considered a high risk carrier as a result of this activity?

- ☐ Carrier accident ratio is higher than aggregate ratio.
- ☐ Carrier received a conditional rating at the last compliance review.
- ☐ Carrier received an unsatisfactory rating at the last compliance review.
- ☐ Carrier had an out-of-service ratio 25% or higher at the last vehicle inspection.
- ☐ Carrier had a defect ratio 75% or higher at the last vehicle inspection.
- ☐ Carrier received more than one conditional or unsatisfactory compliance review rating in more than one of the last four compliance reviews (or less than four if four are not completed).
- ☐ Other (please explain): _____

25. Additional Comments: Assignment no. 107169 completed 8-27-07 for technical assistance and vehicle inspections.

Investigator's signature: Alan Dixon

Initial review by: K Hunter Date: 10-31-07

Reviewer's recommendation: CONCUR with staff recommendation to issue permanent authority.
Thanks!

Final review by: D Pratt Date: 10/31/07

Reviewer's recommendation: Agree with staff recommendations. Issue perm authority. Thanks
[Signature]

Date closed: 11/2/07 By: CAC
cc: alan Dickson
Licensing

1905 **UTC** 2005UTILITIES AND TRANSPORTATION
COMMISSION

Celebrating 100 Years

New Entrant Carrier Safety Plan
Motor Carrier Safety Section1. Was this carrier referred by FMCSA: ☐ Yes ☒ No

2. Does the carrier have, and when did it receive:

☒ Intrastate authority Date granted: 4-17-07☐ Interstate authority Date granted:

3. The carrier is based in which state: WA

4. Investigator(s): Alan Dickson

5. Assignment No.: 107224

6. Date: 10-30-07

7. Carrier name: Andy Chen

8. Permit: THG-62751

9. This new entrant plan includes¹:☐ Safety audit of FMCSA-referred carrier between ___ and ___ months of authority☐ Vehicle inspection of FMCSA-referred carrier, Level☒ Compliance review of WA-based intrastate carrier between 3 and 6 months of authority☐ Safety audit of WA-based intrastate carrier between ___ and ___ months of authority☒ Vehicle inspection of WA-based intrastate carrier, Level 5☐ Vehicle inspection of other state-based intrastate carrier, Level☒ Technical assistance within 4 months of authority.☐ Other (please explain)

10. Date staff will complete the activity: 10-29-07

11. Additional Comments: Satisfactory rating

12. Approved: K HunterDate: 10-31-07¹ Note required activities:

Charter, Auto Trans:

- For new entrants referred by FMCSA and operating both intrastate and interstate, the plan must include inspection of all vehicles to be used by the carrier and a safety audit after three but before nine months of authority.
- For new entrants based in another state and requesting intrastate authority, the plan must include inspection of all vehicles to be used by the carrier.
- For new entrants based in Washington and requesting intrastate authority, the plan must include inspection of all vehicles to be used by the carrier and a compliance review after three but before nine months of authority.

HHG:

- For new entrants referred by FMCSA and operating interstate, the plan must include inspection of all vehicles to be used by the carrier and a safety audit or compliance review after three but before eighteen months of authority.
- For new entrants operating intrastate, the plan must include technical assistance within three months and a safety audit or compliance review after three but before eighteen months of authority.



US DOT #

Legal: ANDY CHEN

Operating (DBA): HING'S PROFESSIONAL MOVING

MC/MX #:

State #: A-107224

Federal Tax ID: 536-90-3920 (SSN)

Review Type: Compliance Review (CR) - Receipt

Scope: Principal Office

Location of Review/Audit: Company facility in the U. S.

Territory:

Operation Types Interstate Intrastate

Carrier: N/A Nor-HM

Shipper: N/A N/A

Cargo Tank: N/A

Business: Corporation

Gross Revenue: \$48,000.00

for year ending: 10/29/2007

Company Physical Address:

3227 16th Avenue South
Seattle, WA 98144

Contact Name: Andy Chen

Phone numbers: (1) 206 679-3388

(2)

Fax 425-917-1166

E-Mail Address:

Company Mailing Address:

3227 16th Avenue South
Seattle, WA 98144

Report Summary

Report

of Pages

Part A - General

2

Part B - Violations

1

Part B - Recommendations

1

Review/Audit Receipt Page

1

Total Pages

5

Disclaimer: By signing below, I acknowledge that I have received a copy of this review/audit and agree with the total number of pages indicated (above) for each document. My signature does not imply agreement with the findings of the review/audit, however they have been discussed in detail with me.

QUESTIONS regarding this report or the Federal Motor Carrier Safety regulations may be addressed to:

WUTC
1720 Ellis St. #200
Bellingham, WA 98225

This report will be used to assess your safety compliance.

Person(s) Interviewed

Name: Andy Chen

Title: Owner/operator

Name:

Title:

Reported By:

Alan Dikson

Title:

Motor Carrier Safety

Code: WA0553

Date: 10/29/2007

Received By:

[Signature]

Title:

owner



US DOT #

Legal: ANDY CHEN

Operating (DBA): HING'S PROFESSIONAL MOVING

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Non-HM

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N/A

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for year ending: 10/29/2007

Company Physical Address:

3227 16th Avenue South
Seattle, WA 98144

Contact Name: Andy Chen

Phone numbers: (1) 206 679-3388 (2)

Fax 425-917-1166

E-Mail Address:

Company Mailing Address:

3227 16th Avenue South
Seattle, WA 98144

Carrier Classification

Other: THG-62751

Cargo Classification

Other: THG-62751

Does carrier transport placardable quantities of HM? No

Is an HM Permit required? N/A

Driver Information

Inter Intra

< 100 Miles:

1

>= 100 Miles:

Average trip leased drivers/month: 0

Total Drivers: 1

CDL Drivers: 0

Equipment

Owned Term Leased Trip Leased

Owned Term Leased Trip Leased

Truck

1

0

0

Power units used in the U.S.: 1

Percentage of time used in the U.S.: 100





HING'S PROFESSIONAL INSPECTION /ING (ANDY CHEN dba)

U.S. DOT #:

State #: A-107224

Review Date:

10/29/2007

Part A

QUESTIONS regarding this report or the Federal Motor Carrier Safety regulations may be addressed to:

WUTC
1720 Ellis St. #200
Bellingham, WA 98225

This report will be used to assess your safety compliance.

Person(s) Interviewed

Name: Andy Chen

Title: Owner/operator

Name:

Title:





HING'S PROFESSIONAL M. JING (ANDY CHEN dba)

U.S. DOT #:

State #: A-107224

Review Date:

10/29/2007

Part B Violations**Safety Fitness Rating Information:**

Total Miles Operated 2,000

Recordable Accidents 0

Recordable Accidents/Million Miles 0.00

OOS Vehicle (CR): 0

Number of Vehicle Inspected (CR): 1

OOS Vehicle (MCMIS): 0

Number of Vehicles Inspected (MCMIS): 0

Your proposed safety rating is :

SATISFACTORY**Rating Factors****Acute Critical**

Factor 1: S 0 0

Factor 2: S 0 0

Factor 3: S 0 0

Factor 4: S 0 0

Factor 5: N 0 0

Factor 6: S - -





HING'S PROFESSIONAL ENGINEERING (ANDY CHEN dba)

U.S. DOT #:

State #: A-107224

Review Date:

10/29/2007

Part B Requirements and/or Recommendations

1. This review will result in a Safety Rating.





HING'S PROFESSIONAL INC. JING (ANDY CHEN dba)
U.S. DOT #:

State #: A-107224

Review Date:
10/29/2007

Part C

Reason for Review: Other HG workplan, prov
Planned Action: Compliance Monitoring
Safestat Category:

Parts Reviewed Certification:

325	382	383	387	390	391	392	393	395	396	397	398	399	171	172	173	177	178	180
			✓	✓	✓	✓	✓	✓	✓									

Prior Reviews

Prior Prosecutions

Unsat/Unfit Information

Is the motor carrier of passengers subject to the safety fitness procedures contained in 49 CFR part 385 subpart A, AND does it transport passengers in a commercial motor vehicle?

Does carrier transport placardable quantities of hazardous materials?

Unsat/Unfit rule:

Not Applicable

Corporate Contact: Andy Chen

Corporate Contact Title: Owner/operator

Special Study Information:

Remarks:

This review was conducted as part of the provisional household goods carrier permit process. I provided Mr. Andy Chen, owner with technical assistance during the six month temporary permit time period April-October 2007. He is now is full compliance with the safety regulations. The 12,000 lbs. gvwr moving truck checked free of defects and a CVSA sticker was issued. Mr. Chen received a satisfactory safety rating from the review.

I inspected economic records pertaining to rates, charges and applicate rules as listed on the HG records review checklist. Mr. Chen is in compliance with the regulations for the hauling records checked, and is aware of the full requirement of economic regulations applicable to his operations.

I recommend this applicant be considered for issuance of the permanent household goods permit authority.

Upload Authorized:	Yes	No <input checked="" type="checkbox"/>
Authorized by:		Date:
Uploaded:	Yes	No
Verified by:		Failure Code:
		Date:



Washington Utilities and Transportation Commission
**Household Goods Technical Assistance and
 Records Review Checklist**

Rev. 4/01

Carrier: <u>Andy Chen</u> d/b/a: <u>Hing's Professional Moving</u>		THG- <u>62751</u>
Location: <u>3227 16th Ave S</u> <u>Seattle 98144</u>	Assignment #: <u>107169</u>	
Investigator: <u>ADICKSON</u>	UBI #: <u>601 342 967</u>	
Period of Records Checked: From: <u>April 15, 07</u> To: <u>Oct 26, 07</u> Total Number of Bills: <u>46</u>		

WAC Rule	WAC Rule Reference	Findings	Number Checked	Number in Violation
480-15-	Does the company have current accounts with: Labor & Industries Employment Security Secretary of State Dept. of Revenue	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
110	Address/Phone Number - Are the carrier's address and phone number those listed in Commission records?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
360	Permits - Is original kept in main office?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
480	Annual Report/Regulatory Fees - Has the carrier filed the most recent annual report? Was the annual report filed on or before May 1 st ? <u>N/A</u> If not, were late fees and interest included? Does the carrier correctly calculate and submit regulatory fees?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No		
530	Insurance - Does the carrier have current public liability and property damage insurance? Does it match the information on file with the Commission? Liability and property damage insurance information: Company: <u>United Fin. Casualty Co.</u> Policy: <u>05710009-0</u> Liability Limits: <u>\$750,000</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
550	Cargo Insurance - Does the carrier have adequate cargo insurance? Cargo Insurance information: Company: <u>United Fin-Cas. Co.</u> Policy: <u>05710009-0</u> Limits: <u>\$20,000</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

590/600	Leasing - Does the carrier lease equipment? If yes: Were the leases filed with and approved by the Commission? Were the terms of the lease complied with?	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No		
610	Advertising - Is the carrier's HG or TCC permit number included in all advertisements? If no, note on "other information".	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

Bill of Lading

720	Bills of Lading - Is the carrier using a Uniform Household Goods Bill of Lading that meets the requirement of Tariff 15-A? Has the carrier issued a Bill of Lading for each shipment?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
740	Does each Bill of Lading contain all required information?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
620	Notice to Shippers - Is the carrier providing shippers with the "Rights and Responsibilities" guide Has the notation on the Bills of Lading been signed by the shipper?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

Tariffs - Rates & Charges

490	Does the carrier have a copy of Tariff 15-A? If yes: Is it current? Is it available to the public?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
	If shipper selected a valuation option, were charges computed correctly?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
	Does the carrier accurately record start and stop times on the bill of lading for each job?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
	Are the charged hourly rates within the rate band?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
	Are the extra labor charges within the rate band?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
	Does the carrier charge travel time to and from job sites?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
	Charging overtime is optional. If the carrier charges overtime, are the charges within the rate band?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
	Has the carrier assessed hourly rates for any moves that have exceeded 35 miles from origin to destination?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	Has the carrier charged for any services not authorized under time rates? (Long carry, stairs, piano charge, etc.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	Packing Material rates - are the charges within the rate band? Does the carrier charge for materials not in the tariff? (Such as: paper, tape, padding, bubble wrap, shrink wrap, tape, etc.) Has the carrier provided packing material to the shipper at no cost?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	Does the carrier use the Rand McNally mileage guide to determine mileage for tariff purposes?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
	Is mileage computed correctly?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
750	Determination of weights - has the carrier weighed all shipments that have exceeded 35 miles from origin to destination? Are empty and loaded weight tickets maintained with the bill of lading?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Does the carrier use correct tariff mileage/weight charges?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

	Packing Material rates - are charges within the rate band? Does the carrier charge for materials not in the tariff? (Such as: paper, tape, padding, bubble wrap, shrink wrap, tape, etc.) Has the carrier provided packing material to the shipper at no cost?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	Storage-in Transit - Has the carrier improperly classified or converted and storage-in-transit into long term storage?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	Does the carrier use correct rates for movements into and/or out of storage-in-transit?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
	Have shipments properly classified as storage-in-transit been charged long term storage rates?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	Has the carrier provided temporary storage-in-vehicle? If yes: Are the charges within the rate band? Did the carrier obtain the shipper's authorizing signature?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Are charges for stairs, elevators, and long carry calculated within the rate band?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
	Are extra stop(s) charges calculated within the rate band?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
	Are piano/organ charges calculated within the rate band?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
	Has the carrier charged for "Expedited Service"? If yes: Did the carrier obtain the shippers' authorizing signature?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No		

Estimates

640	Is the company aware that verbal estimates are not allowed?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
630-690	Does the carrier issue written estimates? If yes: Are written estimates based on a written inventory (cube sheet)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
	Do written estimates include all required information?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
	Does the carrier provide written estimates without visually inspecting the goods at the origin?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	Binding Estimates - Does the carrier issue binding estimates? If yes: Is required documentation attached to binding estimates? Has carrier failed to honor any binding estimates? Have any binding estimates exceeded the highest legal tariff rate? Has the carrier issued any supplemental estimates on binding estimates? If yes: Is a signed supplemental estimate attached to the original estimate?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Have all written estimates been signed by the customer?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
	Does the carrier retain all written estimates of moves they have conducted?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
	Has the carrier issued any Supplemental Estimates? If yes: Do supplemental estimates show what additional services were requested by the customer that would cause the increase? Is a signed supplemental estimate attached to the original estimate?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
	Has the carrier refused to agree to release a shipment upon payment of 110% of a written and any supplemental estimates?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	If the goods were released upon payment of 110% of a written estimate, has the customer been allowed 30 days to pay the balance?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

	Has the carrier collected more than 25% over the written non-binding estimate (plus any supplemental estimate) for time charges on hourly moves, or collected more than 15% over the estimate for accessorial or other services?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	Has the carrier collected more than 15% over a written non-binding estimate (plus any supplemental estimate) for mileage rated moves?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	Has the carrier underestimated any shipments? If yes, How many were underestimated _____ How many total moves did company conduct _____	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	Does carrier understand that if they choose not to issue written estimates, they can not provide service by offering to meet or beat another company's estimate?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

Claims

800-870	Does the carrier maintain a Complaints and Claims Register?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
	If yes: Does the register include all required information?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
	Have all complaints been recorded in the register?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
	Are all complaints and claims consecutively numbered?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
	Have all claims for loss and damage filed within 9 months of delivery date been recorded and processed?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
	Are all claim record documents retained for 6 years?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
	Are complaint records maintained in office for 3 years after resolution or shipment date?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
	Does the carrier notify the customer in writing, within 10 days, that claim or complaint was received?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
	Does the carrier investigate the claim quickly?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
	Does the carrier advise customer of resolution? Advisement is: Written <input checked="" type="checkbox"/> Verbal <input type="checkbox"/>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
	Does the carrier pay, refuse, or offer a compromise on a claim within 120 days?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
	If claim is not settled within 120 days, does carrier the continue to inform claimant every 60 days?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
430-450	If a customer is not satisfied with the carrier's resolution, is the customer referred to the Commission?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
	Does the carrier provide the customer with the Commission's toll-free line to Consumer Affairs?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

Operations

190	Permit - Is carrier operating within the scope of the permit?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
300	Temporary Permit - Is carrier in compliance with conditions attached to its temporary authority?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
390	Carrier Name - Is the carrier operating under its permitted name or an approved d/b/a?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
430-450	Suspension/Cancellation - Has the carrier's permit been suspended or canceled during the time frame of this records check?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	If yes: Did the carrier operate during the suspension or cancellation period?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

If you have any questions, or would like further technical assistance, please contact:

Alan Dickson
Investigator

360 647-7348
Telephone

647-7310
FAX

I, as a representative of this company, acknowledge receipt of this records review form and understand the findings as stated herein.

[Signature]

Received By

Owner
Title

10-29-07
Date

1225100

[illegible][illegible]