

Here ya go! ATTN: Tina L.



TRANSPORTATION COMMISSION

1300 S. Evergreen Park D  
P.O. Box 47250  
Olympia, WA 98504-7250  
Phone: 360-664-1222  
Fax: 360-586-1181  
TTY: 360-586-8203  
or  
1-800-416-5289

TU 143663

email: transportation@utc.wa.gov

**HOUSEHOLD GOODS MOVING COMPANY**

**PERMIT APPLICATION**

Replacement

FOR OFFICIAL USE ONLY			
Date Filed:	DOL/SOS:	ID:	Docket #:- <i>Just</i>
Staff Assigned	Insurance	Inspection	Permit Issued THG-
Reception #	111-0268-207-02	Receipt ID	111-0268-013-20

**Type of Household Goods Authority Requested – check one**

**Fee Required**

- The fee for provisional, and then permanent authority is a one-time fee. – Complete pages 3-8 and Attachment A \$ 550
- Permanent authority to transfer resulting in a change in ownership or controlling interest (at least six months must be served on a temporary provisional basis) – Complete pages 3-8 and Attachment B \$ 550
- Permanent authority to transfer under the exceptions in Complete pages 3-8 and Attachments B & C \$ 250
- Reinstatement of permit (must be filed within 30 days of cancellation, depending on criteria set forth in ) – Complete pages 3-4 and include a statement justifying the reinstatement \$ 250
- Complete pages 3-4 and Attachment D \$ 35

**BUSINESS INFORMATION**

Legal Name: Johnson's Hauling LLC

Trade Name, if applicable: Johnson's Hauling + Moving *Spokane Delivery*  
*Spokane Transpor.*

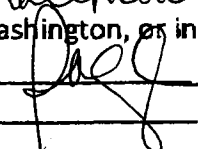
Physical Address: 3216 E. Euclid Ave Spokane WA 99217

Mailing Address: Po box 1525 Mead WA 99021

Telephone Number (509) 487-6683 Fax Number ( ) \_\_\_\_\_

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Replacement  


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: \_\_\_\_\_

**FINANCIAL STATEMENT**

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

Assets		Liabilities	
Cash in Bank	\$ 1000.00	Salaries/Wages Payable	\$
Notes Receivable	\$	Accounts Payable	\$
Investments	\$	Notes Payable	\$
Other Current Assets	\$	Mortgages Payable	\$
Prepaid Expenses	\$	<b>TOTAL LIABILITIES</b>	\$
Land and Buildings	\$	<b>NET WORTH</b>	
Trucks and Trailers	\$ 10,000	Preferred Stock	\$
Office Furniture	\$	Common Stock	\$
Other Equipment	\$	Retained Earnings	\$
Other Assets	\$	Capital	\$
<b>TOTAL ASSETS</b>	\$ 11,000	<b>TOTAL LIABILITIES &amp; NET WORTH</b>	\$

**EQUIPMENT LIST**

Describe the equipment you will own or lease to provide moving services (attach additional sheets if necessary).

Year	Make	License Number	Vehicle ID Number	Gross Vehicle Weight
1989	International		1HT5UCR2K4K4664527	18,000

# Department Of Licensing – IDL System

WA  
USA **WASHINGTON** DRIVER LICENSE

4d LIC# **JOHNSCA256MZ** DONOR ♥

1 **JOHNSON**  
2 **CARY ALAN**

3 DOB **07-09-1975** 4a ISS **08-29-2013**



8 **15710 E FRIDGER RD**  
**ELK WA 99009-9708**

15 Sex **M** 16 Hgt **5-10**  
17 Wgt **200** 18 Eyes **BLU**

9 Class 9a End **3** 4b Exp **07-09-2018**

12 Restrictions **C**

5 DD **JOHNSCA256MZ3013241401046**



Picture Number: JOHNSCA256MZ

Control Number: 3013241401046

Name: JOHNSON,CARY ALAN

Production Status: Mailed – 09-02-2013

Issue Date: 08-29-2013

Report Date: Sep 19, 2014 9:58:03 AM

HN: TINA

Zeipski

APP# TV 143663

WA  
USA **WASHINGTON** DRIVER LICENSE

4a LIC# JOHNSCA258MZ DONOR ♥

1 JOHNSON

2 CARY ALAN

3 DOB 07-09-1975 4a ISS 08-20-2013

5 18718 E FRIDEGGER RD  
ELK WA 99009-9708

16 Sex M 16 Hgt 5-10

17 Wgt 200 16 Eyes BLU

18 Class 18 End 3 4b Exp 07-09-2018

19 Restrictions C

5 DD JOHNSCA258MZ0013261401846 Rev 08-16-2009