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TV-050491

WASHINGTON MAR 24 2005

UTC WASH. UT. & TP. COMM
UTILITIES AND TRANSPORTATION
COMMISSION

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 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 type="checkbox"/> Name Change – Complete page 1 and Attachment D | \$ 35 |
| <input checked="" 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: _____ Amount: _____

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): Janae Eng Date: 3-21-05
 Signature: Janae Eng Title: owner

FOR OFFICIAL USE ONLY

| | | | |
|-------------------------------------|-------------------------------|--------------------------------|---------------------------------|
| Date Filed: <u>3/25/05</u> | Application #: <u>1-19365</u> | Motorcar: <u>42013</u> | Permit Issued: HG- <u>61164</u> |
| Staff Assigned: <u>[Signature]</u> | Insurance: <u>[Signature]</u> | Inspection: <u>[Signature]</u> | DOL/SOS: <u>OL/NA</u> |
| Reception #: <u>111-0268-207-02</u> | <u>550.00</u> | <u>111-0268-202-01</u> | <u>111-0268-013-20</u> |

0009764

PAGE 1

BUSINESS INFORMATION

Name of Applicant Janae Eng
(must be individual, partners of a partnership, or corporation)

Trade Name, if applicable Columbia Basin Movers & Storage

Physical Address 206 S. Alder Moses Lake, WA 98837

Mailing Address _____

Telephone Number 509 760-7680 Fax Number 509 766-7900

UBI # 602340160 Email: _____

TYPE OF BUSINESS STRUCTURE

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

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> |
|-------------|--------------|---|
| | | |
| | | |
| | | |
| | | |

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 only have one other carrier in Moses Lake, (Mayflower) I provide house hold goods to be moved in the state of Washington.

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

We have had our biz for 1 1/2 years and would like to go state wide. Also trained by Help you move out of Tri Cities.

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: AB-61164

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# _____ MC# _____ 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: _____

see attachment

| 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 | \$ | TOTAL LIABILITIES | \$ |
| Land and Buildings | \$ | NET WORTH | |
| Trucks and Trailers | \$ | Preferred Stock | \$ |
| Office Furniture | \$ | Common Stock | \$ |
| Other Equipment | \$ | Retained Earnings | \$ |
| Other Assets | \$ | Capital | \$ |
| TOTAL ASSETS | \$ | TOTAL LIABILITIES & NET WORTH | \$ |

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 |
|------|-------------|----------------|-----------------------|----------------------|
| 1988 | C-MC-C-60ED | A20777T | 16DE6D1BXJ V524090 | 18,200 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: Tod Hansberg Position: Manager

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: Tod Hansberg Position: Manager

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: Tod Hansberg Position: Manager

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: Tod Hansberg Position: Manager

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: Tod Hansberg Position: Manager

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: Tod Hansberg Position: Manager

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: Tod Hansberg Position: Manager

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: Tom Naneberg

Position: Manager

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: Janice Eng

Position: owner

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.

Janice Eng
Print name of applicant

Janice Eng
Signature of Applicant

3/22/05
Date & Place

Yonkers WA

Attachment
Page 3

11:57 AM
04/05/05
Accrual Basis

**Columbia Basin Movers & Storage
Profit & Loss**

January through December 2004

Jan - Dec 04

| | |
|---------------------------------|------------------|
| Income | |
| Box Sales | 25.40 |
| Moving Income | 40,133.91 |
| Storage | 100.00 |
| Total Income | 40,259.31 |
| Gross Profit | |
| Expense | |
| Advertising | 3,377.60 |
| Automobile Expense | |
| Fuel | 4,162.95 |
| Insurance | 300.00 |
| Repairs | 9,117.35 |
| Automobile Expense - Other | 1,123.13 |
| Total Automobile Expense | 14,703.43 |
| Bank Service Charges | 1,696.79 |
| Dues & Subscriptions | 514.50 |
| Equipment Rental | 215.50 |
| Fees | |
| Finance Charges | 97.76 |
| Late Fees | 67.65 |
| Overlimit Fee | 29.00 |
| Total Fees | 194.40 |
| Furniture Repairs | 614.31 |
| Insurance | |
| Liability Insurance | 3,181.79 |
| Total Insurance | 3,181.79 |
| Janitorial | 100.00 |
| Licenses & Permits | 386.50 |
| Office Supplies | 370.64 |
| Payroll Expenses | |
| Payroll Taxes | 2,772.78 |
| Wages/Salaries | 15,260.86 |
| Payroll Expenses - Other | 1,349.59 |
| Total Payroll Expenses | 19,383.23 |
| Postage | 271.29 |
| Printing & Reproduction | 2,071.51 |
| Professional | |
| Accounting | 930.00 |
| Legal | 276.29 |
| Total Professional | 1,206.29 |

11:57 AM
04/05/05
Accrual Basis

Columbia Basin Movers & Storage
Profit & Loss
January through December 2004

| | Jan - Dec 04 |
|---|-------------------|
| Rent | 735.00 |
| Supplies | 200.48 |
| Telephone | 1,347.54 |
| Temporary Labor | 3,696.77 |
| Tools | 35.55 |
| Travel & Entertainment | 2,022.29 |
| Entertainment | 275.57 |
| Meals | 2,297.86 |
| Total Travel & Entertainment | 2,297.86 |
| Void | 0.00 |
| Total Expense | 56,601.08 |
| Net Income | -16,341.77 |

ATTACHMENT A

HOUSEHOLD GOODS STATEMENT OF SUPPORT

Permit applications must include at least three shipper and/or public statements supporting the proposed household goods moving service. Shipper statements may come from persons and/or organizations with a need for household goods moving services, or who support the applicant's request for a permit to provide those services. These forms may be copied by the applicant as needed.

Applicant Name:

Don & Janae Eng *Janae Eng*

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:

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

*5071 PAINTED HILLS DR N.E.
EPHRATA, WA.
98823*

Phone Number:

509-754-5778

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:

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 would Be a LOCAL, INDEPENDENT MOVING COMPANY. CONVENIENT FOR RESIDENCE & BUSINESS.

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit? *No.*

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

[Signature]
Signature of Person Completing Form

11/17/03 MOSES LAKE
Date and Location

ATTACHMENT A

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Permit applications must include at least three shipper and/or public statements supporting the proposed household goods moving service. Shipper statements may come from persons and/or organizations with a need for household goods moving services, or who support the applicant's request for a permit to provide those services. These forms may be copied by the applicant as needed.

Applicant Name:

~~Don~~ & Janae Eng *Janae Eng*

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:

JOE FARMER

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

*4022 Rd. 13.5 N.W.
Ephrata, WA. 98823
USA*

Phone Number:

509/754/5550

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:

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 would give me or my company more choices for moving services in this area.

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit? *NO*

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

[Signature]
Signature of Person Completing Form

11/17/03 *MOSES LAKE, WA.*
Date and Location

ATTACHMENT A

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Permit applications must include at least three shipper and/or public statements supporting the proposed household goods moving service. Shipper statements may come from persons and/or organizations with a need for household goods moving services, or who support the applicant's request for a permit to provide those services. These forms may be copied by the applicant as needed.

Applicant Name: Don & Janae Eng

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:

Cheryl Lampe

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

938 E. Hill
Moses Lake - WA 98837

Phone Number: 760-7256

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:

Help with large items

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:

Help with moving -- as I am a single person

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

NO

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

Cheryl Lampe
Signature of Person Completing Form

11-17-03 - Moses Lake
Date and Location

INQR UTL024P1 MASTER LICENSE SERVICE 03/31/05
 BUSINESS ENTITY INQUIRY 08:42:18

UBI: 602 340 160 001 0001 Loc Status: A
Type: Sole Proprietor

Owner Name: JANAE ENG
Firm Name : COLUMBIA BASIN MOVERS & STORAGE
Page: 1

| Endorsements | Unit | Account # | Stat | Date | Expires |
|------------------------|------|-----------|------|------------|---------|
| TAX REGISTRATION | | | A | 11 18 2003 | |
| UNEMPLOYMENT INSURANCE | | | A | 11 18 2003 | |
| INDUSTRIAL INSURANCE | | | A | 11 18 2003 | |

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