

Motor Carrier Safety Staff Recommendation

Investigator(s): **Tom McVaugh**

Permit: **HG-62546**

Assignment No.: 107121

MOTCAR No.: 44731

Company name: **Able Moving, Inc.** ✓

Type of assignment:

Compliance review

Technical assistance

Vehicle inspection

Other: _____

Education

Training

Destination check

Date(s) of activity: June 5, 2007

Relevant company history, if any:

Findings:

Recommended Action:

No further action.

Notify the company in writing of the findings by providing a copy of the CR or vehicle inspection report.

Require the company to submit a compliance plan in response to the 15-day letter requirement or in response to a compliance letter.

Send the company a compliance letter. Require a response: Yes No

Issue administrative penalties in the amount of \$

Issue a complaint.

Stop company operations.

Recheck: Yes (Date: _____) No: X

Additional Comments: This was the third and final ETA and compliance review closeout. This carrier has complied with the provisional process and received a Satisfactory safety rating. **I am recommending this carrier for permanent household goods authority.**

Investigator's signature: Ch. d. [Signature] 6-6-07


Initial Review by: _____ Date: _____

Final recommendation by: R Hunter Date: 6-6-07
concur with staff recommendation for
permanent activity. Thanks! Tom

Date closed: 6/6/07 By: [Signature]

cc: Tom McVay
Licensing

WA UTILITIES & TRANSPORTATION COMMISSION

	US DOT #	Legal: ABLE MOVING INCORPORATED Operating (DBA):		
MC/MX #:	State #: HG-62546	Federal Tax ID:		
Review Type: Compliance Review (CR)				
Scope:	Principal Office	Location of Review/Audit: Company facility in the U. S.		Territory:
Operation Types		Interstate	Intrastate	
Carrier:	N/A	Non-HM	Business: Corporation	
Shipper:	N/A	N/A	Gross Revenue: \$17,258.94 for year ending: 12/31/2006	
Cargo Tank:	N/A			
Company Physical Address:				
5214 Gentle Ridge Drive SE Lacey, WA 98513-4645				
Contact Name: Brandon Childers				
Phone numbers: (1) 360-455-9557 (2)			Fax 360-570-1890	
E-Mail Address: angelaklahn@juno.com				
Company Mailing Address:				
5214 Gentle Ridge Drive SE Lacey, WA 98513-4645				
Carrier Classification				
Other: Intrastate				
Cargo Classification				
General Freight		Household Goods		
Does carrier transport placardable quantities of HM? No				
Is an HM Permit required? N/A				
Driver Information				
	Inter	Intra	Average trip leased drivers/month: 0	
< 100 Miles:			Total Drivers: 1	
>= 100 Miles:		1	CDL Drivers: 0	
Equipment				
	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				





ABLE MOVING INCORPC TED

U.S. DOT #:

State #: HG-62546

Review Date:

06/05/2007

Part A

QUESTIONS regarding this report or the Federal Motor Carrier Safety or Hazardous Materials rules may be addressed to the WUTC at:

WUTC ATTN: TOM McVAUGH 360-664-1237
PO BOX 47250
OLYMPIA, WA 98504-7250

This report will be used to assess your safety compliance.

Person(s) Interviewed

Name: Brandon Childers

Title: President

Name: Angela Klahn

Title: Vice President





ABLE MOVING INCORPC TED

U.S. DOT #:

State #: HG-62546

Review Date:

06/05/2007

Part B Violations

Safety Fitness Rating Information:

Total Miles Operated	20,000
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	-	-



**Part B Requirements and/or Recommendations**

1. This review will result in an intrastate safety rating and carrier profile. To obtain a copy of your profile, contact Ms. Carolyn Caruso at 360-664-1244.
2. Ensure that periodic inspections are conducted at least once a year, on each vehicle owned and operated by the company. The inspection must be defect free and conducted by a certified periodic inspector. Ensure that proof of the annual inspection is maintained at the carrier's principal place of business and on the vehicle.
3. Maintain a complete accident register for a period of three years, for each recordable accident involving a commercial motor vehicle. This includes accidents occurring on or after April 29th, 2003.
4. Ensure that all vehicles operated under WUTC authority are properly marked with permit name and number.
5. CFR Part 396.11. Ensure that each driver prepares a Driver Vehicle Inspection Report, at the completion of each day, covering those parts and accessories that affect the safe operation of the vehicle. Ensure that the report contains the required signatures and is maintained for 90 days. List all defects noted by the driver or reported to the driver during the course of the day.
6. ENSURE THAT YOU OBTAIN AN ANNUAL DRIVING RECORD CHECK ON EACH DRIVER EMPLOYED AND MAINTAIN THE DRIVING RECORD IN THE DRIVER'S QUALIFICATION FILE.
7. Keep up the good work. Continue to familiarize yourself with the Federal Motor Carrier Safety Regulations.



WA UTILITIES & TRANSPORTATION COMMISSION



US DOT #

Legal: ABLE MOVING INCORPORATED

Operating (DBA):

MC/MX #:

State #: HG-62546

Federal Tax ID:

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 Non-HM
Shipper: N/A N/A
Cargo Tank: N/A

Business: Corporation

Gross Revenue: \$17,258.94

for year ending: 12/31/2006

Company Physical Address:

5214 Gentle Ridge Drive SE
 Lacey, WA 98513-4645

Contact Name: Brandon Childers

Phone numbers: (1) 360-455-9557 (2)

Fax: 360-570-1890

E-Mail Address: angelaklahn@juno.com

Company Mailing Address:

5214 Gentle Ridge Drive SE
 Lacey, WA 98513-4645

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 or Hazardous Materials rules may be addressed to the WUTC at:

WUTC ATTN: TOM McVAUGH 360-664-1237
 PO BOX 47250
 OLYMPIA, WA 98504-7250

This report will be used to assess your safety compliance.

Person(s) Interviewed

Name: Brandon Childers

Title: President

Name: Angela Klahn

Title: Vice President

Reported By:

Tom McVaugh

Title: *McClk Sp. Inv.*

Code: WA0531

Date: 6/5/2007

Received By:

Brandon Childers

Title:

President





ABLE MOVING INCORPORATED

U.S. DOT #:

State #: HG-62546

Review Date:

06/05/2007

Part C

Reason for Review: Other Provisional HHG Co.
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

Does passenger vehicle transport more than 15 passengers, including driver?

Does carrier transport placardable quantities of hazardous materials?

Unsat/Unfit rule: Not Applicable

Corporate Contact: Angela Klahn
Corporate Contact Title: Vice President

Special Study Information:

Remarks:

On June 5, 2007, I contacted Mr. Brandon Childers, president, and Ms. Angela Klahn, vice-president, of Able Movers, Inc. (Able), at the carrier's main office and residence located in Lacey, WA. The purpose of my contact was to conduct a final ETA and safety compliance review of this provisional household goods carrier. This was the third ETA I provided for Able.

Able obtained their provisional household goods permit on November 11, 2006. Their primary business consists of retail store delivery within the local Thurston county area. Initially, this carrier was unfamiliar with commission economic and safety regulations, but Mr. Childers and Ms. Klahn have expressed a desire to comply with them.

This company currently owns two (2) straight trucks and employs one (1) full time driver. When I conducted my initial ETA, Mr. Childers was also a driver. However, when I advised him of the medical certificate requirements, he was unable to obtain a certification because he is currently an insulin dependent diabetic. Because of this disqualifying condition, the company has removed Mr. Childers from a driving position.

The vehicle is properly insured for both combined single limits and cargo limits. I inspected both vehicles during the course of this provisional process.

Upon completion of this compliance review, Able received a satisfactory safety rating.

I am recommending this company for permanent household goods authority. For further information, refer to Assignment #107073 and Assignment #107096, attached.

This assignment is submitted for closing.





ABLE MOVING INCORP ATED

U.S. DOT #:

State #: HG-62546

Review Date:

06/05/2007

Part C

Upload Authorized:	Yes	No	
Authorized by:		Date:	
Uploaded:	Yes	No	Failure Code:
Verified by:		Date:	



UNIFORM RIVER/VEHICLE INSPECTION REPORT

1224234

PERSONNEL NO. J531 DIST / DET

LEVEL: 1 2 3 4 5 8

GENERAL HAZARDOUS MATERIALS

DATE 6.15.07 TIME (MILITARY) BEGUN 015:20 FINISHED 15:34 HAZARD CLASS / DIVISION NO. REPORTABLE QTY? Y N HAZARDOUS WASTE? Y N LOCATION: SR/MP LACEY SCALEHOUSE NO. CNTY CODE 34 PLACARD REQUIRED? Y N CARGO TANKS? Y N

CARRIER 360-455-9557

CARRIER NAME (Include DBA when applicable) ABLE MOVING, Inc. HB-62546

ADDRESS 5214 Gentle Ridge DR. SE

CITY LACEY STATE WA ZIP CODE 98513 INTERSTATE YES NO DOT NO. ICC NO.

DRIVER

DRIVER NAME LICENSE NO. STATE EXP. YEAR

DATE OF BIRTH MED. CERT. Y N SHIPPER NAME SHIPPING NO. WAIVER Y N

VEHICLE TR

REGISTERED OWNER NAME/ADDRESS HYON Financial Services LSR G.V.W. 26,000 PBT RATE

Table with columns: UNIT, TYPE, YEAR/MAKE, CO. UNIT NO., LICENSE NO. / VIN NO., STATE. Row 1: 1, TR, 2000 FRT, 1, B45741B, WA

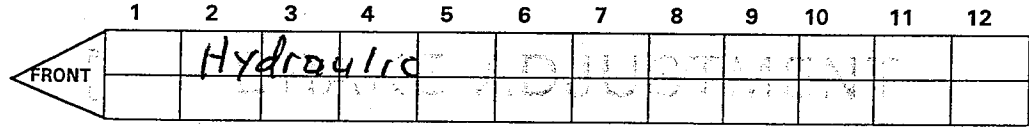


Table with columns: CFR, VIOLATIONS, D, 1, 2, 3, 4, Unit # O/S, Complied. Multiple empty rows for recording violations.

CVSA DECALS UNIT 1 5922187 UNIT 2 UNIT 3 UNIT 4 NOIC NO. DRIVER SIGNATURE OFFICER SIGNATURE T McVaugh

Vehicle may not be operated until O/S defects noted above are repaired. Driver may not drive until in compliance.

Household Goods Technical Assistance and Records Review Checklist

Rev. 4/01

Carrier: ABLE MOVING, INC. d/b/a:	HG-62546
Location: 5214 GENTLE RIDGE DRIVE SE LACEY, WA 98513	Assignment #: 107121
Investigator: TOM MCVAUGH	UBI #: 602410289
Period of Records Checked: From: 3-22-07 To: 6-5-07	
Bills: 46 Total Number of	

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="radio"/> Yes No <input checked="" type="radio"/> Yes No <input checked="" type="radio"/> Yes No <input checked="" type="radio"/> Yes No		
110	Address/Phone Number - Are the carrier=s address and phone number those listed in Commission records?	<input checked="" type="radio"/> Yes No		
360	Permits - Is original kept in main office?	<input checked="" type="radio"/> Yes 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 ? If not, were late fees and interest included? Does the carrier correctly calculate and submit regulatory fees?	<input checked="" type="radio"/> Yes No <input checked="" type="radio"/> Yes No <input checked="" type="radio"/> Yes 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: NATIONAL INDEMNITY COMPANY Policy : 70TRN435190 Liability Limits: \$750,000 CSL	<input checked="" type="radio"/> Yes No <input checked="" type="radio"/> Yes No		
550	Cargo Insurance - Does the carrier have adequate cargo insurance? Cargo Insurance information: Company NATIONAL INDEMNITY COMPANY Policy : NICH09272006 Limits: \$20,000	<input checked="" type="radio"/> Yes 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="radio"/> Yes <input type="radio"/> No <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Yes <input type="radio"/> No	OK File Comply
610	Advertising - Is the carrier's HG or TCC permit number included in all advertisements? If no, note on Aother information@.	<input checked="" type="radio"/> Yes <input type="radio"/> 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="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Yes <input type="radio"/> No	
740	Does each Bill of Lading contain all required information?	<input checked="" type="radio"/> Yes <input type="radio"/> No	
620	Notice to Shippers - Is the carrier providing shippers with the ARights and Responsibilities@ guide Has the notation on the Bills of Lading been signed by the shipper?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Yes <input type="radio"/> 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="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Yes No		
	If shipper selected a valuation option, were charges computed correctly?	Yes <input type="radio"/> No <input type="radio"/>	N/A	
	Does the carrier accurately record start and stop times on the bill of lading for each job?	<input checked="" type="radio"/> Yes <input type="radio"/> No		
	Are the charged hourly rates within the rate band?	<input checked="" type="radio"/> Yes <input type="radio"/> No		
	Are the extra labor charges within the rate band?	<input checked="" type="radio"/> Yes <input type="radio"/> No		
	Does the carrier charge travel time to and from job sites?	<input checked="" type="radio"/> Yes <input type="radio"/> No		
	Charging overtime is optional. If the carrier charges overtime, are the charges within the rate band?	Yes <input type="radio"/> No <input type="radio"/>	N/A	
	Has the carrier assessed hourly rates for any moves that have exceeded 35 miles from origin to destination?	Yes <input checked="" type="radio"/> No <input type="radio"/>		
	Has the carrier charged for any services not authorized under time rates? (Long carry, stairs, piano charge, etc.)	Yes <input type="radio"/> No <input checked="" type="radio"/>		
	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="radio"/> Yes <input type="radio"/> No <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Yes <input checked="" type="radio"/> No		
	Does the carrier use the Rand McNally mileage guide to determine mileage for tariff purposes?	<input checked="" type="radio"/> Yes <input type="radio"/> No		
	Is mileage computed correctly?	<input checked="" type="radio"/> Yes <input type="radio"/> 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 type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Yes <input type="radio"/> No	

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

Estimates

640	Is the company aware that verbal estimates are not allowed?	<input checked="" type="radio"/> Yes No		
630-690	Does the carrier issue written estimates?	<input checked="" type="radio"/> Yes No		
	If yes:			
	Are written estimates based on a written inventory (cube sheet)?	<input checked="" type="radio"/> Yes No		
	Do written estimates include all required information?	<input checked="" type="radio"/> Yes No		
	Does the carrier provide written estimates without visually inspecting the goods at the origin?	Yes <input checked="" type="radio"/> No		
	Binding Estimates - Does the carrier issue binding estimates?	Yes No	<i>Not @ this time</i>	
	If yes:			
	Is required documentation attached to binding estimates?	Yes No		
	Has carrier failed to honor any binding estimates?	Yes No		
	Have any binding estimates exceeded the highest legal tariff rate?	Yes No		
Has the carrier issued any supplemental estimates on binding estimates?	Yes No			
If yes:				
Is a signed supplemental estimate attached to the original estimate?	Yes No			
Have all written estimates been signed by the customer?	<input checked="" type="radio"/> Yes No			
Does the carrier retain all written estimates of moves they have conducted?	<input checked="" type="radio"/> Yes 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?	Yes <input checked="" type="radio"/> No		
	Has the carrier refused to agree to release a shipment upon payment of 110% of a written and any supplemental estimates?	Yes <input checked="" type="radio"/> 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?	Yes 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?	Yes <input checked="" type="radio"/> No		
	Has the carrier collected more than 15% over a written non-binding estimate (plus any supplemental estimate) for mileage rated moves?	Yes <input checked="" type="radio"/> No		
	Has the carrier underestimated any shipments? If yes, How many were underestimated _____ How many total moves did company conduct _____	Yes <input checked="" type="radio"/> 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="radio"/> Yes No		

Claims

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

Operations

190	Permit - Is carrier operating within the scope of the permit?	<input checked="" type="radio"/> Yes <input type="radio"/> No		
300	Temporary Permit - Is carrier in compliance with conditions attached to its temporary authority?	<input checked="" type="radio"/> Yes <input type="radio"/> No		
390	Carrier Name - Is the carrier operating under its permitted name or an approved d/b/a?	<input checked="" type="radio"/> Yes <input type="radio"/> No		
430-450	Suspension/Cancellation - Has the carrier=s permit been suspended or canceled during the time frame of this records check? If yes: Did the carrier operate during the suspension or cancellation period?	Yes <input checked="" type="radio"/> No Yes <input type="radio"/> No		
900	Interstate Authority - Has the carrier operated in interstate commerce? If yes:	Yes <input checked="" type="radio"/> No		
930	Is the carrier properly registered? Is a copy of the SSRS/Exempt receipt in each vehicle	Yes <input checked="" type="radio"/> No Yes <input checked="" type="radio"/> No		
360	Permits - Does carrier keep copies in each vehicle?	<input checked="" type="radio"/> Yes <input type="radio"/> No		
560	Vehicle Identification - Is the carrier=s equipment properly identified by name and permit number?	Yes <input checked="" type="radio"/> No	<i>HAS purchased DEALERS & Will</i>	
600	Leased vehicles: are copies of leases in each vehicle?	Yes <input type="radio"/> No <input type="radio"/>	<i>COMPLY</i>	

This records review indicated that the carrier=s records are in compliance with WUTC rules and regulations.

This records review indicated that some records, as indicated in this form, need to be corrected. The items that need correction have been discussed.

This records review found numerous record violations. All of the items that need correction were discussed.

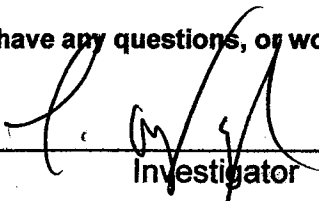
Company Representatives contacted during this records review.	Position Held	Phone Number
BRANDON CHILDERS	PRESIDENT	360-455-9557
ANGELA KLAHN	VICE-PRESIDENT	"

Other information:

June 5, 2007: I conducted a safety compliance review and the carrier received a Satisfactory safety rating. Further economic ETA provided on bills of lading and rates. This carrier has expressed a willingness to comply with commission regulations. I am recommending this carrier for permanent household goods authority.

Lined area for notes or comments.

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


Investigator

360-660-1237
Telephone

586-1150
FAX

I, as a representative of this company, acknowledge receipt of this records review form and understand the findings as stated herein.
Brandon Childers President 6-5-07

Received By

Title

Date

2007 MCSAP DATA SHEET

Assignment #:	107121
Date of CR/Inspection:	June 5, 2007
Carrier Name:	Able Moving, Inc.
DBA:	
Permit #:	HG-62546
DOT #:	N/A
MC #:	
MotCar #:	44731

COMPLIANCE REVIEW DATA:

Safety Rating:	SATISFACTORY
Number of Vehicles Operated:	2
Number of Drivers Operated:	1
Total Miles for Prior Year:	20,000
Recordable Accidents for Prior Year:	0
Accident Ratio:	

PART B VIOLATIONS:

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

cc: Pam Smith

2007 MCSAP DATA SHEET (cont):

VEHICLE INSPECTION DATA:

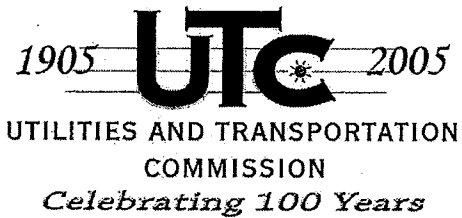
Vehicle Type:	MC	MB 1-15	MB 16+	SB 1-8	SB 9-15	SB 16+	VAN 1-8	VAN 9-15	TRK	TT	TRA
# of Vehicle Inspections:									1		
# of Defective Vehicles:									0		
Defective Vehicle Ratio:	LEAVE BLANK - RATIO COMPUTER GENERATED										
# of OOS Vehicles:											
OOS Vehicle Ratio:	LEAVE BLANK - RATIO COMPUTER GENERATED										
Location of Inspection:	Lacey, WA										
Level of Inspection:									5		

VEHICLE INSPECTION VIOLATIONS

Vehicle Type:	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/ Wipers											
Mirrors											
Emergency Equipment/ Exits											
Coupling Devices											
Frame											
Suspension											
Exhaust											
Other											

Tom McVaugh

Inspector(s): _____



Motor Carrier Safety Staff Recommendation

Investigator(s): **Tom McVaugh**

Permit: **HG-62546**

Assignment No.: 107073

MOTCAR No.: 44731

Company name: **Able Moving, Inc.**

Type of assignment:

- | | | | |
|-------------------------------------|----------------------|--------------------------|-------------------|
| <input type="checkbox"/> | Compliance review | <input type="checkbox"/> | Education |
| <input checked="" type="checkbox"/> | Technical assistance | <input type="checkbox"/> | Training |
| <input checked="" type="checkbox"/> | Vehicle inspection | <input type="checkbox"/> | Destination check |
| <input type="checkbox"/> | Other: _____ | | |

Date(s) of activity:

Relevant company history, if any:

Findings:

Recommended Action:

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

Recheck: Yes (Date: April 07) No:

Additional Comments: This was the first ETA for this provisional HHG carrier. Refer to the attached HHG Technical Assistance and Records Review Checklist (Assignment #107073), for additional information.

Investigator's signature: _____

Initial Review by: _____ Date: _____

Final recommendation by: _____ Date: _____

Date closed: _____ By: _____

cc: _____

Household Goods Technical Assistance and Records Review Checklist

Rev. 4/01

Carrier: ABLE MOVING, INC. d/b/a:	DATE: 3-22-07	HG- 62546
Location: 5214 GENTLE RIDGE DRIVE SE LACEY, WA 98513	Assignment #: 107073	
Investigator: TOM MCVAUGH	UBI #: 602410289	
Period of Records Checked: From: 3-22-07 To: Total Number of Bills: 10		

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="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Yes <input type="radio"/> No		
110	Address/Phone Number - Are the carrier=s address and phone number those listed in Commission records?	<input checked="" type="radio"/> Yes <input type="radio"/> No <i>Address change given to ATC License No. 3-26-07</i>		
360	Permits - Is original kept in main office?	<input checked="" type="radio"/> Yes <input type="radio"/> 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 ? If not, were late fees and interest included? Does the carrier correctly calculate and submit regulatory fees?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> No		<i>N/A - will file 2007</i>
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: NATIONAL INDEMNITY COMPANY Policy : 70TRN435190 Liability Limits: \$750,000 CSL	<input checked="" type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Yes <input type="radio"/> No		
550	Cargo Insurance - Does the carrier have adequate cargo insurance? Cargo Insurance information: Company NATIONAL INDEMNITY COMPANY Policy : NICH09272006 Limits: \$20,000	<input checked="" type="radio"/> Yes <input type="radio"/> 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?	Yes <input checked="" type="radio"/> No Yes No Yes No		
610	Advertising - Is the carrier's HG or TCC permit number included in all advertisements? If no, note on another information@.	Yes <input checked="" type="radio"/> No	ADVISED ON 3-22-07	

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?	Yes <input checked="" type="radio"/> No <input checked="" type="radio"/> Yes No	ADVISED ON 3-22-07	
740	Does each Bill of Lading contain all required information?	Yes <input checked="" type="radio"/> No		
620	Notice to Shippers - Is the carrier providing shippers with the ARights and Responsibilities@ guide Has the notation on the Bills of Lading been signed by the shipper?	Yes <input checked="" type="radio"/> No Yes No	No - R/R Grade sent to New ADDRESS 3-27-07	

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? If shipper selected a valuation option, were charges computed correctly? Does the carrier accurately record start and stop times on the bill of lading for each job? Are the charged hourly rates within the rate band? Are the extra labor charges within the rate band? Does the carrier charge travel time to and from job sites? Charging overtime is optional. If the carrier charges overtime, are the charges within the rate band? Has the carrier assessed hourly rates for any moves that have exceeded 35 miles from origin to destination? Has the carrier charged for any services not authorized under time rates? (Long carry, stairs, piano charge, etc.) 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? Does the carrier use the Rand McNally mileage guide to determine mileage for tariff purposes? Is mileage computed correctly?	Yes <input checked="" type="radio"/> No <input checked="" type="radio"/> Yes No <input checked="" type="radio"/> Yes No Yes <input checked="" type="radio"/> No Yes <input checked="" type="radio"/> No Yes <input checked="" type="radio"/> No Yes No Yes <input checked="" type="radio"/> No Yes <input checked="" type="radio"/> No Yes <input checked="" type="radio"/> No Yes <input checked="" type="radio"/> No Yes <input checked="" type="radio"/> No Yes <input checked="" type="radio"/> No	ADVISSED ON 3-22-07 // N/A N/A ADVISED ON 3-22-07 Flat Fee of \$85.00	
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?	Yes No Yes No	N/A	

	Does the carrier use correct tariff mileage/weight charges?	Yes No	N/A	
	Packing Material rates - are the charges within the rate band?	Yes No		
	Does the carrier charge for materials not in the tariff? (Such as: paper, tape, padding, bubble wrap, shrink wrap, tape, etc.)	Yes No	11	
	Has the carrier provided packing material to the shipper at no cost?	Yes No		
	Storage-in Transit - Has the carrier improperly classified or converted and storage-in-transit into long term storage?	Yes No	N/A	no Storage
	Does the carrier use correct rates for movements into and/or out of storage-in-transit?	Yes No	11	
	Have shipments properly classified as storage-in-transit been charged long term storage rates?	Yes No	11	
	Has the carrier provided temporary storage-in-vehicle?	Yes <input checked="" type="radio"/> No		
	If yes:	Yes No		
	Are the charges within the rate band?	Yes No		
	Did the carrier obtain the shipper=s authorizing signature?	Yes No		
	Are charges for stairs, elevators, and long carry calculated within the rate band?	Yes No	N/A	
	Are extra stop(s) charges calculated within the rate band?	Yes No	11	
	Are piano/organ charges calculated within the rate band?	<input checked="" type="radio"/> Yes No		
	Has the carrier charged for ΔExpedited Service@?	Yes <input checked="" type="radio"/> No		
	If yes:	Yes No		
	Did the carrier obtain the shippers= authorizing signature?	Yes No		

Estimates

640	Is the company aware that verbal estimates are not allowed?	<input checked="" type="radio"/> Yes No		
630-690	Does the carrier issue written estimates?	Yes No	will provide CO/E in the future	
	If yes:	Yes No		
	Are written estimates based on a written inventory (cube sheet)?	Yes No		
	Do written estimates include all required information?	Yes No	11	
	Does the carrier provide written estimates without visually inspecting the goods at the origin?	Yes <input checked="" type="radio"/> No		
	Binding Estimates - Does the carrier issue binding estimates?	Yes <input checked="" type="radio"/> No		
	If yes:	Yes No		
	Is required documentation attached to binding estimates?	Yes No		
Has carrier failed to honor any binding estimates?	Yes No			
Have any binding estimates exceeded the highest legal tariff rate?	Yes No			
Has the carrier issued any supplemental estimates on binding estimates?	Yes <input checked="" type="radio"/> No			
If yes:	Yes No			
Is a signed supplemental estimate attached to the original estimate?	Yes No			
Have all written estimates been signed by the customer?	Yes No	11		
Does the carrier retain all written estimates of moves they have conducted?	Yes No	11		

	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?	Yes <input checked="" type="radio"/> No		
	Has the carrier refused to agree to release a shipment upon payment of 110% of a written and any supplemental estimates?	Yes <input checked="" type="radio"/> 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?	Yes No	N/A	
	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?	Yes <input checked="" type="radio"/> No		
	Has the carrier collected more than 15% over a written non-binding estimate (plus any supplemental estimate) for mileage rated moves?	Yes <input checked="" type="radio"/> No		
	Has the carrier underestimated any shipments? If yes, How many were underestimated _____ How many total moves did company conduct _____	Yes <input checked="" type="radio"/> 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="radio"/> Yes No		

Claims

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

Operations

190	Permit - Is carrier operating within the scope of the permit?	<input checked="" type="radio"/> Yes <input type="radio"/> No		
300	Temporary Permit - Is carrier in compliance with conditions attached to its temporary authority?	Yes <input checked="" type="radio"/> No	NEEDS ADDITIONAL ETA	
390	Carrier Name - Is the carrier operating under its permitted name or an approved d/b/a?	<input checked="" type="radio"/> Yes <input type="radio"/> No		
430-450	Suspension/Cancellation - Has the carrier's permit been suspended or canceled during the time frame of this records check? If yes: Did the carrier operate during the suspension or cancellation period?	Yes <input checked="" type="radio"/> No Yes <input type="radio"/> No		
900	Interstate Authority - Has the carrier operated in interstate commerce? If yes:	<input checked="" type="radio"/> Yes <input type="radio"/> No	Portland OR ADVISED TO OBTAIN Interstate Authority	
930	Is the carrier properly registered? Is a copy of the SSRS/Exempt receipt in each vehicle	Yes <input checked="" type="radio"/> No Yes <input checked="" type="radio"/> No		
360	Permits - Does carrier keep copies in each vehicle?	<input checked="" type="radio"/> Yes <input type="radio"/> No		
560	Vehicle Identification - Is the carrier's equipment properly identified by name and permit number?	Yes <input checked="" type="radio"/> No		
600	Leased vehicles: are copies of leases in each vehicle?	Yes <input type="radio"/> No	N/A	

This records review indicated that the carrier's records are in compliance with WUTC rules and regulations.

This records review indicated that some records, as indicated in this form, need to be corrected. The items that need correction have been discussed.

This records review found numerous record violations. All of the items that need correction were discussed.

Company Representatives contacted during this records review.	Position Held	Phone Number
BRANDON CHILDERS	PRESIDENT	360-455-9557
ANGELA KLAHN	VICE PRESIDENT	SAME AS ABOVE
	FAX: 360-570-1890	

Other information:

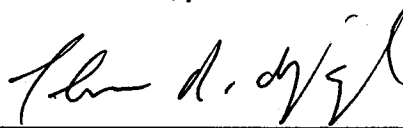
Date of initial ETA: 3-22-07. This carrier has been in the moving business for approximately 3 years. Their provisional household goods authority was issued on 11-1-06. The company currently owns and operates a 2000 Freightliner straight truck, GVWR 26,000 lbs. I inspected this vehicle but failed to issue a CVSA decal due to inoperative tail lights. Mr. Childers was unable to correct the defect prior to my departure. Refer to Uniform Driver/Vehicle Inspection Report #1225226.

It was apparent during this initial ETA that Mr. Childers and Ms. Klahn are unfamiliar with commission rules and regulations regarding both economic and safety regulations of household goods carriers. I provided them with a copy of the 2006 Safety Guide and discussed the following safety regulations: CFR Part 393, parts and accessories, CFR 395, driver hours of service, CFR Part 390, accident reporting and marking requirements, CFR 396, inspection, repair, and maintenance, and CFR Part 391, driver qualifications.

In addition, I reviewed the following economic rules: Bills of lading, valuation, estimating, supplemental estimating, advertising, hourly and mileage rates, weights and estimated weights, overtime charges, and

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

Tom McVaugh 360-664-1237 Fax: 360-586-1150



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

Received By

Title

Date

2007 MCSAP DATA SHEET

Assignment #:	107073
Date of CR/Inspection:	3-22-07
Carrier Name:	Able Moving, Inc.
DBA:	
Permit #:	HG-62546
DOT #:	
MC #:	
MotCar #:	44731

COMPLIANCE REVIEW DATA:

Safety Rating:	
Number of Vehicles Operated:	
Number of Drivers Operated:	
Total Miles for Prior Year:	
Recordable Accidents for Prior Year:	
Accident Ratio:	

PART B VIOLATIONS:

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

2007 MCSAP DATA SHEET (cont):

VEHICLE INSPECTION DATA:

Vehicle Type:	MC	MB 1-15	MB 16+	SB 1-8	SB 9-15	SB 16+	VAN 1-8	VAN 9-15	TRK	TT	TRA
# of Vehicle Inspections:									1		
# of Defective Vehicles:									1		
Defective Vehicle Ratio:	LEAVE BLANK - RATIO COMPUTER GENERATED										
# of OOS Vehicles:									0		
OOS Vehicle Ratio:	LEAVE BLANK - RATIO COMPUTER GENERATED										
Location of Inspection:	Lacey, WA										
Level of Inspection:									5		

VEHICLE INSPECTION VIOLATIONS

Vehicle Type:	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									<u>1</u>		
Tires/Wheels/Rims											
Horn											
Windshield/Wipers											
Mirrors											
Emergency Equipment/Exits											
Coupling Devices											
Frame											
Suspension											
Exhaust											
Other											

Tom McVaugh

Inspector(s): _____

UNIFORM DRIVER/VEHICLE INSPECTION REPORT

1225226

PERSONNEL NO. 3531 DIST / DET

LEVEL: 1 2 3 4 5 X

GENERAL HAZARDOUS MATERIALS

DATE 3.22.07 TIME (MILITARY) BEGUN 12:30 FINISHED 12:45 HAZARD CLASS / DIVISION NO. REPORTABLE QTY? Y N HAZARDOUS WASTE? Y N LOCATION: SR/MP LACEY SCALE/HOUSE NO. CNTY CODE 34 PLACARD REQUIRED? Y N CARGO TANKS? Y N

CARRIER 360-455-9557

CARRIER NAME (Include DBA when applicable) ABLE MOVING, Inc HB-62546

ADDRESS 5214 GENTLE RIDGE DR. SE.

CITY LACEY STATE WA ZIP CODE 98513 INTERSTATE YES NO DOT NO. ICC NO.

DRIVER

DRIVER NAME LICENSE NO. STATE EXP. YEAR

DATE OF BIRTH MED. CERT. Y N SHIPPER NAME SHIPPING NO. WAIVER Y N

VEHICLE Truck

REGISTERED OWNER NAME/ADDRESS Lyon Financial Services LSR. G.V.W. 28000 PBT RATE

Table with columns: UNIT, TYPE, YEAR/MAKE, CO. UNIT NO., LICENSE NO. / VIN NO., STATE. Row 1: 1, TR, 2000 FRT, B45741B, WA.

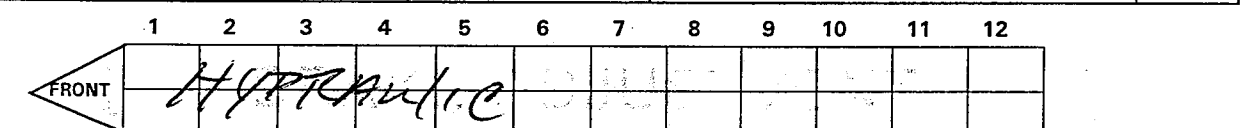


Table with columns: CFR, VIOLATIONS, D, 1, 2, 3, 4, Unit #s O/S, Complied. Row 1: 393.97, Inoperative Tail Lamps, W.

CVSA DECALS UNIT 1 UNIT 2 UNIT 3 UNIT 4 NOIC NO.

Vehicle may not be operated until O/S defects noted above are repaired. Driver may not drive until in compliance.

DRIVER SIGNATURE OFFICER SIGNATURE



UTILITIES AND TRANSPORTATION
COMMISSION

Celebrating 100 Years

Motor Carrier Safety Staff Recommendation

Investigator(s): **Tom McVaugh**

Permit: HG-62546

Assignment No.: 107096

MOTCAR No.: 44731

Company name: Able Moving, Inc.

Type of assignment:

- Compliance review
- X Technical assistance
- Vehicle inspection
- X Other: 2nd ETA on provisional status

- Education
- Training
- Destination check

Date(s) of activity: 4-23-07

Relevant company history, if any:

Findings:

Recommended Action:

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

Recheck: XYes (Date: Compliance Review and close-out in 3 weeks) No:

Additional Comments:

Investigator's signature: _____

Initial Review by: _____ Date: _____

Final recommendation by: _____ Date: _____

Date closed: _____ By: _____

cc: _____

2007 MCSAP DATA SHEET

Assignment #:	107096
Date of CR/Inspection:	4-23-07
Carrier Name:	Able Moving, Inc.
DBA:	
Permit #:	HG-62546
DOT #:	
MC #:	
MotCar #:	44731

COMPLIANCE REVIEW DATA:

Safety Rating:	
Number of Vehicles Operated:	
Number of Drivers Operated:	
Total Miles for Prior Year:	
Recordable Accidents for Prior Year:	
Accident Ratio:	

PART B VIOLATIONS:

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

2007 MCSAP DATA SHEET (cont):

VEHICLE INSPECTION DATA:

Vehicle Type:	MC	MB 1-15	MB 16+	SB 1-8	SB 9-15	SB 16+	VAN 1-8	VAN 9-15	TRK	TT	TRA
# of Vehicle Inspections:											
# of Defective Vehicles:											
Defective Vehicle Ratio:	LEAVE BLANK - RATIO COMPUTER GENERATED										
# of OOS Vehicles:											
OOS Vehicle Ratio:	LEAVE BLANK - RATIO COMPUTER GENERATED										
Location of Inspection:	Lacey, WA 2nd ETA on Provisonal HHG Carrier										
Level of Inspection:											

VEHICLE INSPECTION VIOLATIONS

Vehicle Type:	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/Wipers											
Mirrors											
Emergency Equipment/Exits											
Coupling Devices											
Frame											
Suspension											
Exhaust											
Other											

Tom McVaugh

Inspector(s): _____

Household Goods Technical Assistance and Records Review Checklist

Rev. 4/01

Carrier: ABLE MOVING, INC. d/b/a:		HG-62546
Location: 5214 Gentle Ridge Dr. SE Lacey, WA 98513-4645		Assignment #: 107096
Investigator: TOM MCVAUGH		UBI #:
Period of Records Checked: From: 3-22-07 To: 4-23-07 Total Number of Bills:		

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	Yes No Yes No Yes No Yes No		
110	Address/Phone Number - Are the carrier=s address and phone number those listed in Commission records?	Yes No		
360	Permits - Is original kept in main office?	Yes 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 ? If not, were late fees and interest included? Does the carrier correctly calculate and submit regulatory fees?	Yes No Yes No Yes 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: _____ Policy : _____ Liability Limits: _____	Yes No Yes No		
550	Cargo Insurance - Does the carrier have adequate cargo insurance? Cargo Insurance information: Company _____ Policy : _____ Limits: _____	Yes No		

590/600	Leasing - Does the carrier lease equipment?	Yes No		
	If yes: Were the leases filed with and approved by the Commission?	Yes No		
	Were the terms of the lease complied with?	Yes No		
610	Advertising - Is the carrier's HG or TCC permit number included in all advertisements? If no, note on another information.	Yes 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?	Yes No		
	Has the carrier issued a Bill of Lading for each shipment?	Yes No		
740	Does each Bill of Lading contain all required information?	Yes No		
620	Notice to Shippers - Is the carrier providing shippers with the Rights and Responsibilities guide	Yes No		
	Has the notation on the Bills of Lading been signed by the shipper?	Yes 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?	Yes No Yes No Yes No		
	If shipper selected a valuation option, were charges computed correctly?	Yes No		
	Does the carrier accurately record start and stop times on the bill of lading for each job?	Yes No		
	Are the charged hourly rates within the rate band?	Yes No		
	Are the extra labor charges within the rate band?	Yes No		
	Does the carrier charge travel time to and from job sites?	Yes No		
	Charging overtime is optional. If the carrier charges overtime, are the charges within the rate band?	Yes No		
	Has the carrier assessed hourly rates for any moves that have exceeded 35 miles from origin to destination?	Yes No		
	Has the carrier charged for any services not authorized under time rates? (Long carry, stairs, piano charge, etc.)	Yes 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?	Yes No Yes No Yes No		
	Does the carrier use the Rand McNally mileage guide to determine mileage for tariff purposes?	Yes No		
	Is mileage computed correctly?	Yes 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?		Yes No		

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

Estimates

640	Is the company aware that verbal estimates are not allowed?	Yes No		
630-690	Does the carrier issue written estimates?	Yes No		
	If yes:			
	Are written estimates based on a written inventory (cube sheet)?	Yes No		
	Do written estimates include all required information?	Yes No		
	Does the carrier provide written estimates without visually inspecting the goods at the origin?	Yes No		
	Binding Estimates - Does the carrier issue binding estimates?	Yes No		
	If yes:			
	Is required documentation attached to binding estimates?	Yes No		
	Has carrier failed to honor any binding estimates?	Yes No		
Have any binding estimates exceeded the highest legal tariff rate?	Yes No			
Has the carrier issued any supplemental estimates on binding estimates?	Yes No			
If yes:				
Is a signed supplemental estimate attached to the original estimate?	Yes No			
Have all written estimates been signed by the customer?	Yes No			
Does the carrier retain all written estimates of moves they have conducted?	Yes 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?	Yes No Yes No Yes No		
	Has the carrier refused to agree to release a shipment upon payment of 110% of a written and any supplemental estimates?	Yes 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?	Yes 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?	Yes No		
	Has the carrier collected more than 15% over a written non-binding estimate (plus any supplemental estimate) for mileage rated moves?	Yes No		
	Has the carrier underestimated any shipments? If yes, How many were underestimated _____ How many total moves did company conduct _____	Yes 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?	Yes No		

Claims

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

Operations

190	Permit - Is carrier operating within the scope of the permit?	Yes No		
300	Temporary Permit - Is carrier in compliance with conditions attached to its temporary authority?	Yes No		
390	Carrier Name - Is the carrier operating under its permitted name or an approved d/b/a?	Yes No		
430-450	Suspension/Cancellation - Has the carrier=s permit been suspended or canceled during the time frame of this records check?	Yes No		
	If yes: Did the carrier operate during the suspension or cancellation period?	Yes No		
900	Interstate Authority - Has the carrier operated in interstate commerce?	Yes No		
930	If yes: Is the carrier properly registered?	Yes No		
	Is a copy of the SSRS/Exempt receipt in each vehicle	Yes No		
360	Permits - Does carrier keep copies in each vehicle?	Yes No		
560	Vehicle Identification - Is the carrier=s equipment properly identified by name and permit number?	Yes No		
600	Leased vehicles: are copies of leases in each vehicle?	Yes No		

This records review indicated that the carrier=s records are in compliance with WUTC rules and regulations.

This records review indicated that some records, as indicated in this form, need to be corrected. The items that need correction have been discussed.

This records review found numerous record violations. All of the items that need correction were discussed.

Company Representatives contacted during this records review.	Position Held	Phone Number
BRANDON CHILDERS	PRESIDENT	360-455-9557
ANGELA KLAHN	VICE-PRESIDENT	SAME AS ABOVE
TYLER	DRIVER	SAME AS ABOVE

Other information:

THIS WAS THE 2ND ETA PROVIDED FOR THIS PROVISIONAL HHG CARRIER. I FOCUSED ON SAFETY REGULATIONS. SPECIFICALLY, I DISCUSSED ACCIDENT REGISTER AND RECORDABLE ACCIDENTS, PARTS AND ACCESSORIES, DRIVER QUALIFICATIONS, HOURS OF SERVICE, INSPECTION, REPAIR & MAINTENANCE RECORDS, AND VEHICLE INSPECTIONS. I ALSO DISCUSSED VALUATION, BILLS OF LADING, ESTIMATES, HOURLY & MILEAGE RATES, OVERTIME, STORAGE IN VEHICLE, AND INSURANCE REQUIREMENTS. THIS CARRIER SHOULD BE READY FOR A COMPLIANCE REVIEW AND CLOSE-OUT AUDIT IN APPROXIMATELY 3 WEEKS.

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

Investigator: TOM MCVAUGH

Telephone: 360-664-1237

FAX: 360-586-1150

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

Received By

Title

Date