

WASHINGTON RECEIVED  
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 UTILITIES AND TRANSPORTATION WASH. UT. & TP. COMM  
 COMMISSION

RECEIVED  
 JUL 20 2016  
 WASH. UT. & TP. COMM

1300 S Evergreen Park Drive SW  
 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  
 email: transportation@utc.wa.gov

HOUSEHOLD GOODS MOVING COMPANY  
 PERMIT APPLICATION

FOR OFFICIAL USE ONLY			
Date Filed:	DOL/SOS	ID:	Docket # <i>160430</i>
Staff Assigned	Insurance	Inspection	Permit Issued THG-
Reception #	111-0268-207-02	111-0268-013-20	

*015339*

Type of Household Goods Authority Requested – check one Fee Required

- Provisional and permanent authority. 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, Attachment B, and a closing annual report from current company \$ 550
- Permanent authority to transfer under the exceptions in WAC 480-15-137. Complete pages 3-8, Attachments B & C, and a closing annual report from current company \$ 250
- Reinstatement of permit (must be filed within 30 days of cancellation, depending on criteria set forth in WAC 480-15-450). Complete pages 3-5 and include a statement justifying the reinstatement. \$ 250
- Name Change – Complete pages 3-5 and Attachment D. \$ 35

**BUSINESS INFORMATION**

Legal Name: ANC Movers INC  
(must be individual, partners of a partnership or corporation)

Trade Name, if applicable \_\_\_\_\_

Physical Address 16004 NE 43<sup>rd</sup> way, Vancouver WA 98682

Mailing Address PO Box 2307, Vancouver WA 98668

Telephone Number (360) 992-8702 Fax Number (360) 697-3593

Posted  
 3  
*Chris Evers*

BUSINESS INFORMATION - continued

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

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

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

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

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

TYPE OF BUSINESS STRUCTURE

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

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

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

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

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

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

3. Do you currently hold, or have you ever held, a permit to operate as a motor carrier of property?  No  Yes If yes, please indicate your permit number \_\_\_\_\_

4. Have you ever applied for and been denied a permit to operate as a motor carrier of property in Washington?  No  Yes If yes, please explain \_\_\_\_\_

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

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

**BUSINESS INFORMATION - continued**

UBI #: 103-525-219 Email: peter@aremovers.com

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

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

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

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

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

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

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

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

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

3. Do you currently hold, or have you ever held, a permit to operate as a motor carrier of property?  No  Yes If yes, please indicate your permit number \_\_\_\_\_

4. Have you ever applied for and been denied a permit to operate as a motor carrier of property in Washington?  No  Yes If yes, please explain we did have a penalty but was resolved. When we called to get it up again they said to get a new application

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

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

7. Do you have, or have you ever had a business-related legal proceeding against you in Washington, or in any other state?  No  Yes If yes, please list below:

Type of Legal Proceeding	Date	State

\* attach additional pages if necessary

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

Type of Conviction	Date	City/ State

\* attach additional pages if necessary

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

Violation	Date	RCW/WAC

\* attach additional pages if necessary

FINANCIAL STATEMENT			
Complete the following financial statement or attach a balance sheet, profit and loss statement, or business plan.			
Assets		Liabilities	
Cash in Bank	\$ 1000.00	Salaries/Wages Payable	\$ 3000.00
Notes Receivable	\$ 2000.00	Accounts Payable	\$ 0
Investments	\$ 0	Notes Payable	\$ 0
Other Current Assets	\$ 0	Mortgages Payable	\$ 0
Prepaid Expenses	\$ 700.00	TOTAL LIABILITIES	\$ 0
Land and Buildings	\$ 0	NET WORTH	
Trucks and Trailers	\$ 4000.00	Preferred Stock	\$ 0
Office Furniture	\$ 0	Common Stock	\$ 0
Other Equipment	\$ 0	Retained Earnings	\$ 0
Other Assets	\$ 1500.00	Capital	\$ 0
TOTAL ASSETS	\$ 7200.00	TOTAL LIABILITIES & NET WORTH	\$ 3000.00

7. Do you have, or have you ever had a business-related legal proceeding against you in Washington, or in any other state?  No  Yes If yes, please list below:

Type of Legal Proceeding	Date	State

\*attach additional pages if necessary

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

Type of Conviction	Date	City/State

\*attach additional pages if necessary

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

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

\*attach additional pages if necessary

### FINANCIAL STATEMENT

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

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

### 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
2006	E450/Ford	B79545X	1FDXE45P66DA3091	5779

### SAFETY AND OPERATIONS

**CONTROLLED SUBSTANCE AND ALCOHOL USE AND TESTING** ([Title 49, Code of Federal Regulations Part 392 and Part 40](#)). If you operate commercial motor vehicles, your drivers must be in a Controlled Substance and Alcohol Use and Testing program. You must have an alcohol and controlled substances testing program. Please attach evidence of your enrollment in a drug and alcohol testing program.

### SAFETY RESPONSIBILITIES

List the person and position responsible for understanding and complying with the [Federal Motor Carrier Safety Regulations](#) (FMCSR) and Washington State Laws and commission rules (WAC) as described below. Please refer to the [AC Rule Fact Sheet](#) and publication "Our Guide to Achieving a Satisfactory Safety Rating" for assistance with requirements that may apply to your specific operations

**COMMERCIAL DRIVER LICENSE (CDL) STANDARDS REQUIREMENT AND PENALTIES** (Title 49 Code of Federal Regulations Part 383). If you operate commercial motor vehicles, your drivers must have a valid CDL.

**DRIVER QUALIFICATION REQUIREMENTS** (Title 49, Code of Federal Regulations Part 391). Each of your drivers must meet minimum qualification requirements. You must maintain driver qualification files for each driver.

**DRIVERS HOURS OF SERVICE** (Title 49, Code of Federal Regulations Part 395). Each of your drivers must maintain hours of service logs. You must maintain true and accurate hours of service records for each driver.

**INSPECTION, REPAIR AND MAINTENANCE** (Title 49, Code of Federal Regulations Part 396). You must systematically inspect, repair, and maintain all motor vehicles.

**PARTS AND ACCESSORIES NECESSARY FOR SAFE OPERATION** (Title 49, Code of Federal Regulations Part 393). You must maintain parts and accessories in a safe condition.

**LIABILITY INSURANCE REQUIREMENTS** (WAC 480-15-530). You must file and maintain proof of public liability and proper damage insurance (\$300,000 minimum coverage for vehicles under 10,000 pounds GVWR and \$750,000 minimum coverage for vehicles 10,000 pounds GVWR or more)

**CARGO INSURANCE REQUIREMENTS** (WAC 480-15-550). You 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: <i>Peter Clarke</i>	Position: <i>Owner</i>
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OPERATIONAL RESPONSIBILITIES

Annual Reports and Regulatory Fees (WAC480-15-480). You must annually file a report of your financial operations and pay regulatory fees.

Name: Accountant Position:

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 the 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, Internal Revenue Service (taxes); and Employment Security.

Name: Peter Clarke Position: Owner

If you would like to receive information about new household goods carriers, check here

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 receive 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 WAC480-15-305 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.

My employees are sufficiently trained to comply with commission rules regarding estimates, bills of lading, rates and charges and terms and conditions of household goods moves. In addition, my employees are sufficiently trained to comply with commission rules regarding vehicle operation, maintenance, and all other safety requirements. My company will provide a copy of the customer survey to each customer for whom we provide transportation service.

I understand the commission will complete a criminal background check on each person named in the application.

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.

Peter Clarke

Print name of applicant

[Signature]

Signature of Applicant

7-18-16

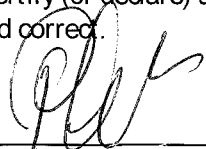
Date and Location

**ATTACHMENT A**

**HOUSEHOLD GOODS STATEMENT OF SUPPORT**

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

Applicant Name: Peter Clarke

The following must be completed by the Supporter of the applicant	
Name, Title, and Business Name: <u>ANC Movers INC</u>	
Address (include street address, mailing address, city, state, zip, and county): <u>16004 NE 43<sup>rd</sup> way Vancouver Wa 98682</u>	
Phone Number: <u>360-992-8702</u>	
Do you currently need the services of a residential household goods moving company? <input checked="" type="checkbox"/> No <input type="checkbox"/> 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? <input checked="" type="checkbox"/> No <input type="checkbox"/> 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: <u>Working with the community          Providing people to work with and get off unemployment</u>	
Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?	
I certify (or declare) under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.	
<u></u> Signature of Person Completing Form	<u>7-18-16</u> Date and Location

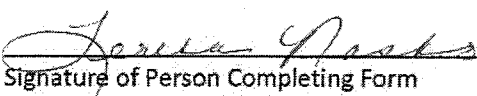


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**Applicant Name:** ANC Movers

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

**ATTACHMENT A**

**HOUSEHOLD GOODS STATEMENT OF SUPPORT**

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

**Applicant Name:**

*ANC MOVERS INC*

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

Name, Title, and Business Name:

*MARIO RAIA*

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

*10319 SE 15th Street, Vancouver, WA 98664*

Phone Number:

*360-608-7659*

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

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

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

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

*Appliances & other large ticket items.*

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

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

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

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

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

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

*Mario Raia*

Signature of Person Completing Form

*8/10/16 Vancouver, WA*

Date and Location

**ATTACHMENT A**

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<b>Applicant Name:</b>	Peter Clark
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**The following must be completed by the Supporter of the applicant**

Name, Title, and Business Name: Shantina Fox, Event Director, Why Racing Events, Inc.
--

Address (include street address, mailing address, city, state, zip, and county):  1011 Broadway St. Vancouver, WA 98660
---

Phone Number: 360-567-7405
----------------------------

Do you currently need the services of a residential household goods moving company? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If yes, please describe your current moving needs: We work with Peter's team multiple times per year. They oversee all of our moving needs, from loading the goods into trucks and unloading them as well.
--

Do you anticipate a future need for the services of a residential household goods moving company? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If yes, please describe your future moving needs: We hire ANC Movers roughly 15 times per year and will continue to do so.
---

Briefly describe how granting this company a permit to provide household goods moving services in Washington State will benefit you, your business, and/or your community: Granting ANC this permit will ensure our community has a trust worthy company to rely on for all their moving needs. We are always thankful for the job they do for us, and their attention to detail and customer service.
--

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?  No.
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*I certify (or declare) under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.*

*Shantina Fox*

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Signature of Person Completing Form

8/10/16 Vancouver, WA

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Date and Location

WA  
USA

**WASHINGTON** DRIVER LICENSE



*[Handwritten signature]*

4d LIC# [REDACTED] DONOR   
1 CLARKE  
2 PETER ANTHONY  
3 DOB [REDACTED] 4a ISS: 04-22-2016  
4b Exp: 04-28-2022  
15 Sex M 16 Hgt 5-11  
17 Wgt 197 18 Eyes BRN  
9 Class 9a End NONE  
12 Restrictions NONE



[REDACTED]

Rev 03-16-2009