

ROUTING SLIP

TV-051164

ASSIGNMENT NO.: 106054 MOTCAR NO.: 43869 PERMIT: HG-61975

CARRIER NAME: Johnson, Phillip dba: Puget Sound Delivery Guys

INVESTIGATOR(S): Tom McVaugh DATE: 3-3-06

RECOMMENDATION: Close & file. I am recommending this carrier for permanent HHA Authority. Mr. Johnson received a Satisfactory Safety Rating & has complied with economic requirements.

Should carrier be rechecked? No

REVIEWED BY: Mike Kelly DATE: _____

Concur with recommendation to grant permanent HHA authority. close & forward to licensing services.

FINAL RECOMMENDATION BY: Vicki Elliott DATE: 3/10/06
Agree

OTHER INFORMATION: 3/10/06 Closed car

CC: Tom McVaugh
Licensing

RMS
TR

WA UTILITIES & TRANSPORTATION COMMISSION

	US DOT #	Legal: PHILLIP JOHNSON Operating (DBA): PUGET SOUND DELIVERY GUYS
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MC/MX #:	State #: HG-61975	Federal Tax ID: 83-0385741 (EIN)
Review Type: Compliance Review (CR) - Receipt		
Scope: Principal Office	Location of Review/Audit: Company facility in the U. S.	
Territory:		

Operation Types Carrier: N/A Non-HM Shipper: N/A N/A Cargo Tank: N/A	Business: Corporation Gross Revenue: _____ for year ending: _____
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Company Physical Address:

218 Main Street Suite 153
Kirkland, WA 98033

Contact Name: Phillip Johnson
Phone numbers: (1) 206-778-2067 (2) _____ **Fax** 425-820-0639
E-Mail Address: _____

Company Mailing Address:

218 Main Street Suite 153
Kirkland, WA 98033

Report Summary

Report	# of Pages
Part A - General	<u>1</u>
Part B - Violations	<u>1</u>
Part B - Recommendations	<u>1</u>
Review/Audit Receipt Page	<u>1</u>
Total Pages	<u>4</u>

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: Phillip Johnson	Title: Owner
Name: _____	Title: _____

Reported By: *Tom McVaugh* Title: *MCLE Sp. Inv.* Code: WA0531 Date: 3/2/2006

Received By: *[Signature]* Title: *[Signature] Owner*

WA UTILITIES & TRANSPORTATION COMMISSION



US DOT #

Legal: PHILLIP JOHNSON
Operating (DBA): PUGET SOUND DELIVERY GUYS

MC/MX #: **State #:** HG-61975 **Federal Tax ID:** 83-0385741 (EIN)

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	Gross Revenue:	for year ending:
Shipper: N/A	N/A			
Cargo Tank: N/A				

Company Physical Address:

218 Main Street Suite 153
 Kirkland, WA 98033

Contact Name: Phillip Johnson
Phone numbers: (1) 206-778-2067 (2) **Fax** 425-820-0639
E-Mail Address:

Company Mailing Address:

218 Main Street Suite 153
 Kirkland, WA 98033

Carrier Classification

Exempt for Hire

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:		1		Total Drivers: 1
>= 100 Miles:				CDL Drivers: 0

Equipment

	Owned	Term Leased	Trip Leased	Owned	Term Leased	Trip Leased
Truck	2	0	0			

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 PO BOX 47250
 OLYMPIA, WA 98504-7250

This report will be used to assess your safety compliance.

Person(s) Interviewed

Name: Phillip Johnson **Title:** Owner
Name: **Title:**

Reported By: *Tom McVaugh* **Title:** *MEHE Sp. Inv.* **Code:** WA0531 **Date:** 3/2/2006

Received By: *[Signature]* **Title:** *Owner*





PUGET SOUND DELIVERY GUYS (PHILLIP JOHNSON dba)

U.S. DOT #:

State #: HG-61975

Review Date:

03/02/2006

Part B Violations

1 STATE	Primary: 391.25(c)(1)	Discovered 1	Checked 1	Drivers/Vehicles	
	CFR Equivalent: 391.25(c)(1)			In Violation 1	Checked 1

Description

Failing to maintain a copy of the response from each State agency in the driver qualification file.

Example

Phillip Johnson, trip date: 2-28-06.

Safety Fitness Rating Information:

Total Miles Operated 20,000
Recordable Accidents 0
Recordable Accidents/Million Miles 0.000

OOS Vehicle (CR): 0
Number of Vehicle Inspected (CR): 0
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	-	-





PUGET SOUND DELIVERY GUYS (PHILLIP JOHNSON dba)

U.S. DOT #:

State #: HG-61975

Review Date:

03/02/2006

Part B Requirements and/or Recommendations

1. ENSURE THAT YOU OBTAIN AN ANNUAL DRIVING RECORD CHECK ON EACH DRIVER EMPLOYED AND MAINTAIN THE DRIVING RECORD IN THE DRIVER'S QUALIFICATION FILE.
2. FOR DRIVER'S OPERATING WITHIN THE 100 AIR MILE RADIUS EXEMPTION, RECORD COMPLETE START, STOP AND ON-DUTY TIMES FOR EACH DRIVER. RETAIN THESE RECORDS FOR A MINIMUM OF SIX MONTHS.
3. 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.
4. 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.
5. 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.
6. 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.





PUGET SOUND DELIVERY GUYS (PHILLIP JOHNSON dba)

U.S. DOT #:

State #: HG-61975

Review Date:

03/02/2006

Part C

Reason for Review: Other Provsional 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

Special Study Information:

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: Phillip Johnson

Corporate Contact Title: Owner

Remarks:

On March 2, 2006, I contacted Mr. Phillip Johnson, owner, at the carrier's main office located at 723 Kirkland Avenue, Kirkland, WA. The purpose of my contact was to conduct a safety compliance review of this provisional household goods carrier.

Mr. Johnson obtained provisional household goods permit #HG-61975 on August 8, 2005. Approximately 95% of his business is office moves and retail store deliveries within a 35 mile radius of Kirkland, WA. He only conducts household goods movements within this same radius.

Mr. Johnson owns and operates two straight trucks and currently is the only driver employed by his company. He is in the process of training another driver. I inspected both non-CDL trucks on January 26, 2006 and issued valid CVSA decals. The vehicles are insured with the Progressive Casualty Insurance Co., Policy #CA02584371-3, in the combined single limit of \$750,000. He also possesses cargo insurance with National Indemnity Co., Policy #70MTC015149, in the amount of \$20,000.

My initial meeting with Mr. Johnson took place on November 2, 2005 in Kirkland, WA. Additional visits occurred in January and March, 2006. In addition to discussing economic rules and regulations with Mr. Johnson and his office manager, Jill, I provided technical assistance on the Federal Motor Carrier Safety Regulations.

For the purposes of this safety compliance review, I reviewed records from August 2005 through March 2, 2006. The following safety violation was noted:

CFR Part 391 - Driver Qualifications:

Mr. Johnson's driver file did not contain a driving record check as required by CFR Part 391.25. He stated that he would contact DOL and obtain the document for placement into his file.

There were no other violations noted. Mr. Johnson received a Satisfactory safety rating and I am recommending his company for permanent household goods authority.

This assignment is submitted for closing.





PUGET SOUND DELIVERY GUYS (PHILLIP JOHNSON dba)

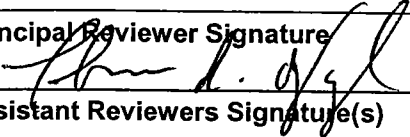
U.S. DOT #:

State #: HG-61975

Review Date:

03/02/2006

Part C

Principal Reviewer Signature 	WA0531	Upload Authorized: Yes No
Assistant Reviewers Signature(s)		Authorized by: Date:
		Uploaded: Yes No Failure Code:
		Verified by: Date:



Household Goods Technical Assistance and Records Review Checklist

Rev. 4/01

Carrier: <u>JOHNSON PHILLIP</u>	HG- <u>61975</u>
d/b/a: <u>PUBET SOUND DELIVERY GUYS</u>	
Location: <u>KIRKLAND, WA</u>	Assignment #: <u>106054</u>
Investigator: <u>TOM McVAUGH</u>	UBI #:
Period of Records Checked: From: <u>11-2-05</u> To: <u>3-2-06</u> Total Number of Bills: <u>37</u>	

WAG Rule	WAG Rule Reference	Findings	Number Checked	Number in Violation
430-15	Does the company have current accounts with: Labor & Industries Employment Security Secretary of State Dept. of Revenue	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
110	Address/Phone Number - Are the carrier=s address and phone number those listed in Commission records?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
360	Permits - Is original kept in main office?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
480	Annual Report/Regulatory Fees - Has the carrier filed the most recent annual report? Was the annual report filed on or before May 1 st ? If not, were late fees and interest included? Does the carrier correctly calculate and submit regulatory fees?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No		
530	Insurance - Does the carrier have current public liability and property damage insurance? Does it match the information on file with the Commission? Liability and property damage insurance information: Company: <u>Progressive Casualty Ins. Co.</u> Policy: <u>CA02584371-3</u> Liability Limits: <u>\$750,000</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
550	Cargo Insurance - Does the carrier have adequate cargo insurance? Cargo Insurance information: Company <u>NATIONAL INDEMNITY CO.</u> Policy: <u>FOMTC 15149</u> Limits: <u>\$20,000</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

590/600	Leasing - Does the carrier lease equipment? If yes: Were the leases filed with and approved by the Commission? Were the terms of the lease complied with?	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 No <i>W</i>		

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 No <input checked="" type="radio"/> Yes No		
740	Does each Bill of Lading contain all required information?	<input checked="" type="radio"/> Yes No		
620	Notice to Shippers - Is the carrier providing shippers with the Rights and Responsibilities@ guide Has the notation on the Bills of Lading been signed by the shipper?	<input checked="" type="radio"/> Yes No <input checked="" type="radio"/> 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?	<input checked="" type="radio"/> Yes No <input checked="" type="radio"/> Yes No <input checked="" type="radio"/> Yes No		
	If shipper selected a valuation option, were charges computed correctly?	<input checked="" type="radio"/> Yes No		
	Does the carrier accurately record start and stop times on the bill of lading for each job?	<input checked="" type="radio"/> Yes No		
	Are the charged hourly rates within the rate band?	<input checked="" type="radio"/> Yes No		
	Are the extra labor charges within the rate band?	<input checked="" type="radio"/> Yes No		
	Does the carrier charge travel time to and from job sites?	<input checked="" type="radio"/> Yes No		
	Charging overtime is optional. If the carrier charges overtime, are the charges within the rate band?	Yes No	<i>N/A</i>	
	Has the carrier assessed hourly rates for any moves that have exceeded 35 miles from origin to destination?	Yes No	<i>NOT ANY MORE</i>	
	Has the carrier charged for any services not authorized under time rates? (Long carry, stairs, piano charge, etc.)	Yes No	<i>NOT ANY MORE</i>	
	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 No Yes <input checked="" type="radio"/> No 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 No		
	Is mileage computed correctly?	<input checked="" type="radio"/> 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 Yes No	<i>N/A</i>	<i>LOCAL MOVES</i>

	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	CC	
	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	
	Does the carrier use correct rates for movements into and/or out of storage-in-transit?	Yes No	CC	
	Have shipments properly classified as storage-in-transit been charged long term storage rates?	Yes No	CC	
	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?	<input checked="" type="radio"/> Yes No		
	Are extra stop(s) charges calculated within the rate band?	Yes No	N/A	
	Are piano/organ charges calculated within the rate band?	Yes No	N/A	
	Has the carrier charged for ΔExpedited Service@?	Yes <input checked="" type="radio"/> 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?	<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)?	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	WILL Comply	
	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		
	Does the register include all required information?	<input checked="" type="radio"/> Yes No		
	Have all complaints been recorded in the register?	Yes No	<i>NO COMPLAINTS TO DATE</i>	
	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?	Yes No		
	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?	<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 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 No Yes 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?	<input checked="" type="radio"/> Yes <input type="radio"/> No		
600	Leased vehicles: are copies of leases in each vehicle?	Yes 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
Phillip Johnson	OWNER	206-778-2067
Jill	OFFICE MGR.	

Other information:

3-2-06: Carrier received a satisfactory safety rating on compliance review. MR. Johnson has complied with economic requirements including proper Bills of Lading, Advertising and tariff charges. I am recommending the carrier for Permanent Authority.

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

Tom McVaugh
Investigator

360-664-1237
Telephone

360-586-1150
FAX

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

[Signature]
Received By

Owner
Title

3/2/06
Date

2006 MCSAP DATA SHEET

Assignment #:	106054
Date of CR/Inspection:	March 2, 2006
Carrier Name:	Johnson, Phillip
DBA:	Puget Sound Delivery Guys
Permit #:	HG-61975
DOT #:	N/A
MC #:	
MotCar #:	43869

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	1
Part 392	
Part 395	
Part 396	
Part 397	

2006 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:											
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											

McVaugh

Inspector(s): _____

2006 MCSAP DATA SHEET (cont):

ABBREVIATIONS:

MC = Motorcoach

MB = Mini-Bus

SB = School Bus

Van = Van

TRK = Truck

TT = Truck Tractor

TRA = Trailer

ROUTING SLIP

ASSIGNMENT NO.: 105310 MOTCAR NO.: 43869 PERMIT: HC-61975

CARRIER NAME: Johnson, Phillip Puget Sound Delivery Guys

INVESTIGATOR(S): Tom McLaugh DATE: 11-3-05

RECOMMENDATION: Close + file. Final HHA
provisional visit. Carrier will require
future ETA visits. See Attached report

Should carrier be rechecked? Yes 2-3 weeks

REVIEWED BY: _____ DATE: _____

FINAL RECOMMENDATION BY: _____ DATE: _____

OTHER INFORMATION: _____

MEMORANDUM

November 3, 2005

Assignment No.: 105310

Industry Code: 207

To: Vicki Elliot,
Assistant Director, Transportation

From: Thomas R. McVaugh, MCLE Special Investigator

Subject Johnson, Phillip
dba: Puget Sound Delivery Guys Permit Number: HG-61975
218 Main Street Suite 153
[Kirkland, Wa 98033]

On November 2nd, 2005, I contacted Mr. Phillip Johnson, owner of Puget Sound Delivery Guys, a provisional household goods operator as permitted under WUTC Permit #HG-61975. This was my initial visit with this carrier to explain the provisional process and a portion of the economic regulations governing household goods.

Mr. Johnson stated that he currently owns and operates two straight trucks that are grossed under 26,001 pounds. His primary business (75%) involves office and retail store deliveries. The remainder involves intrastate household goods transportation.

During this initial visit, I discussed the following economic regulations with Mr. Johnson:

Permits	Insurance requirements
Leasing	Rule Books
Advertising	Annual Reports
Regulatory Fees	Household Goods Terminology
Damage Files	
Tariffs	
Information that must be given to customers	
Estimates	

Mr. Johnson is somewhat familiar with the regulations but needs additional training and instruction in billing, bills of lading, tariff usage, estimating, valuation and safety. I will be contacting him in approximately two weeks for our second appointment.

This assignment is submitted for closing.

Thomas R. McVaugh
MCLE Special Investigator

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

Carrier: <i>Johnson, Phillip</i> d/b/a: <i>Puget Sound Delivery Guys</i>	HG- <i>61975</i>
Location: <i>KIRKLAND, WA</i>	Assignment #: <i>105310</i> <i>106016</i>
Investigator: <i>Tom McVane</i>	UBI #:
Period of Records Checked: From: <i>11-2-05</i> To: _____	
Total Number of Bills: <i>30</i>	

WAC Rule	WAC Rule Reference	Findings	Number Checked	Number in Violation
480-15-110	Address/Phone Number - Are the carrier's address and phone number those listed in Commission records?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<i>12</i>	<i>12</i>
360	Permits - Is original kept in main office?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
480	Annual Report/Regulatory Fees - Has the carrier filed the most recent annual report? Was the annual report filed on or before May 1 st ? If not, were late fees and interest included?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	<i>N/A</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: <i>Progressive Casualty Ins. Co.</i> Policy: <i>CA02584371-3</i> Exp: <i>3-25-06</i> Liability Limits: <i>\$750,000</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
550	Cargo Insurance - Does the carrier have adequate cargo insurance? Cargo Insurance information: Company <i>National Indemnity Co.</i> Policy: <i>70MTC015149</i> Limits: <i>120,000</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
590/600	Leasing - Does the carrier lease equipment? (Not to include leasing companies) If yes: Were the leases filed with and approved by the Commission? Were the terms of the lease complied with?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No		
610	Advertising - Is the carrier's HG or TCC permit number included in all advertisements?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>CARRIER WAS ADVISED OF VIOLATION</i>	

WAC Rule Reference

Findings

Number Checked

Number in Violation

Tariffs - Rates & Charges

480-15-	WAC Rule Reference	Findings	Number Checked	Number in Violation
490	Does the carrier have a copy of Tariff 15-A? If yes: Is it current? Is it in the office and available to the public?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
330 Hourly	Does the carrier accurately record start and stop times for each job?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	Are the charged hourly rates within the rate band?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		IMPROPER BILL OF LADING
	Are the extra labor charges within the rate band?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		CARRIER IS NOW USING RATE
	Does the carrier charge travel time to and from job sites?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		B/L
	Charging overtime is optional. If the carrier charges overtime, are the charges within the rate band?	<input type="checkbox"/> Yes <input type="checkbox"/> No		N/A
	Has the carrier assessed hourly rates for any moves that have exceeded 35 miles from origin to destination?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		ADVISED ON > 35 MILE RATE
	Has the carrier charged for any services not authorized under time rates? (Long carry, stairs, piano charge, etc.)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		INSURANCE SUPPLIES
	Packing Material rates - are the charges within the rate band? Does the carrier charge for materials not in the tariff? (Such as: paper, tape, padding, bubble wrap, shrink wrap, tape, etc.) Has the carrier provided packing material to the shipper at no cost?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
330 Mileage	Does the carrier use the Rand McNally mileage guide to determine mileage for tariff purposes?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		YATCOO-ADVISED ON PROPER FORMAT
	Is mileage computed correctly?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	Does the carrier use correct tariff mileage/weight charges?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	Packing Material rates - are the charges within the rate band? Does the carrier charge for materials not in the tariff? (Such as: paper, tape, padding, bubble wrap, shrink wrap, tape, etc.) Has the carrier provided packing material to the shipper at no cost?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Storage-in Transit - Has the carrier improperly classified or converted and storage-in-transit into long term storage?	<input type="checkbox"/> Yes <input type="checkbox"/> No		N/A No storage
	Does the carrier use correct rates for movements into and/or out of storage-in-transit?	<input type="checkbox"/> Yes <input type="checkbox"/> No		"
	Have shipments properly classified as storage-in-transit been charged long term storage rates?	<input type="checkbox"/> Yes <input type="checkbox"/> No		"
	Has the carrier provided temporary storage-in-vehicle? If yes: Are the charges within the rate band? Did the carrier obtain the shipper's authorizing signature?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Are charges for stairs, elevators, and long carry calculated within the rate band?	<input type="checkbox"/> Yes <input type="checkbox"/> No		N/A
	Are extra stop(s) charges calculated within the rate band?	<input type="checkbox"/> Yes <input type="checkbox"/> No		"
	Are piano/organ charges calculated within the rate band?	<input type="checkbox"/> Yes <input type="checkbox"/> No		"
	Are valuation charges computed correctly?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		SO FAR

480-15-	WAC Rule Reference	Findings	Number Checked	Number in Violation
	Has the carrier charged for "Expedited Service"? If yes: Did the carrier obtain the shippers' authorizing signature?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No		
620	Notice to Shippers - Is the carrier providing shippers with the "Rights and Responsibilities" guide Has the notation on the Bills of Lading been signed by the shipper?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Will	Comply

Estimates

640	Is the company aware that verbal estimates are not allowed?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
630-690	Does the carrier issue written estimates? If yes: Are written estimates based on a written inventory (cube sheet)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
	Do written estimates include all required information?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	CARRIER WAS ADVISED OF TARIFF RULE	
	Does the carrier provide written estimates without visually inspecting the goods at the origin?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	Binding Estimates - Does the carrier issue binding estimates? If yes: Is required documentation attached to binding estimates? Has carrier failed to honor any binding estimates? Have any binding estimates exceeded the highest legal tariff rate? Has the carrier issued any supplemental estimates on binding estimates? If yes: Is a signed supplemental estimate attached to the original estimate?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	CARRIER WAS UNAWARE OF RULE. HE WILL CORRECT MISTAKES	
	Have all written estimates been signed by the customer?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	Does the carrier retain all written estimates of moves they have conducted?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
	Has the carrier issued any Supplemental Estimates? If yes: Do supplemental estimates show what additional services were requested by the customer that would cause the increase? Is a signed supplemental estimate attached to the original estimate?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Has the carrier refused to agree to release a shipment upon payment of 110% of a written and any supplemental estimates?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	If the goods were released upon payment of 110% of a written estimate, has the customer been allowed 30 days to pay the balance?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	Has the carrier collected more than 15% over a written non-binding estimate (plus any supplemental estimate) for mileage rated moves?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	Has the carrier underestimated any shipments? If yes, How many were underestimated _____ How many total moves did company conduct _____	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	Does carrier understand that if they choose not to issue written estimates, they can not provide service by offering to meet or beat another company's estimate?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

480-15-	WAC Rule Reference	Findings	Number Checked	Number in Violation
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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
740	Does each Bill of Lading contain all required information?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
750	Determination of weights - has the carrier weighed all shipments that have exceeded 35 miles from origin to destination? Are empty and loaded weight tickets maintained with the bill of lading?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

*Now complies
1-26-06*

- Billing Inaccurate

uses Hourly Rate

Claims

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

He will begin when any claims are received

No Claims Filed as yet.

Operations

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

Provisional 1/16

480-15-	WAC Rule Reference	Findings	Number Checked	Number in Violation
900	Interstate Authority - Has the carrier operated in interstate commerce?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
930	If yes: Is the carrier properly registered? Is a copy of the SSRS/Exempt receipt in each vehicle	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No		
360	Permits - Does carrier keep copies in each vehicle?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
560	Vehicle Identification - Is the carrier's equipment properly identified by name and permit number?	<input type="checkbox"/> Yes <input type="checkbox"/> No	unknown @ this time	
600	Leased vehicles: are copies of leases in each vehicle?	<input type="checkbox"/> Yes <input type="checkbox"/> 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
Phillip Johnson	President	206-778-2067
Jill	office mngr.	"

Other information:

Initial visit indicates this carrier is in need of further ETA. 75% of operation is office moves & retail store delivery (non-regulated). I will meet with Mr. Johnson in approx. 2 weeks for additional ETA.

1-26-06: Carrier's primary operation (90%) is office moves & retail store delivery.

CARRIER IS VERY CUSTOMER ORIENTED AND ATTENTIVE TO COMPLYING WITH WATE RULES.

1-26-06 ETA meeting covered the following:

Blk requirements, valuation, SIT, SIV, Rates, Claim File, Estimates & Supplemental Estimates, Annual Report & Req. Fees.

Safety: 393, 391, 395, 396, Accident File

The next meeting will be to conduct a SAFETY COMPLIANCE REVIEW AND ANTICIPATED RECOMMENDATION FOR PERMANENT AUTHORITY.

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

Tom McVaugh
Investigator

360-664-1237
Telephone

360-586-1150
FAX

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

ROUTING SLIP

ASSIGNMENT NO.: 106016 MOTCAR NO.: 43869 PERMIT: HB-61975

CARRIER NAME: Johnson, Phillip dba: Puget Sound Delivery Guys

INVESTIGATOR(S): Tom McLaugh DATE: 2-10-06

RECOMMENDATION: Close & file. This is this provisional HHG carrier's second ETA visit. Primary focus was on safety regulations, tariff 15, Bills of Lading, Estimating, valuation, Damage claims, cargo insurance and advertising. Refer to HHG Technical Assistance & and Records Review Checklist (Attached). Next meeting will include CR and close-out if a satisfactory rating is obtained. I inspected both trucks and issued CVSA Decals.

Should carrier be rechecked? 2-3 weeks for CR & closeout

REVIEWED BY: _____ DATE: _____

FINAL RECOMMENDATION BY: _____ DATE: _____

OTHER INFORMATION: _____

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

Carrier: <i>Johnson, Phillip</i> d/b/a: <i>Puget Sound Delivery Guys</i>	HG- <i>61975</i>
Location: <i>KIRKLAND, WA</i>	Assignment #: <i>105310</i> <i>106016</i>
Investigator: <i>Tom McVane</i>	UBI #:
Period of Records Checked: From: <i>11-2-05</i> To: _____ Total Number of Bills: <i>30</i>	

WAC Rule 480-15-	WAC Rule Reference	Findings	Number Checked	Number in Violation
110	Address/Phone Number - Are the carrier's address and phone number those listed in Commission records?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<i>12</i>	<i>12</i>
360	Permits - Is original kept in main office?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
480	Annual Report/Regulatory Fees - Has the carrier filed the most recent annual report? Was the annual report filed on or before May 1 st ? If not, were late fees and interest included?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	<i>N/A</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: <i>Progressive Casualty Ins. Co.</i> Policy: <i>CA02584371-3</i> Exp: <i>3-25-06</i> Liability Limits: <i>\$750,000</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
550	Cargo Insurance - Does the carrier have adequate cargo insurance? Cargo Insurance information: Company <i>National Indemnity Co.</i> Policy: <i>70MTC015149</i> Limits: <i>120,000</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
590/600	Leasing - Does the carrier lease equipment? (Not to include leasing companies) If yes: Were the leases filed with and approved by the Commission? Were the terms of the lease complied with?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No		
610	Advertising - Is the carrier's HG or TCC permit number included in all advertisements?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>CARRIER WAS ADVISED OF VIOLATION</i>	

480-15-	WAC Rule Reference	Findings	Number Checked	Number in Violation
Tariffs - Rates & Charges				
490	Does the carrier have a copy of Tariff 15-A? If yes: Is it current? Is it in the office and available to the public?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
330 Hourly	Does the carrier accurately record start and stop times for each job?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	Are the charged hourly rates within the rate band?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		IMPROPER BILL OF LADING
	Are the extra labor charges within the rate band?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		CARRIER IS NOW USING WHITE B/L
	Does the carrier charge travel time to and from job sites?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
	Charging overtime is optional. If the carrier charges overtime, are the charges within the rate band?	<input type="checkbox"/> Yes <input type="checkbox"/> No		N/A
	Has the carrier assessed hourly rates for any moves that have exceeded 35 miles from origin to destination?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		ADVISED ON > 35 MILE RATE
	Has the carrier charged for any services not authorized under time rates? (Long carry, stairs, piano charge, etc.)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		INSURANCE SUPPLIES
	Packing Material rates - are the charges within the rate band? Does the carrier charge for materials not in the tariff? (Such as: paper, tape, padding, bubble wrap, shrink wrap, tape, etc.) Has the carrier provided packing material to the shipper at no cost?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
330 Mileage	Does the carrier use the Rand McNally mileage guide to determine mileage for tariff purposes?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		YATTOO - ADVISES ON PROPER FORMAT
	Is mileage computed correctly?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	Does the carrier use correct tariff mileage/weight charges?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	Packing Material rates - are the charges within the rate band? Does the carrier charge for materials not in the tariff? (Such as: paper, tape, padding, bubble wrap, shrink wrap, tape, etc.) Has the carrier provided packing material to the shipper at no cost?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Storage-in Transit - Has the carrier improperly classified or converted and storage-in-transit into long term storage?	<input type="checkbox"/> Yes <input type="checkbox"/> No		N/A NO STORAGE
	Does the carrier use correct rates for movements into and/or out of storage-in-transit?	<input type="checkbox"/> Yes <input type="checkbox"/> No		"
	Have shipments properly classified as storage-in-transit been charged long term storage rates?	<input type="checkbox"/> Yes <input type="checkbox"/> No		"
	Has the carrier provided temporary storage-in-vehicle? If yes: Are the charges within the rate band? Did the carrier obtain the shipper's authorizing signature?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Are charges for stairs, elevators, and long carry calculated within the rate band?	<input type="checkbox"/> Yes <input type="checkbox"/> No		N/A
	Are extra stop(s) charges calculated within the rate band?	<input type="checkbox"/> Yes <input type="checkbox"/> No		"
	Are piano/organ charges calculated within the rate band?	<input type="checkbox"/> Yes <input type="checkbox"/> No		"
	Are valuation charges computed correctly?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		SO FAR

480-15-	WAC Rule Reference	Findings	Number Checked	Number in Violation
	Has the carrier charged for "Expedited Service"? If yes: Did the carrier obtain the shippers' authorizing signature?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No		
620	Notice to Shippers - Is the carrier providing shippers with the "Rights and Responsibilities" guide Has the notation on the Bills of Lading been signed by the shipper?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	will	Comply

Estimates

640	Is the company aware that verbal estimates are not allowed?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
630-690	Does the carrier issue written estimates? If yes: Are written estimates based on a written inventory (cube sheet)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
	Do written estimates include all required information?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	CARRIER WAS ADVISED OF TARIFF RULE	
	Does the carrier provide written estimates without visually inspecting the goods at the origin?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	Binding Estimates - Does the carrier issue binding estimates? If yes: Is required documentation attached to binding estimates? Has carrier failed to honor any binding estimates? Have any binding estimates exceeded the highest legal tariff rate? Has the carrier issued any supplemental estimates on binding estimates? If yes: Is a signed supplemental estimate attached to the original estimate?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	CARRIER WAS UNAWARE OF RULE. He WILL CORRECT mistakes	
	Have all written estimates been signed by the customer?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	Does the carrier retain all written estimates of moves they have conducted?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
	Has the carrier issued any Supplemental Estimates? If yes: Do supplemental estimates show what additional services were requested by the customer that would cause the increase? Is a signed supplemental estimate attached to the original estimate?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Has the carrier refused to agree to release a shipment upon payment of 110% of a written and any supplemental estimates?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	If the goods were released upon payment of 110% of a written estimate, has the customer been allowed 30 days to pay the balance?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	Has the carrier collected more than 15% over a written non-binding estimate (plus any supplemental estimate) for mileage rated moves?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	Has the carrier underestimated any shipments? If yes, How many were underestimated _____ How many total moves did company conduct _____	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	Does carrier understand that if they choose not to issue written estimates, they can not provide service by offering to meet or beat another company's estimate?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

48C-15-

WAG Rule Reference

Findings

Number Checked

Number in Violation

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

Now Complies 1-26-06

Has the carrier issued a Bill of Lading for each shipment?

Yes No

- Billing Invoices

740

Does each Bill of Lading contain all required information?

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

uses Hourly Rate

Yes No

Claims

800-870

Does the carrier maintain a Complaints and Claims Register?
If yes:

Yes No

He will begin when any claims are received

Does the register include all required information?

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

No Claims Filed As Yet.

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?

Yes No

Advisement is: Written Verbal

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 the carrier 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?

Yes No

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?

Yes No

300

Temporary Permit - Is carrier in compliance with conditions attached to its temporary authority?

Yes No

Provisional 1/16

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?
If yes:

Yes No

Did the carrier operate during the suspension or cancellation period?

Yes No

480-15-	WAC Rule Reference	Findings	Number Checked	Number in Violation
900	Interstate Authority - Has the carrier operated in interstate commerce?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
930	If yes: Is the carrier properly registered? Is a copy of the SSRS/Exempt receipt in each vehicle	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No		
360	Permits - Does carrier keep copies in each vehicle?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
560	Vehicle Identification - Is the carrier's equipment properly identified by name and permit number?	<input type="checkbox"/> Yes <input type="checkbox"/> No	checked @ this time	
600	Leased vehicles: are copies of leases in each vehicle?	<input type="checkbox"/> Yes <input type="checkbox"/> 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
Phillip Johnson	President	206-778-2007
Jill	Office Mngr.	"

Other information:

Initial visit indicates this carrier is in need of further ETA. 75% of operation is office moves & retail store delivery (non-regulated). I will meet with Mr. Johnson in approx. 2 weeks for additional ETA.

1-26-06: Carrier's primary operation (90%) is office moves & retail store delivery.

CARRIER IS VERY CUSTOMER ORIENTED AND ATTENTIVE TO COMPLYING WITH WATE RULES.

1-26-06 ETA meeting covered the following:

BLK requirements, valuation, SIT, SIV, Rates, Claim File, Estimates & Supplemental Estimates, Annual Report & Req. Fees.

Safety: 393, 391, 395, 396, Accident File

The next meeting will be to conduct A SAFETY COMPLIANCE REVIEW AND ANTICIPATED RECOMMENDATION FOR PERMANENT AUTHORITY.

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

Tom McVaugh
Investigator

360-664-1237
Telephone

360-586-1150
FAX

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

Received By

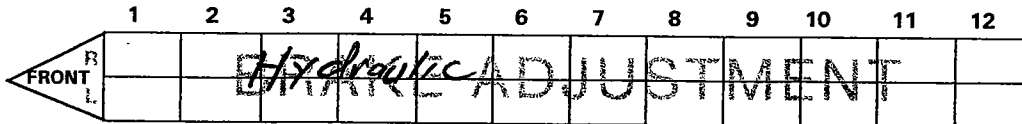
Title

Date

UNIFORM DRIVER/VEHICLE INSPECTION REPORT

1224530

PERSONNEL NO. <i>J578</i>		DIST / DET		LEVEL: 1 _____ 2 _____ 3 _____ 4 _____ 5 <u><i>A</i></u>	
GENERAL			HAZARDOUS MATERIALS		
DATE <i>1, 26, 06</i>		TIME (MILITARY) BEGUN <i>10:05</i>		TIME (MILITARY) FINISHED <i>10:20</i>	
LOCATION: SR/MP <i>KIRKLAND</i>		SCALEHOUSE NO. / CNTY CODE <i>17</i>		HAZARD CLASS / DIVISION NO.	
				REPORTABLE QTY? Y N HAZARDOUS WASTE? Y N	
				PLACARD REQUIRED? Y N CARGO TANKS? Y N	
CARRIER <i>206-778-2067</i>					
CARRIER NAME (Include DBA when applicable) <i>Johnson, Phillip Puget Sound Delivery Pays</i>					
ADDRESS <i>218 MAIN ST Suite 133</i>					
CITY <i>KIRKLAND</i>		STATE <i>WA</i>	ZIP CODE <i>98033</i>	INTERSTATE YES <input checked="" type="checkbox"/>	DOT NO.
ICC NO.					
DRIVER					
DRIVER NAME			LICENSE NO.		STATE
DATE OF BIRTH <i> / /</i>		MED. CERT. Y N WAIVER Y N	SHIPPER NAME		SHIPPING NO.
VEHICLE <i>TR</i>					
REGISTERED OWNER NAME/ADDRESS <i>SAME</i>				G.V.W. <i>12000</i>	PBT RATE
UNIT	TYPE	YEAR/MAKE	CO. UNIT NO.	LICENSE NO. / VIN NO.	STATE
<i>1</i>	<i>TR</i>	<i>99/ISUZU</i>	<i>1</i>	<i>A680864</i>	<i>WA</i>
<i>2</i>					
<i>3</i>					
<i>4</i>					



CFR	VIOLATIONS					D	1	2	3	4	Unit #s O/S	Complied
CVSA DECALS <i>2924804</i>	UNIT 1	UNIT 2	UNIT 3	UNIT 4	NOIC NO.							
DRIVER SIGNATURE <i>[Signature]</i>					OFFICER SIGNATURE <i>[Signature]</i>							

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

UNIFORM DRIVER/VEHICLE INSPECTION REPORT

1224531

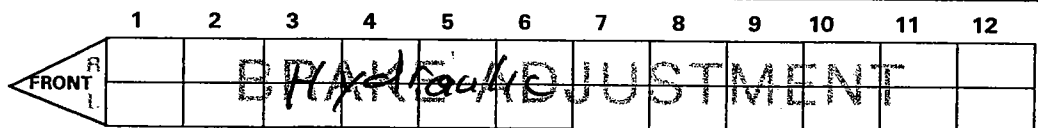
PERSONNEL NO. 3531 DIST / DET _____ LEVEL: 1 ___ 2 ___ 3 ___ 4 ___ 5 X

GENERAL			HAZARDOUS MATERIALS		
DATE <u>1.26.06</u>	TIME (MILITARY) BEGUN <u>0930</u>	TIME (MILITARY) FINISHED <u>1005</u>	HAZARD CLASS / DIVISION NO. _____		
LOCATION: SR/MP <u>KIRKLAND</u>		SCALEHOUSE NO. _____ CNTRY CODE <u>17</u>	REPORTABLE QTY? Y N	HAZARDOUS WASTE? Y N	
			PLACARD REQUIRED? Y N	CARGO TANKS? Y N	

CARRIER 206-778-2067
CARRIER NAME (Include DBA when applicable)
John, Phillip dba: Puget Sound Delivery Guys
ADDRESS
218 Main St. Suite 153
CITY KIRKLAND STATE WA ZIP CODE 98033 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 SAME G.V.W. 18000 PBT RATE _____
UNIT TYPE YEAR/MAKE CO. UNIT NO. LICENSE NO. / VIN NO. STATE
1 TR 04/00 2 A58796W WA
2
3
4



CFR	VIOLATIONS	D	1	2	3	4	Unit #s O/S	Complied

CVSA DECALS UNIT 1 2924603 UNIT 2 _____ UNIT 3 _____ UNIT 4 _____ NOIC NO. _____
DRIVER SIGNATURE [Signature]
OFFICER SIGNATURE [Signature]

2006 MCSAP DATA SHEET

Assignment #:	106016
Date of CR/Inspection:	1-26-06
Carrier Name:	Johnson, Phillip
DBA:	Puget Sound Delivery Guys
Permit #:	HG-61975
DOT #:	
MC #:	
MotCar #:	43869

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	

2006 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:									2		
# 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:	Kirkland, 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											

McVaugh

Inspector(s): _____