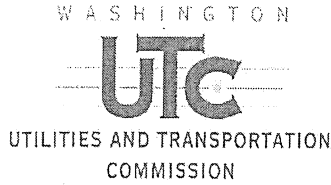


TV-160256-CT



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

#0602819

FOR OFFICIAL USE ONLY			
Date Filed: 2/29/16	DOL/SOS: 2002	ID: 7494	Docket # TV-160256
Staff Assigned	Insurance	Inspection	Permit Issued THG-
Reception # 57182	111-0268-207-02	111-0268-013-20	

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 as well as a closing annual report \$ 550
- Permanent authority to transfer under the exceptions in WAC 480-15-187. Complete pages 3-8 and Attachments B & C. \$ 250
- Reinstatement of permit (must be filed within 30 days of cancellation, depending on criteria set forth in 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: Burgin Relocation, Inc.
(must be individual, partners of a partnership or corporation)

Trade Name, if applicable _____

Physical Address 2704 N. Moore Lane, Suite B Spokane Valley, WA 99216

Mailing Address _____

Telephone Number (509) 533-0355 Fax Number (509) 232-2009

Posted
Caseon (ma)
3
L

TV-160254

BUSINESS INFORMATION - continued

UBI #: 603 529 691 Email: JeffB@BurginRelo.com

USDOT #: 2836537 (If you currently don't have one, go online at www.fmcsca.dot.gov/online-registration to apply or call 360-596-3812 for assistance.)

Department of Labor & Industries Worker's Comp account # 603 529 691 (no L&I acct # issued until employees hired)

Employment Security Department registration number 000-422183-00-0

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
Jeffrey C. Burgin	President / CEO	100%
Samuel J. Thomas	VP Treasurer	<input checked="" type="checkbox"/>

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

- Describe the services you wish to provide. Explain how your services will enhance customer choice, promote competition, or fill an unmet need for service: Burgin Relocation has recently been approved as an Agent for Mayflower Transit. We wish to fill the void left behind by the closure of the Crown Moving (Mayflower) in Spokane, and meet the relocation needs of the Spokane market.
- Briefly describe your experience in the transportation/household goods moving industry: Burgin Relocaiton is under the same ownership as Chipman Moving & Storage (Spokane), Inc. - a long time provider of relocation services in the Spokane area. Our hope is that Burgin Relo can call upon Chipman's expertise and provide quality moving services to a new audience familiar with the Mayflower name.
- 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 MC949153
- 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 _____
- Do you currently operate interstate? No Yes If yes, please indicate your MC# 949153
- Do you operate interstate as an agent of another company? No Yes

If yes, what is the name of the company? Agent for Mayflower Transit

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, 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	\$95,947.37	Salaries/Wages Payable	\$
Notes Receivable	\$	Accounts Payable	\$
Investments	\$	Notes Payable	\$67,329.00
Other Current Assets	\$	Mortgages Payable	\$
Prepaid Expenses	\$	TOTAL LIABILITIES	\$0.00
Land and Buildings	\$	NET WORTH	
Trucks and Trailers	\$96,594.54	Preferred Stock	\$
Office Furniture	\$	Common Stock	\$
Other Equipment	\$	Retained Earnings	\$
Other Assets	\$	Capital	\$125,212.91
TOTAL ASSETS	\$192,541.91	TOTAL LIABILITIES & NET WORTH	\$192,541.91

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
2016	International	TBD	1HTMMMMN9GH379596	33,000

SAFETY AND OPERATIONS

CONTROLLED SUBSTANCE AND ALCOHOL USE AND TESTING (Title 49, Code of Federal Regulations Part 382 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 WAC rules, Fact Sheets and publication "Your Guide to Achieving a Satisfactory Safety Rating" for assistance with requirements that may apply to your specific operations

COMMERCIAL DRIVER'S 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: Stacy Howard

Position: Move Coordinator

OPERATIONAL RESPONSIBILITIES

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

Name: Sam Thomas

Position: Controller

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: Sam Thomas

Position: Controller

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 WAC 480-15-305 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.

Jeffrey C. Burgin

Print name of applicant

Signature of Applicant

Date and Location

2/26/16

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: Burgin Relocation, Inc.

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:
KARI B. ALLEN

Address (include street address, mailing address, city, state, zip, and county):
4206 S. HELENA ST. SPOKANE, WA 99203

Phone Number:
509-863-7379

Do you currently need the services of a residential household goods moving company?
 No Yes If yes, please describe your current moving needs:
STORM DAMAGE TO HOUSE. NEED ITEMS REMOVED FROM HOUSE & TAKEN TO STORAGE. RETURNED AFTER REPAIRS

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:
POSSIBLE MOVE WHEN RETIRED

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:
MAYFLOWER REPUTATION - QUALITY MOVE SERVICE

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?
HAVE USED MAYFLOWER TRANSIT IN THE PAST WITH EXCELLENT RESULTS

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

Kari B Allen

 Signature of Person Completing Form

2/14/16, Spokane WA

 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: Burgin Relocation, Inc.

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:

CAROL A. MEASEL

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

1114 E. 18th AVE Spokane, WA 99203

Phone Number:

509-218-4361

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

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

Selling home, building new one, needs all goods moved

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:

When home finished need goods moved again

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:

Used Mayflower for last move

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.

Carol A. Measel

Signature of Person Completing Form

2/2/16 Spokane WA

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: *Burgin Relocation Inc.*

The following must be completed by the Supporter of the applicant	
Name, Title, and Business Name:	<i>Evan B. Bowden</i>
Address (include street address, mailing address, city, state, zip, and county):	<i>705 S. Adams St. Spokane, WA 99204 USA</i>
Phone Number:	<i>509-499-9975</i>
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 type="checkbox"/> No <input checked="" type="checkbox"/> Yes If yes, please describe your future moving needs:	
<i>Moving out of my current home and into a new one.</i>	
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:	
<i>They provide competitive services.</i>	
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.	
<i>Evan B. Bowden</i> _____ Signature of Person Completing Form	<i>2/21/2016</i> _____ Date and Location



U.S. Department of Transportation
Federal Motor Carrier Safety Administration

1200 New Jersey Ave., S.E.
Washington, DC 20590

February 18, 2016

RE:

MC-949153-C
U.S. DOT No. 2836537
BURGIN RELOCATIONS, INC
2704 N MOORE LN STE B
SPOKANE VLY, WA 99216

The above application has been reviewed and accepted. This letter does not constitute authority to operate. Operations may only begin following the issuance of a certificate, license, or permit following compliance with the following requirements:

- (1) Insurance (liability: Form BMC-91 or BMC-91X and cargo: Form BMC-34) (49 CFR 387);
- (2) Designation of agents upon whom processes may be served (Form BOC-3)(49 CFR 366);
- (3) Household goods carriers must maintain tariffs, but the tariffs are not filed with the government.(49 CFR 1312);
- (4) Offer of Arbitration as a means of settling loss damage disputes (49 USC 14708);
- (5) The form MCS-150, Motor Carrier Identification Report if not previously filed. To obtain information on registering with U.S. DOT (filing form MCS-150) write to:

Federal Motor Carrier Safety Administration, Data Analysis and Information Systems, MC-RIS, 1200 New Jersey Ave., S.E., Washington, DC 20590. Or call: (800)832-5660 (automated response system).

NOTE: To avoid delay in issuance of your operating authority, it is essential that your full and correct name(s), address and MC number (excluding suffix) be included exactly as shown above on all forms filed including those forms filed by your insurance company. Please ensure that this information is provided to your insurer.

Notice of application was published in the FMCSA Register issue of February 18, 2016. If applicant fails to comply within 20 days from the date of publication in the FMCSA Register, a decision will be served notifying the applicant that the application will stand dismissed for want of prosecution unless applicant complies with the requirements within 60 days.

Jeffrey L. Secrist, Chief
Information Technology Operations Division
GRR

CERTIFICATE OF COVERAGE



Insurance Services Division
Employer Services

Department of Labor & Industries
PO Box 44144
Olympia WA 98504-4144
www.LNI.wa.gov

UBI#: 603 529 631 Policy Effective Date 03/08/16

Location
BURGIN RELOCATION INC
2704 N. MOORE LN STE 9
SPOKANE WA 99218-1865

Employer
BURGIN RELOCATION INC
BURGIN RELOCATION INC
2704 N. MOORE LANE
SPOKANE WA 99218

EMPLOYER: This official certificate of industrial insurance coverage is in lieu of a policy. It remains in effect until your account is officially closed. There is no limitation of benefits. You are required by law to post both this certificate and copies of the posters listed below. You will soon be receiving 1 copy of each. If you require additional copies, call Labor and Industries at 360-902-4817.

- Job Safety and Health Protection (available in Spanish)
- Your Rights as a Worker/Family Care
- Notice to Employees

WORKER: The employer named below is an insured policyholder with the Washington State Industrial Insurance Trust Fund.

*Your Unified Business Identifier is the only number you need to discuss your business account with the Washington state departments of Revenue, Licensing, Employment Security, Labor and Industries and the Office of the Secretary of State. Other state licenses or registrations may be required for proper licensing of your business.
F211-11-000-8202

A DRUG FREE ALLIANCE

1200 W. Ironwood Drive, Suite 309, Coeur d' Alene, ID 83814
10905 E. Montgomery, Suite 4, Spokane, WA 99206
3475 W. Broadway Missoula, MT 59801

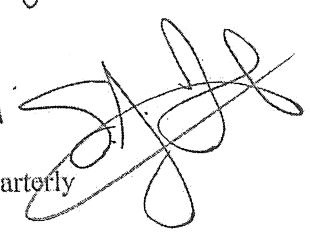
Coeur d'Alene, ID (208) 769-7021 Fax: (208) 665-0068 * Spokane, WA (509) 921-2730 Fax (509) 892-6924

Missoula, MT (406) 543-8111 Fax (406) 543-1801

January 20th 2016

Chipman Moving and Storage
Contact: Jeff Burgin
2704 N. Moore Lane
Spokane, WA 99216

Burgin Relocations, Inc.
will be covered under
this drug & alcohol
policy.



I certify that **Chipman Moving and Storage** is enrolled in A Drug Free Alliance quarterly random Program.

Chipman Moving and Storage started with A Drug Free Alliance June of 2002 and has been doing random drug & alcohol testing continuously since then.

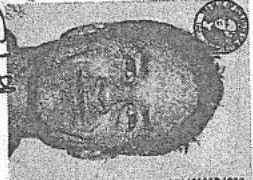
The purpose of this letter is to confirm that the drug and alcohol testing services provided for all of **Chipman Moving and Storage** employees. A Drug Free Alliance meets the requirements set forth by the Department of Transportation, which includes the use of DOT CCF and the review of each test by a Certified Medical Review Officer.

A Drug Free Alliance and American Mobile Drug Testing both maintain records confirming compliance with the Department of Transportation regulations 49 CFR Part 40. The DOT requirements regarding record keeping, reporting, laboratory use, MRO services, Collectors qualification training requirements, Collectors proficiency testing, BAT training and proficiency testing, error correction training, STT training and proficiency testing, scheduled and maintained accuracy and calibration tests on all EBT devices including quality assurance plans for each machine, random selection records and all certifications are complete and documented and kept at the locations listed above.

We are proud to ensure your company that these requirements are completed and maintained. I certify that A Drug Free America and American Mobile Drug Testing follows the Department of Transportation's procedures and requirements of 49 CFR Part 40.

Natasha Wilson - amdnatasha@gmail.com
Random Program Director
10905 E. Montgomery Ste. 4
Spokane Valley, WA 99206
PH: (509) 892-6904 Fax: (509) 892-6924

WA USA WASHINGTON DRIVER LICENSE



Signature: [Handwritten signature]

2114280501239

4d LIC

1 THOMAS
2 SAMUEL JAMES

DONOR

4a Iss

15 Sex M 16 Hgt 5-11

17 Wgt 165 18 Eyes BRN

9 Class 9a End NONE

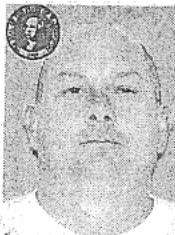
12 Restrictions C

4b Exp

[Redacted area]

Rev 09-15-2009

WA USA **WASHINGTON** DRIVER LICENSE



4d LID [REDACTED]
1 BURGIN
2 JEFFREY CHIPMAN
3 DOB [REDACTED] 4a Iss [REDACTED]
8 [REDACTED]
15 Sex M 16 Hgt 6-00
17 Wgt 235 18 Eyes BRN
9 Class 9a End 3
12 Restrictions C 4b Exp [REDACTED]

This is a "printer friendly" page. Please use the "print" option in your browser to print this screen.



Washington, State of - Utilities & Transportation Commission

Utilities & Transportation Commission POS

Confirmation Number: 06281G
 Payment Date: Monday, February 29, 2016
 Payment Time: 10:12AM PT

Payer Information

First Name: Samuel Thomas
 Street Address: 2704 N Moore Lane Suite B
 Town/City: Spokane Valley, WA 99216
 Country: United States
 Daytime Phone Number: (509) 533 - 0355
 E-mail Address: JeffB@BurginRelo.com
 Company Name-If not a Company, provide name of Payee: Burgin Relocation Inc
 Payment Menu : Application Fees
 Payment Menu - Additional Payment: Application Types (If Applicable): Household Goods

Card Information

Card Type: Visa
 Card Number: [REDACTED]
 Expiration Date: [REDACTED]
 Card Verification Number: ****

Payment Information

Payment Type: Utilities & Transportation Commission POS
 Payment Amount: \$550.00
 Convenience Fee: \$13.75
 Total Payment: \$563.75

Thank you for using Official Payments. If you have a question regarding your payment, please call us toll free at 1-866-621-4109. To make payments in the future, please visit our website at www.officialpayments.com.



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