

**HOUSEHOLD GOODS CARRIER  
 PERMIT APPLICATION**

**RECEIVED**  
 JAN 20 2005  
 WASH. UT. & TP. COMI

Type of Household Goods Authority Requested – Check one	Fee Required
<input type="checkbox"/> Emergency temporary authority (to meet an urgent need for up to thirty days) - Complete pages 1 - 5 and Attachment E	\$ 50
<input type="checkbox"/> Temporary authority (to meet a short-term need) – Complete pages 1 - 5 and Attachment A	\$ 250
<input checked="" type="checkbox"/> Permanent authority (at least six months must be served on a temporary provisional basis) – Complete pages 1 - 5 and Attachment A	\$ 550
<input type="checkbox"/> Permanent authority to transfer or acquire control resulting in a change in ownership or controlling interest (at least six months must be served on a temporary provisional basis) – Complete pages 1 - 5 and Attachment B	\$ 550
<input type="checkbox"/> Permanent authority to transfer or acquire control under the exceptions in WAC 480-15-260 – Complete pages 1 - 5 and Attachments B & C	\$ 250
<input type="checkbox"/> Reinstatement of permit (must be filed within 30 or 60 days of cancellation, depending on criteria set forth in WAC 480-15-460) – Complete pages 1 - 2 and include a statement justifying the reinstatement	\$ 250
<input type="checkbox"/> Name Change – Complete page 1 and Attachment D	\$ 35
<input type="checkbox"/> Extension of authority – Complete pages 1 - 5 and Attachment A	\$ 550

**TYPE OF PAYMENT**

Check     Money Order     Amex     Discover     Mastercard     Visa

Expiration Date: \_\_\_\_\_ Amount: \_\_\_\_\_

CERTIFICATION: I, the undersigned, under penalty for false statement, certify that the following information is true and correct, that I am authorized to execute and file this document on behalf of the applicant, and that all information on file is current and valid.

Name (printed): Helge M. Karlsen      Date: 1/4/05  
 Signature: [Signature]      Title: Owner

**FOR OFFICIAL USE ONLY**

Date Filed: <u>1/20/05</u>	Application #: <u>P-79350</u>	Motcar: <u>43471</u>	Permit Issued: HG- <u>61655</u>
Staff Assigned: <u>[Signature]</u>	Insurance: <u>OK</u>	Inspection:	DOL/SOS: <u>OK</u>
Reception #: 111-0268-207-02	<u>550.00</u>	111-0268-202-01	111-0268-013-20

0009356

PAGE 1

TV-050097

**BUSINESS INFORMATION**

Name of Applicant Hedge M. Karlson & Delightfully Northwest, Inc  
(must be individual, partners of a partnership, or corporation)

Trade Name, if applicable Delightfully Northwest, Inc

Physical Address 2600 NW 201<sup>ST</sup> ST. Shoreline, WA 98177

Mailing Address P.O. Box 60052 Shoreline WA 98177

Telephone Number (206) 396-6358 Fax Number (206) 542-3767

UBI # 602-232-190 Email: PROPPIANO MOVE@MSN.COM.

**TYPE OF BUSINESS STRUCTURE**

- Individual
- Partnership
- Corporation
- Other \_\_\_\_\_  
(LP, LLP, LLC)

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

Name	Title	Stock Distribution or Percentage of Shares
<u>Hedge Karlson</u>	<u>Pres.</u>	<u>100%</u>

Choose one of the following for the territory in which you wish to operate:

- All counties in the State of Washington
- The following named counties only: \_\_\_\_\_

Describe the services you wish to provide. Explain how your services will enhance customer choice, promote competition, or fill an unmet need for service: Delivery of Pianos For

- ① Seattle Piano Gallery
  - ② Second Hand Pianos
  - ③ Sherry's Piano & Organ Moving Co Then Northwest Cartage, Inc.
- I HAVE BEEN PROVIDING PIANO MOVING service SINCE 1977 1<sup>ST</sup> OWNING THE PIANO  
THIS IS ALL I HAVE EVER DONE

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

1968-72 Moved Furniture For Mayflower Hanson Bros. Lyons Moving + Storage.  
1977 or 78 Received my first permit as The Piano & Organ Moving Co  
Then sold it - and bought Northwest Cartage Inc CC 5724 Now, All Star  
Transfer Now I own one truck and deliver pianos with my son & daughters

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: The Piano & Organ Moving Co  
NORTHWEST Carriage Inc # 5724? I don't remember the #

Have you ever applied for and been denied a permit to operate as a motor carrier of property?

No  Yes If yes, please explain: I Did Not get my letters of Shippers  
Support in on time.

Do you currently operate interstate?  No  Yes If yes, please indicate your:  
 DOT# \_\_\_\_\_ MC# \_\_\_\_\_ Single State Registration Base State \_\_\_\_\_

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

Do you have, or have you ever had a business related legal proceeding against you in Washington, or in any other state?  No  Yes If yes, please explain: \_\_\_\_\_

Have you ever been convicted of a Class A or B Felony?  No  Yes If yes, please explain: \_\_\_\_\_

Have you been cited for violation of state laws or Commission rules?  No  Yes If yes, please explain: \_\_\_\_\_

### FINANCIAL STATEMENT

You may attach a Balance Sheet, Profit and Loss Statement, or business plan if available

ASSETS		LIABILITIES	
Cash in Bank	\$ 5000. <sup>00</sup>	Salaries/Wages Payable	\$ 000
Notes Receivable	\$ <del>5000</del> <sup>00</sup>	Accounts Payable	\$ 1400. <sup>00</sup>
Accounts Receivable	\$ 5000. <sup>00</sup>	Notes Payable	\$ 3000. <sup>00</sup>
Investments	\$ 10,000. <sup>00</sup>	Mortgages Payable	\$ 0
Other Current Assets	\$ 5000. <sup>00</sup>	Other	\$
Prepaid Expenses	\$ 0	<b>TOTAL LIABILITIES</b>	\$ 4400. <sup>00</sup>
Land and Buildings	\$ 0	<b>NET WORTH</b>	
Trucks and Trailers	\$ 8000. <sup>00</sup>	Preferred Stock	\$ 2000. <sup>00</sup>
Office Furniture	\$ 2500. <sup>00</sup>	Common Stock	\$
Other Equipment	\$ 1000. <sup>00</sup>	Retained Earnings	\$ 3000. <sup>00</sup>
Other Assets	\$ 20,000. <sup>00</sup>	Capital	\$
<b>TOTAL ASSETS</b>	\$ 38,500. <sup>00</sup>	<b>TOTAL LIABILITIES &amp; NET WORTH</b>	\$

## EQUIPMENT LIST

Describe the equipment that will be used (attach additional sheets if necessary). Vehicles must pass inspection and be issued a valid Commercial Vehicle Safety Alliance inspection decal before your application may be granted.

Year	Make	License Number	Vehicle ID Number	Gross Vehicle Weight
2000	Chevy Hi-Cube	A-14088J	1GBJE31R4Y1275704/10000	

### SAFETY AND OPERATIONS

In each of the categories shown below, list the person and position responsible for understanding and complying with the Federal Motor Carrier Safety Regulations (FMCSR) and Washington State Laws and rules. Please refer to the WAC rules, Fact Sheets, and publication "Your Guide to Achieving a Satisfactory Safety Rating" for assistance with requirements that may apply to your specific operations.

#### SAFETY RESPONSIBILITIES

**COMMERCIAL DRIVERS LICENSE (CDL) REQUIREMENTS (Title 49, Code of Federal Regulations Part 383)** Any driver who operates a vehicle that meets the definition of a commercial motor vehicle must have a valid CDL.

Name: Helge Kambes Position: Owner

**DRIVER QUALIFICATION REQUIREMENTS (Title 49, Code of Federal Regulations Part 391)**

Driver's must meet minimum qualification requirements and each company must maintain driver qualification files for each driver.

Name: Helge Kambes Position: owner

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

Name: Helge Kambes Position: owner

**CONTROLLED SUBSTANCES AND ALCOHOL TESTING (Title 49, Code of Federal Regulations Part 382 & Part 40)** Any person who drives a commercial motor vehicle requiring a CDL must be in a Controlled Substance and Alcohol Testing program that complies with the FMCSR in 49 CFR Part 382 and 49 CFR Part 40.

Name: Helge Kambes Position: owner

Each company will have in place a system for complying with FMCSR governing alcohol and controlled substances testing requirement (49 CFR Part 382 and 49 CFR Part 40)

**VEHICLE INSPECTION, REPAIR, AND MAINTENANCE (Title 49, Code of Federal Regulations Part 396)** Companies must ensure that each motor vehicle operated is regularly inspected, repaired, and maintained.

Name: Helge Kambes Position: owner

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

Name: Helge Kambes Position: owner

**CARGO INSURANCE REQUIREMENTS (WAC 480-15-550)** All companies must maintain cargo insurance coverage. (\$10,000 for household goods transported in motor vehicles under 10,000 pounds GVWR and \$20,000 for vehicles 10,000 pounds GVWR or more)

Name: Helge Kambes Position: owner

**OPERATIONAL RESPONSIBILITIES**

**ANNUAL REPORTS and REGULATORY FEES (WAC 480-15-480)** Companies must annually file a report of their financial operations and pay regulatory fees.

Name: *Helge Kambser*

Position: *Owner*

**STATE OF WASHINGTON – general laws, rules and regulations:** Individuals and companies doing business in the state of Washington must comply with the regulations of local, state, and federal agencies. Please state the name and position of the person in your organization who will be responsible for ensuring compliance with the laws of the state of Washington, such as, but not limited to: Department of Labor and Industries (industrial insurance, safety, prevailing wage); Department of Licensing (vehicle and drivers licenses, business licensing, Unified Business Identifier (UBI number), fuel permits, fuel tax); Secretary of State (corporate registrations); Department of Transportation (over-size or over-weight permits); Department of Revenue and Internal Revenue Service (taxes); and Employment Security.

Name: *Helge Kambser*

Position: *Owner*

**DECLARATION OF APPLICANT:**

I understand that filing this application does not in itself constitute authority to operate as a household goods mover.

As the applicant for a household goods permit, I understand the responsibilities of a motor carrier, and I am in compliance with all local, state, and federal regulations governing businesses, including household goods movers, in the state of Washington.

I understand that if the Commission grants my application as a new entrant I will be granted temporary authority to provide service as a household goods carrier on a provisional basis for at least six months. During this time, the Commission will evaluate whether I have met the criteria in WAC 480-15-330 to obtain permanent authority. I also understand that I must comply with all conditions placed on my temporary permit and that failure to do so will result in cancellation of my permit.

I certify or declare under penalty of perjury under the laws of the State of Washington that the information contained in this application is true and correct.

*Helge Kambser*

Print name of applicant

*[Signature]*

Signature of Applicant

*1/4/05 King Co*

Date & Place

ATTACHMENT A

HOUSEHOLD GOODS STATEMENT OF SUPPORT

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

Applicant Name: Helge Karlsen Delightfully Northwest, Inc

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: FOR: ~~Arnold D. Tucker~~ Delightfully Northwest Inc.

Address (include street address, mailing address, city, state, zip, and county): SEATTLE PIANO GALLERY 159 WESTERN AVE WEST SUITE 450 SEATTLE, WA 98119

Phone Number: 206-282-7101

Do you currently need the services of a residential household goods moving company? No Yes If yes, please describe your current moving needs: I'M RUNNING A PIANO BUSINESS & NEED PIANOS MOVED ALMOST DAILY.

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: I WILL CONTINUE TO NEED PIANOS MOVED ALMOST DAILY AS LONG AS I'M IN BUSINESS.

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: HELGE IS KNOWN TO BE RELIABLE & EXPERIENCED AS A PIANO MOVING COMPANY & MY CUSTOMERS IN THE COMMUNITY CAN REPEND ON QUALITY, SAFETY & TIMELY PIANO MOVES FROM HELGE.

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit? I HAVE USED A HALF DOZEN PIANO MOVERS IN THE 12 YEARS I HAVE BEEN IN THE PIANO BUSINESS & I USE HELGE BECAUSE HE IS SO RESPONSIVE & PROFESSIONAL.

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

Signature of Person Completing Form: Arnold D. Tucker

Date and Location: 1/13/05 SEATTLE, WA

ARNOLD D. TUCKER OWNER

**ATTACHMENT A**

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*Helge Karlisen*

Applicant Name: Delightfully Northwest Inc

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

Name, Title, and Business Name:

SHERRY LANGLOIS, OWNER SHERRY'S PIANO

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

19438 7th AVE NE  
POULSBORO, WA 98370  
KITSAP

Phone Number:

360 394 2100

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

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

PIANO TRANSPORT TO CUSTOMERS HOME

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:

CONTINUED SALES + SERVICE REQUIRES OUTSIDE  
MOVER TO TRANSPORT PIANOS SAFELY.

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:

MY CUSTOMER APPRECIATE THE ADVANTAGE OF THIS  
PROFESSIONAL SERVICE

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

THEY ARE PROMPT, & COURTEOUS

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

Sherry Langlois  
Signature of Person Completing Form

1/13/05 POUFSBO WA.  
Date and Location

**ATTACHMENT A**

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Applicant Name: Helge Karlisen. Delightfully Northwest Inc

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

Name, Title and Business Name:  
SECOND HAND PIANOS

Address (include street address, mailing address, city, state, zip, and county):  
Second Hand Pianos. 414 West Meeker, Kent WA

Phone Number:  
FA 253 852 5760 (Buss) (253) 850-0649 98032

Do you currently need the services of a residential household goods moving company?  
 No  Yes If yes, please describe your current moving needs:  
1. Delivery + Pick up of NEW + USED Pianos,  
AND MOVING of PIANOS of Clients From Home to New Home

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:  
WE MAY NEED OUR PIANO MOVED FROM OUR HOME TO A CLIENTS. HOME OR TRANSFER FROM WAREHOUSE

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:  
WE HAVE KNOWN Helge Karlisen FOR OVER 20 YEARS AND TRUST HIM + HIS SERVICES. EXPLICITLY

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?  
WE think Helge Karlisen (Delightfully Northwest, Inc) will Be an ASSET to our Community AS A Mover of H/H Goods

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

Michael Jeffrey  
Signature of Person Completing Form

Itan Ous 11/4/05  
Date and Location



**WASHINGTON  
INSURANCE IDENTIFICATION CARD**

Company Number 10723  
NATIONWIDE ASSURANCE COMPANY  
PO BOX 4114  
PORTLAND OR 97208-4114

Policy Number 72 46 3 010719      Effective Date JAN 24, 2005      Expiration Date JUL 24, 2005

HELGE KARLSEN  
PO BOX 60053  
SHORELINE, WA 98177

Year 2000      Make/Model CHEV EXPRESS3      Vehicle Identification Number 1GBJG31R4Y1275704

For questions about your insurance, call your Nationwide Agent  
1-877-OnYourSide(1-877-669-6877)  
Or, log on Nationwide.com

To report a claim, from anywhere in the country, just call  
**TOLL FREE 1-800-421-3535**

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INQR UTL024P1                    MASTER LICENSE SERVICE                    01/20/05  
   BUSINESS ENTITY INQUIRY                    09:54:54

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UBI: 602 232 190 001 0001                    State of Inc: WA                    Loc Status: A  
Type: PROFIT CORPORATION                    Date of Inc: 09 06 2002 Corp Status: A  
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Owner Name: DELIGHTFULLY NORTHWEST INC.

Reg. Agent:    HELGE M KARLSEN  
Reg. Address: 2600 NW 201ST ST                    Exp. Date: 09 30 2005  
                 PO BOX 60052                    Total Shares authzd:  
                 SHORELINE WA 98177                    Total Shares issued:  
Firm Name : HAVE TRUCK WILL TRAVEL  
Loc: 2520 NW 195TH PL                    Mail: 2520 NW 195TH PL  
                 SHORELINE WA 98177                    SHORELINE WA 98177

Phone: (206) 396-6358                    Registered Tradenames for this UBI? Yes  
RFI: No        NSF: No                    Location First Activity: 09 01 2002  
RFP: No        Withhold: No                    Last License Issue:        09 19 2002  
TRANSFER: \_\_\_\_\_ {Press <ENTER> for Endorsements List}  
Enter-PF1---PF2---PF3---PF4---PF5---PF6---PF7---PF8---PF9---PF10--PF11--PF12---  
   GLIST APLST UBIQ    SERV    TRDU    INQA                    INQR    MMENU

INQR UTL024P1

MASTER LICENSE SERVICE  
BUSINESS ENTITY INQUIRY

01/20/05  
09:55:02

-----  
UBI: 602 232 190 001 0001  
Type: PROFIT CORPORATION  
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Loc Status: A

-----  
Owner Name: DELIGHTFULLY NORTHWEST INC.  
Firm Name : HAVE TRUCK WILL TRAVEL  
Page: 1

Endorsements	Unit	Account #	Stat	Date	Expires
TAX REGISTRATION			A	09 13 2002	
UNEMPLOYMENT INSURANCE			A	09 13 2002	
INDUSTRIAL INSURANCE			A	09 13 2002	

TRANSFER: \_\_\_\_\_ End of Endorsement List

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GLIST APLST UBIQ SERV TRDU INQA INQR MMENU

MASTER LICENSING SYSTEM  
Trade Name by UBI Search

01/20/2005  
09:55

TRDU TRD351P1

UBI: 602 232 190  
Corporation : DELIGHTFULLY NORTHWEST INC.

Busn Mail Addr : 2600 NW 201ST ST  
PO BOX 60052 SHORELINE WA 98177

SEL	TRADE_NAME(S)	REGSTRD	CANCELED
1)	HAVE TRUCK WILL TRAVEL	09/06/2002	

PAGE : 01

TRANSFER: \*\*\*\*\* END OF DATA \*\*\*\*\*

Enter-PF1---PF2---PF3---PF4---PF5---PF6---PF7---PF8---PF9---PF10--PF11--PF12---  
Locns Cmpl BusLs TrdN TrdW Top InqR Menu MMenu

[HOME](#)

[CORPORATIONS MENU](#)

**CORPORATIONS DIVISION - REGISTRATION DATA SEARCH**

**DELIGHTFULLY NORTHWEST INC.**

<b>UBI Number</b>	602 232 190
<b>Category</b>	Regular Corporation
<b>Profit/Nonprofit</b>	Profit
<b>Active/Inactive</b>	Active
<b>State of Incorporation</b>	WA
<b>Date of Incorporation</b>	09/06/2002
<b>License Expiration Date</b>	09/30/2005
<b>Registered Agent Information</b>	
<b>Agent Name</b>	HELGE M KARLSEN
<b>Address</b>	2600 NW 201ST ST PO BOX 60052
<b>City</b>	SHORELINE
<b>State</b>	WA
<b>ZIP</b>	98177
<b>Special Address Information</b>	
<b>Address</b>	
<b>City</b>	
<b>State</b>	
<b>Zip</b>	

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**Disclaimer**

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