

**HOUSEHOLD GOODS CARRIER
 PERMIT APPLICATION**



| 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 | | | |
|---|--|---------------------------------------|-----------------------------------|
| <input type="checkbox"/> Check | <input type="checkbox"/> Money Order | <input type="checkbox"/> Amex | <input type="checkbox"/> Discover |
| <input type="checkbox"/> Mastercard | <input checked="" type="checkbox"/> Visa | #1094744 | |
| Expiration Date: _____ | | Amount: <u>\$550.00</u> | |
| 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): <u>DOUG JENSEN</u> | | Date: <u>JAN 13th 2005</u> | |
| Signature: <u>[Signature]</u> | | Title: <u>OWNER</u> | |
| FOR OFFICIAL USE ONLY | | | |
| Date Filed: <u>1/18/05</u> | Application #: <u>P-79349</u> | Motcar: <u>43468</u> | Permit Issued: HG- <u>61643</u> |
| Staff Assigned: <u>[Signature]</u> | Insurance: <u>[Signature]</u> | Inspection: _____ | DOL/SOS: <u>OK/N/A</u> |
| Reception #: <u>111-0268-207-02</u> | <u>550.00</u> | <u>111-0268-202-01</u> | <u>111-0268-013-20</u> |

0009329

TV-050080

BUSINESS INFORMATION

Name of Applicant DOUG JENSEN
(must be individual, partners of a partnership, or corporation)

Trade Name, if applicable DOUG'S FURNITURE DELIVERY AND MOVING SERVICE.

Physical Address 12425 175th AVE S.E. SNOHOMISH 98290

Mailing Address 19630 LENTON PL. SE. #287 MONROE 98272

Telephone Number (360) 281-0800 Fax Number (360) 863-9278

UBI # 001-168-048 01 Email: NONE

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:

| <u>Name</u> | <u>Title</u> | <u>Stock Distribution or Percentage of Shares</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: SNOHOMISH, KING, SKAGIT, WHATCOMB, PIERCE

Describe the services you wish to provide. Explain how your services will enhance customer choice, promote competition, or fill an unmet need for service: CURRENTLY I DELIVER FOR APPROXIMATELY 10 RETAILERS, AND OFTEN THEY (THE CUSTOMER) WANT TO HIRE US TO DO OTHER WORK. I'M JUST A SMALL 2 TRUCK DELIVERY SERVICE, WISHING TO DO OTHER TYPES OF LOCAL WORK.

Briefly describe your experience in the transportation/household goods moving industry: I'VE BEEN IN THE FURNITURE INDUSTRY SINCE 1975. I'VE LOADED, UNLOADED, AND DELIVERED THOUSANDS OF TRUCK LOADS FOR MY STORES, AND DOZENS OF RETAILERS, DISTRIBUTORS, AND PRIVATE PARTIES.

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: _____

Have you ever applied for and been denied a permit to operate as a motor carrier of property?
 No Yes If yes, please explain: _____

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 | \$ 50,000 | Salaries/Wages Payable | \$ 500.00 |
| Notes Receivable | \$ | Accounts Payable | \$ 500.00 |
| Accounts Receivable | \$ 3,000 | Notes Payable <i>TRUCKS</i> | \$ 40,000 |
| Investments | \$ | Mortgages Payable | \$ 0 |
| Other Current Assets | \$ | Other <i>WAREHOUSE</i> | \$ 17,000 |
| Prepaid Expenses | \$ | TOTAL LIABILITIES | \$ 48,000 |
| Land and Buildings | \$ 47,000 | NET WORTH | |
| Trucks and Trailers | \$ 80,000 | Preferred Stock | \$ |
| Office Furniture | \$ | Common Stock | \$ |
| Other Equipment | \$ 4,000 | Retained Earnings | \$ |
| Other Assets | \$ | Capital | \$ |
| TOTAL ASSETS | \$ 184,000 | TOTAL LIABILITIES & NET WORTH | \$ 136,000 |

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 |
|------|------------|----------------|-------------------|----------------------|
| 2003 | Mitsubishi | A09310S | JW60PJIS23L000745 | 17,500 |
| 2003 | Mitsubishi | A01165U | JW60PJISX3L004591 | 17,500 |
| | | | | |

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. *N/A*

Name: _____ Position: _____

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: *DOUG JENSEN* 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. *DOUG JENSEN*

Name: _____ 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. *N/A*

Name: _____ Position: _____

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: *DOUG JENSEN* 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: *DOUG JENSEN* 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: *DOUG JENSEN* 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: DOUG JENSEN

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: DOUG JENSEN

Position: OWNER

DECLARATION OF APPLICANT:

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

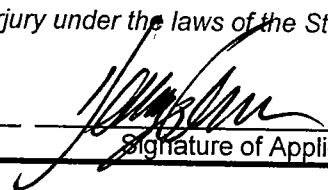
As the applicant for a household goods permit, I understand the responsibilities of a motor carrier, and I am in compliance with all local, state, and federal regulations governing businesses, including household goods movers, in the state of Washington.

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.

DOUG JENSEN

Print name of applicant



Signature of Applicant

1-9-05 SALUPTONISH

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: DOUG SENSEN, D.B.A. DOUG'S FURNITURE DELIVERY & MOVING SERVICE

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: DENNIS FAHLEN / OWNER / PARTNER - FAR FETCHED FURNITURE

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

13310 BEL-RED RD.
SUITE 100
BELLEVUE, WA 98005

Phone Number: 425-401-5017

Do you currently need the services of a residential household goods moving company?
No Yes If yes, please describe your current moving needs:

INCOMING & OUTGOING

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:

INCOMING & OUTGOING

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:

DOUG'S FURNITURE DELIVERY PROVIDES OUTSTANDING SERVICE FOR OUR NEEDS.

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

GREAT CUSTOMER RELATIONSHIP

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

1/11/05 FAR FETCHED FURNITURE
Date and Location

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: **DOUG SENSEN, D.B.A. DOUG'S FURNITURE DELIVERY & MOVING SERVICE**

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:

MARK CALVERT, JR PROPERTY MANAGER

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

**Bel Red Self Storage
1405 130th Avenue N.E.
Bellevue, WA 98005
(425) 455-2600**

Phone Number:

(425) 455-2841

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

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

WE ALWAYS HAVE CLIENTS MOVING OUT OR IN

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:

OF COURSE - SEE ABOVE

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 A GREAT RELATIONSHIP, THEY ARE PROMPT, COURTEOUS & PROFESSIONAL

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

CUSTOMERS ARE PLEASED THAT OWNERS RIDE TRUCKS FOR MOVES!

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

[Signature]

Signature of Person Completing Form

11/05 / Bellevue

Date and Location

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: DOUG JENSEN, D.B.A. DOUG'S FURNITURE DELIVERY & MOVING SERVICE

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:

LARRY MCGEE

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

3210 Hewitt Ave. Designer's Warehouse
Everett WA. - owner -
98201

Phone Number:

425-339 2094

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

No Yes If yes, please describe your current moving needs: We have daily delivery needs - including 5 to 20 piece suites on a regular basis.

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:

see ABOVE

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 SALESSTAFF ARE CONSTANTLY BEING ASKED TO REFER A RELIABLE DELIVERY AND MOVING COMPANY TO PERFORM A WIDE VARIETY OF JOBS.

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

Yes, Doug and Staff have a wonderful reputation and serves 1000's of my customers every year.

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

11/11/05

Date and Location

INQR UTL024P1 MASTER LICENSE SERVICE 01/18/05
 BUSINESS ENTITY INQUIRY 12:00:53

UBI: 601 168 048 001 0001 Loc Status: A
Type: Sole Proprietor

Owner Name: DOUGLAS KARL JENSEN

Firm Name : DOUG'S FURNITURE DELIVERY & MOVING SERICE
Loc: 12425 175TH AVE SE Mail: 19030 LENTON PL SE # 287
 SNOHOMISH WA 98290 MONROE WA 98272

Phone: (360) 794-3681 Registered Tradenames for this UBI? Yes

RFI: No NSF: No Location First Activity: 06 01 2001
RFP: No Withhold: No Last License Issued: 06 21 2001

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 01/18/05
BUSINESS ENTITY INQUIRY 12:01:02

UBI: 601 168 048 001 0001 Loc Status: A
Type: Sole Proprietor

Owner Name: DOUGLAS KARL JENSEN
Firm Name : DOUG'S FURNITURE DELIVERY & MOVING SERICE
Page: 1

| Endorsements | Unit | Account # | Stat | Date | Expires |
|-------------------------|------|-----------|------|------------|---------|
| TAX REGISTRATION | | | A | 06 15 2001 | |
| UNEMPLOYMENT INSURANCE | | | A | 06 15 2001 | |
| INDUSTRIAL INSURANCE | | | A | 06 15 2001 | |
| TRADE NAME REGISTRATION | | | A | 03 22 1989 | |

TRANSFER: _____ End of Endorsement List
Enter-PF1---PF2---PF3---PF4---PF5---PF6---PF7---PF8---PF9---PF10--PF11--PF12---
GLIST APLST UBIQ SERV TRDU INQA INQR MMENU



Carolyn Caruso/WUTC
01/20/2005 02:50 PM

To Alan Dickson/WUTC@WUTC
cc Tina Leipski/WUTC@WUTC
bcc
Subject Doug Jensen d/b/a Doug's Furniture - P
Assignment

Here is a provisional HHG carrier being assigned to you.
Temporary permit is being issued. Would you handle
accordingly. Thanks.

Doug Jensen
d/b/a Doug's Furniture
19030 Lenton Pl SE #287
Monroe, WA 98272

Physical Location:
12425 175th Ave SE
Snohomish, WA 98272

360-281-0800