



HOUSEHOLD GOODS CARRIER
PERMIT APPLICATION

RECEIVED
JAN 21 2005
WASH. UT. & TP. COMM

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 checked="" 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 <i>per phone call 1/21/05 w/ Rhonda</i>	\$ 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 checked="" type="checkbox"/> Check	<input type="checkbox"/> Money Order	<input type="checkbox"/> Amex	<input type="checkbox"/> Discover	<input type="checkbox"/> Mastercard	<input type="checkbox"/> 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): <u>Al Bartley</u>			Date: <u>1/13/05</u>		
Signature: <u>[Signature]</u>			Title: <u>Owner</u>		
FOR OFFICIAL USE ONLY					
Date Filed: <u>1/21/05</u>	Application #: <u>P-19351</u>	Motcar: <u>43474</u>	Permit Issued: HG- <u>61724</u>		
Staff Assigned: <u>[Signature]</u>	Insurance: <u>OK</u>	Inspection:	DOL/SOS: <u>[Signature]</u>		
Reception #: 111-0268-207-02 <u>250.00</u> 111-0268-202-01 111-0268-013-20					

0009367

\$300 - 0009387
1/24/05

TV-050101

BUSINESS INFORMATION

Name of Applicant ~~Al Bartley~~ Big Al's Specialty Movers, Inc.
(must be individual, partners of a partnership, or corporation)

Trade Name, if applicable Big Al's Specialty Movers, Inc.

Physical Address 3200 NE 164th Street Ridgefield, WA

Mailing Address same 98642

Telephone Number (866) 515-9673 Fax Number (509) 629-3333

UBI # 602-362-040 Email: Specialtymovers@aol.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:

<u>Name</u>	<u>Title</u>	<u>Stock Distribution or Percentage of Shares</u>
<u>Al Bartley</u>	<u>Owner</u>	<u>99%</u>
<u>Rhonda Bartley</u>	<u>Owner</u>	<u>1%</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: Piano Moving for Commercial and private clients.

Briefly describe your experience in the transportation/household goods moving industry: 13 year experience working for piano company

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: MC 439795 *needs to be reactivated*

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# 1057263 MC# MC-439795 Single State Registration Base State WA

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	\$ 10,000	Salaries/Wages Payable	\$ 31,220
Notes Receivable	\$ 0	Accounts Payable	\$ 2,500
Accounts Receivable	\$ 3,300	Notes Payable	\$ 43,250
Investments	\$ 0	Mortgages Payable	\$ 2,000
Other Current Assets	\$ 33,710	Other	\$ 0
Prepaid Expenses	\$ 0	TOTAL LIABILITIES	\$ 78,970
Land and Buildings	\$ 0	NET WORTH	
Trucks and Trailers	\$ 53,000	Preferred Stock	\$ 0
Office Furniture	\$ 1,000	Common Stock	\$ 0
Other Equipment	\$ 2,500	Retained Earnings	\$ 0
Other Assets	\$ 0	Capital	\$ 0
TOTAL ASSETS	\$ 103,510	TOTAL LIABILITIES & NET WORTH	\$ 78,970

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	Ford Pickup	A87977U	1FTSW31F24ED52815	1 ton
2002	EXISS Utility TR	U314980	4LAAU2029560435	9000 lbs GVW

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: N/A 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: Rhonda Bartley Position: Office Manager

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: Rhonda Bartley Position: Office Manager

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: N/A 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: Rhonda Bartley Position: Office Manager

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: Rhonda Bartley Position: Office Manager

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: Rhonda Bartley Position: Office Manager

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: Rhonda Bartley

Position: Office Manager

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: Rhonda Bartley

Position: Office Manager

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.

AI Bartley

Print name of applicant

[Handwritten Signature]

Signature of Applicant

1/12/05

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: Big Al's Specialty Movers, Inc.

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: 1200 ANDREWS, SALES CONSULTANT, CASCADE PIANO

Address (include street address, mailing address, city, state, zip, and county):
4160 NE SANDY BLVD
PORTLAND, OR 97212

Phone Number: 503-282-0918

Do you currently need the services of a residential household goods moving company?
 No Yes If yes, please describe your current moving needs:
PIANOS FROM SMALL TO LARGE CONCERT GRANDS
DIGITAL PIANOS, ORGANS

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:
PIANOS SAME AS 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 WILL BENEFIT BY HAVING AN ALTERNATIVE & EXPERIENCED SOURCE OF MOVING PIANOS TO WASHINGTON. VERY BENEFICIAL TO US.

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?
THEY HAVE AN OUTSTANDING REPUTATION FOR FAIRNESS OF RATE, SAFETY OF MOVES, TIMELINESS & COURTESY TO CUSTOMERS

I certify (or declare) under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.
[Signature] 1/14/05 CASCADE PIANO
Signature of Person Completing Form / Date and Location
PORTLAND OR

FROM : BARTLEY(800)477-6580.....

PHONE NO. : 3605761988

Jan. 14 2005 05:01PM P2

ATTACHMENT A

HOUSEHOLD GOODS STATEMENT OF SUPPORT

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Applicant Name: Big Al's Specialty Movers, Inc.

The following must be completed by the Supporter of the applicant	
Name, Title, and Business Name: <u>TERRY ROBERTSON Warehouse mgr Sherman Clay - Piano Piano</u>	
Address (include street address, mailing address, city, state, zip, and county). <u>131 NW 13th ave Portland, OR 97209</u>	
Phone Number: <u>503-775-2480</u>	
Do you currently need the services of a residential household goods moving company? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If yes, please describe your current moving needs: <u>Piano delivery + moving</u>	
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: <u>on-going need for piano deliveries</u>	
Briefly describe how granting this company a permit to provide household goods moving services in Washington State will benefit you, your business, and/or your community. <u>It will help with the transfer of pianos from our sister stores in Wa. also customer deliveries.</u>	
Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?	
I certify (or declare) under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.	
<u>[Signature]</u> Signature of Person Completing Form	<u>1/12/05</u> 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: Big Al's Specialty Movers, Inc.

The following must be completed by the Supporter of the applicant	
Name, Title, and Business Name: <u>Martha Taylor, owner, The Immortal Piano Company</u>	
Address (include street address, mailing address, city, state, zip, and county): <u>4011 SE Belmont Portland, OR 97214 Multnomah County</u>	
Phone Number: <u>503-233-2234</u>	
<p>Do you currently need the services of a residential household goods moving company? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If yes, please describe your current moving needs: When people purchase a piano, they usually need to rid themselves of other furniture to accommodate a piano. These items are either given to Aunt Gladys or are sold and need to be moved. Also my husband restores furniture and needs it moved to/from his shop. He also makes furniture and requires a careful mover for delivery as he doesn't want to touch-up his handcrafted pieces from a <i>botched move.</i></p>	
<p>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: My husband will be moving his shop in a couple of months & needs some mighty movers to haul his giant equipment. He is expanding his furniture making business & will need someone to haul his goods. I will continue my piano store which means the ever-flowing domino effect of move <i>a piano, not more furniture, out continues.</i></p>	
<p>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 buy & sell many pianos in the Vancouver/Carus area and want the most capable, conscientious, hassle-free movers. I've known Al for years as he worked for one of the moving companies that I've used for 10 years. He has always been the star mover. If something was stuck in the basement it was always Al to the rescue. He is a decent, polite, honest man who is a benefit to his community.</p>	
<p>Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?</p>	
<p><i>I certify (or declare) under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.</i></p>	
<u>Martha Taylor</u>	<u>Jan 18, 2005</u>
Signature of Person Completing Form	Date and Location

Revised 07/03

BIG AL'S SPECIALTY MOVERS, INC.
 3200 N.E. 164TH STREET
 RIDGEFIELD, WA 98642

0970

24-7038/3230

PAY TO THE ORDER OF

DATE 1/20/05

Wa. Utilities and Transportation Commission
Three Hundred and 00/100

\$ 300.00

DOLLARS

BANK OF AMERICA

FOR

Al Barclay

⑈000970⑈ ⑆323070380⑆ 26642⑈ 19199⑈

CRJS Coding (if applicable):

Trans Code	Fund	Appn #	P/I	Sub Obj	Sub-Sub Obj	Project	Amount	Vendor #
	111	010						
	111	010						
	111	010						
	111	010						
	111	010						
	111	010						
	111	010						
	111	010						
	111	010						
	111	010						

PERMIT #	RECEPTION #	PAYOR NAME					
	<u>0009387</u>	<u>Big Al's Specialty Movers, Inc.</u>					
REFERENCE		FUND	SOURCE	IND	SUB-SCE	AMOUNT	LINE
<u>Reception # 9367</u>		111	02-68	<u>207</u>	<u>02</u>	<u>300.00</u>	1
		111	02-68				2
		111	02-68				3
PRIOR BIENNIUM RECOVERY		111	04-86	035	07		4
CURRENT BIENNIUM RECOVERY		111	09-02	035	07		5
DATE	NSF	111	09-40				6
<u>1/24/05</u>							7
							8
		108	01-70				9

MASTER LICENSE SERVICE 01/21/05
INQR UTL024P1 BUSINESS ENTITY INQUIRY 09:17:25

UBI: 602 362 040 001 State of Inc: WA Loc Status: A
Type: PROFIT CORPORATION Date of Inc: 02 02 2004 Corp Status: A

Owner Name: BIG AL'S SPECIALTY MOVERS, INC.

Reg. Agent: ALFRED BARTLEY
Reg. Address: 3200 NE 164TH ST Exp. Date: 02 28 2005
RIDGEFIELD WA 98642 Total Shares authzd:
Total Shares issued:

Firm Name :

Loc: Mail:

Phone: Registered Tradenames for this UBI? No
RFI: No NSF: No Location First Activity:
RFP: No Withhold: No Last License Issue:
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

MASTER LICENSE SERVICE 01/21/05
INQR UTL024P1 BUSINESS ENTITY INQUIRY 09:17:34

UBI: 602 362 040 001 Loc Status: A
Type: PROFIT CORPORATION

Owner Name: BIG AL'S SPECIALTY MOVERS, INC.

Firm Name :

Page: 1

Endorsements	Unit	Account #	Stat	Date	Expires
PROFIT CORPORATION		30390595	A	02 02 2004	02 28 2005

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

[HOME](#)[CORPORATIONS MENU](#)**CORPORATIONS DIVISION - REGISTRATION DATA SEARCH****BIG AL'S SPECIALTY MOVERS, INC.**

UBI Number	602 362 040
Category	Regular Corporation
Profit/Nonprofit	Profit
Active/Inactive	Active
State of Incorporation	WA
Date of Incorporation	02/02/2004
License Expiration Date	02/28/2005
Registered Agent Information	
Agent Name	ALFRED BARTLEY
Address	3200 NE 164TH ST
City	RIDGEFIELD
State	WA
ZIP	98642
Special Address Information	
Address	
City	
State	
Zip	

[« Return to Search List](#)**Disclaimer**

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Tina Leipski/WUTC

02/17/2005 01:42 PM

Licensing Services, Business Practices, Caroly
Caruso/WUTC@WUTC, Alan Dickson/WUTC
John Foster/WUTC@WUTC, Bruce
To Grimm/WUTC@WUTC, Mark Halliday/WUTC
Leon Macomber/WUTC@WUTC, Tom
McVaugh/WUTC@WUTC, Sharon
Paulsen/WUTC@WUTC, Bonnie Allen/WUTC
cc Carolyn Caruso/WUTC@WUTC

bcc

Subject NEW HHG APPLICATION

We have an application for permit to transport household goods in the
State of Washington from:

Big Al's Specialty Movers, Inc.
3200 NE 164th Street
Ridgefield, WA 98642
866-515-9673

If corporation, managing members: Al Bartley - Owner 99%
Rhonda Bartley - Owner 1%

COMPLIANCE: Nothing was in the Compliance Database. They have a
MC number but it is not active with the FMCSA.

If you have any concerns or need more information regarding this carrier,
just let me know.

Thanks!!! Tina