

BUSINESS INFORMATION

Name of Applicant THOMAS EARL HARRIS
(must be individual, partners of a partnership or corporation)

Trade Name, if applicable Household goods Moving *Earls Affordable Moving see UBI!*

Physical Address 8012 184th AVE E. BONNEY LAKE, WA 98391

Mailing Address Same as above

Telephone Number (206) 450-0750 Fax Number ()

UBI #: W03058865 U Email: earltharris@gmail.com

USDOT #: 2420619 U (If you currently don't have one, you can go online at www.fmcsca.dot.gov/online-registration to apply for one or call 360-596-3812 for assistance.)

Department of Labor & Industries-Worker's Comp Acct? Account # _____

Employment Security Department registration number? ESD # _____

Is your business registered with the Department of Revenue? No Yes *U*

TYPE OF BUSINESS STRUCTURE

Individual Partnership Corporation (LP, LLP, LLC) Other _____

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>Thomas Harris</u>	<u>OWNER</u>	<u>100%</u>
<u>(- no other employees)</u>		

*Must provide a copy of a valid Washington state driver's license for each person listed above.

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

All counties in the State of Washington per phone call - wants statewide

The following named counties only: King, Pierce & Snohomish

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

I would like to provide moving & hauling services. I have many years of experience in this industry & have great customer service skills which is important in this business.

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

I have worked for various moving companies over the past 15 years.

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 in Washington?

No Yes If yes, please explain _____

Do you currently operate interstate?

No Yes If yes, please indicate your MC# _____

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: _____

Has any person named in this application, within the past five years, 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 explain: _____

Has any person named in this application, been cited for violation of state laws or Commission rules?

No Yes If yes, please explain: operating w/o business license

FINANCIAL STATEMENT
 You must complete the following financial statement or attach a balance sheet, profit and loss statement, or business plan.

Assets		Liabilities	
Cash in Bank	\$ 6,000	Salaries/Wages Payable	\$ 0
Notes Receivable	\$ 0	Accounts Payable	\$ 0
Investments	\$ 150,000	Notes Payable	\$ 0
Other Current Assets	\$ 0	Mortgages Payable	\$ 0
Prepaid Expenses	\$ 0	TOTAL LIABILITIES	\$ 0
Land and Buildings	\$ 275,000	NET WORTH	450,000
Trucks and Trailers	\$ 12,000	Preferred Stock	\$ 0
Office Furniture	\$ 300.00	Common Stock	\$ 0
Other Equipment	\$ 500.00	Retained Earnings	\$ 0
Other Assets	\$	Capital	\$ 156,000
TOTAL ASSETS	\$	TOTAL LIABILITIES & NET WORTH	\$

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
2004	GMC ^{C7500}	HARRITE398-LG	1GDSJ7C1024F40	26,000
			1GDSJ7L C24F4055L	

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: THOMAS EARL HARRIS

Position: OWNER/SOLE PROPRIETOR

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: Thomas Harris	Position: Sole Proprietor / owner
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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: Thomas Harris	Position: Sole proprietor / owner
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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 480-15-330 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.

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 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.

Thomas Harris Print name of applicant	<i>Thomas Harris</i> Signature of Applicant	7/10/2013 Date and Location
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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: Thomas Earl Harris

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: Samantha Morrill, MA Manager, Any Job

Address (include street address, mailing address, city, state, zip, and county): 19450 SE 21st St. Covington, WA 98042
King County

Phone Number: (206) 779-3432

Do you currently need the services of a residential household goods moving company?
 No 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?
 No Yes If yes, please describe your future moving needs:
We are currently looking to move & need a company that is reliable & affordable.

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 think it will help a lot of people who are moving on a budget & don't have a lot of money to spend to 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.

S. Morrill 7/10/13 Tacoma WA
 Signature of Person Completing Form Date and Location

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HOUSEHOLD GOODS STATEMENT OF SUPPORT

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Applicant Name: Earl's Affordable Moving / Thomas, Earl Harris

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: Melinda S. Engbert

Address (include street address, mailing address, city, state, zip, and county): 8012 184th Ave E, Bonney Lake, WA 98391

Phone Number: (206) 724-2131

Do you currently need the services of a residential household goods moving company? [X] Yes If yes, please describe your current moving needs: We just moved into the Bonney Lake area and have found it necessary to find an affordable moving company for various reasons

Do you anticipate a future need for the services of a residential household goods moving company? [X] Yes If yes, please describe your future moving needs: Yes I stated we just moved to the area and bought a home and along the way we are buying furniture, rugs, washer & dryer. So it is nice to be able to hire someone that is affordable

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 believe that especially in this day & age people are looking for affordable, reliable, honest people to help them to do the things that are difficult for them to do @ a reasonable price. It is an asset to our community.

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit? Not that I am aware of. I think this will be a wonderful addition to our community.

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

Melinda Engbert Signature of Person Completing Form

7/12/13 Date and Location

WA USA **WASHINGTON** DRIVER LICENSE

1 **(4b)**
2 HARRIS
3 THOMAS E
4 **(4b)** 4a Iss 05-15-2012
5 **(4b)** 4b Exp 06-07-2017

15 Sex M 16 Hgt 6-00
17 Wgt 245 18 Eyes BRN
9 Class 9a End NONE 4b Exp 06-07-2017
12 Restrictions NONE

Thomas E Harris

6 **(4b)** Rev 09-16-2009