



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 F	\$50
<input type="checkbox"/> Temporary authority (to meet a short-term need) – Complete pages 1 - 5 and Attachments A & B	\$250
<input type="checkbox"/> Permanent authority (at least six months must be served on a temporary provisional basis) – Complete pages 1 - 5 and Attachments A & B	\$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 Attachments B & C	\$550
<input checked="" 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, & D	\$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 E	\$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): Martin R. Johnson Date: 5/28/03

Signature: *Martin R. Johnson* Title: President

FOR OFFICIAL USE ONLY

Date Filed: <u>6/5/03</u>	Staff Assigned: <u><i>[Signature]</i></u>	Motcar: <u>4011</u>	Permit Issued: HG- <u>P79179</u>
Tariff Maint: <u>NA</u>	Insurance: <u><i>[Signature]</i></u>	Inspection: <u>in file</u>	DOL/SOS: <u>OK</u>
Reception #: <u>111-0268-207-02</u>	<u>250.00</u>	<u>111-0268-202-01</u>	<u>111-0268-013-20</u>

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TV 030863

BUSINESS INFORMATION

Name of Applicant Tacoma Moving & Storage Co
(must be individual, partners of a partnership, or corporation)

Trade Name, if applicable _____

Physical Address 1616 E 26th ST Tacoma, WA 98421-2602

Mailing Address Same

Telephone Number (253) 627-3105 Fax Number (253) 627-0416

UBI # 600-473-659 Email: Judy@TMSForYou.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>Martin R. Johnson</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: All Moving & Storage Services

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

Have owned & operated Tacoma Moving for over 20 years as Managing partner.

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: CC90

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# 312815 MC# 207615 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	\$ 310,261	Salaries/Wages Payable	\$ 21568
Notes Receivable	\$	Accounts Payable	\$ 32173
Accounts Receivable	\$ 108617	Notes Payable	\$ 122311
Investments	\$	Mortgages Payable	\$
Other Current Assets	\$ 6657	Other	\$ 40849
Prepaid Expenses	\$ 15266	TOTAL LIABILITIES	\$ 216901
Land and Buildings	\$	NET WORTH	
Trucks and Trailers	\$ 90591	Preferred Stock	\$
Office Furniture	\$ 19396	Common Stock	\$ 25000
Other Equipment	\$ 8568	Retained Earnings	\$ 426259
Other Assets	\$ 32204	Capital	\$
TOTAL ASSETS	\$ 668160	TOTAL LIABILITIES & NET WORTH	\$ 668160

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
91	International	A 62628B	1HTSDZ7NXMH350507	32,000
95	Freightliner	A 44272B	1FUWHLBA2SL715740	46,000
58	24' Utility	0152L1	20090	

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: Frank Sinkula Position: operations

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: Frank Sinkula Position: operations

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: Frank Sinkula Position: operations

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: Dennis Leach Position: operations

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: Dennis Leach Position: operations

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: Judy Dodds Position: operations

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: Judy Dodds Position: operations

OPERATIONAL RESPONSIBILITIES

TARIFF RATES AND CHARGES (RCW 81.28.080 and WAC 480-15-490 & WAC 480-15-500)

Companies must purchase and maintain an active subscription to Tariff #15-A. Only those rates that are published in that tariff are to be charged.

Name: Judy Dodds Position: operations

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

Name: William Drake Position: CPA

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: Martin R Johnson Position: PRES

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.

Martin R Johnson

Print name of applicant

Martin R Johnson

Signature of Applicant

5/28/03 Tacoma WA

Date & Place

ATTACHMENT B

Transfer or Acquisition of Control

Applicant is seeking one of the following - please check one:

Transfer Acquisition of Control

Tacoma Moving and Storage
Current Name on Permit (Seller)

Current Trade Name on Permit (Seller)
1616 E 26th St Tacoma, WA 98421

Address (Seller)
HG- 90 253-627-3105
Permit Number Phone Number (Seller)

Does the transfer of this permit fall under the provisions of WAC 480-15-260? No Yes If yes, please complete Attachment D.

Have all fines and/or penalties been paid? No Yes

Has the closing annual report been filed with the Commission? No Yes

A customer may file a loss or damage claim for up to nine months following a move, and up to two years for a lawsuit. Who will be responsible for handling claims filed by customers for loss and/or damage that occurred on moves taking place prior to the sale and transfer or acquisition?

Tacoma Moving & Storage

RELEASE OF AUTHORITY

I, the seller, have sold or otherwise released interest in my household goods permit number HG- 90 to the following:

Tacoma Moving & Storage
Name of Buyer

Tacoma Moving & Storage
Trade Name of Buyer

We, as applicants, hereby jointly declare and affirm that all information is true to the best of our knowledge.

James H. Wiloy
Seller's Signature

6-3-03
Date & Location

Martin [Signature]
Buyer's Signature

6/3/03 Tacoma, WA
Date & Location

ATTACHMENT C

TRANSFER OR ACQUISITION OF PERMANENT HOUSEHOLD GOODS AUTHORITY UNDER EXCEPTIONS IN WAC 480-15-260

1. The Commission will grant an application for permanent authority without public notice or comment if the applicant is fit, willing, and able to provide service and the application is filed to transfer or acquire control of permanent authority for one of the following reasons (check one, if applicable):
- A partnership has dissolved due to the death, bankruptcy, or withdrawal of a partner, and that partner's interest is being transferred to one or more of the remaining partners or a spouse;
 - A shareholder in a corporation has died and that shareholder's interest is being transferred to a surviving spouse or one or more surviving shareholders;
 - A sole proprietor has died and the interest is being transferred as property of the estate;
 - An individual has incorporated, and the same individual remains the majority shareholder;
 - An individual has added a partner, but the same individual remains the majority partner;
 - A corporation has dissolved and the interest is being transferred to the majority shareholder;
 - A partnership has dissolved and the interest is being transferred to the majority partner;
 - A partnership has incorporated and the partners are the majority shareholders; or
 - Ownership is being transferred from one corporation to another corporation when both are wholly owned by the same shareholders.

NOTE Documentation must be included with your application. Documentation may be in the form of a corporate resolution, partnership agreement, court order, death certificate, will or other proof of right to inherit, estate executor's statement, community property agreement or other such documentation that may support your request.

2. The Commission will grant an application for permanent authority without temporary permit operations following public notice or comment if the applicant is fit, willing, and able to provide service and the application is filed to transfer or acquire control of permanent authority for the following reason (check box, if applicable):
- Ownership or control of a permit is being transferred to any shareholder, partner, family member, employee, or other person familiar with the company's operations and the household goods moving services provided. If you check this option, please complete the following:
 - a. Has the permit been actively used by the current owner to provide household goods moving services during the last twelve-month period? No Yes
 - b. Explain why the transfer of ownership or control is necessary to ensure the company's economic viability:
50% owner retiring, other 50% owner purchasing his share
 - c. Describe the steps taken by the applicant and the current owner to ensure that safe operations and continuity of service to the customers are maintained: Current owner has been managing & operating TMS for over 20 years.

RECEIVED
JUN 05 2003
WASH. UT. & TP. COMM.



STATE OF WASHINGTON

WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION

1300 S. Evergreen Park Dr. S.W., P.O. Box 47250 • Olympia, Washington 98504-7250
(360) 664-1160 • TTY (360) 586-8203

May 14, 2003

Tacoma Moving & Storage Co.
Attn: Marty Johnson
1616 E. 26th Street
Tacoma, WA 98421-2602

Dear Mr. Johnson:

During our review of your 2002 Household Goods Carrier's Annual Report, it was noted that there seems to have been an acquisition of control at some point in the ownership of Tacoma Moving & Storage Co.

Anytime there is change in ownership, a completed application, with applicable fees, must be submitted with the Commission. If the change in ownership falls under exceptions WAC 480-15-260, authority will be granted without having to serve the temporary period. If the change of ownership does not fall under the exceptions, a new application needs to be submitted with all the required attachments, be published on the docket, and will have to serve a six month provisional (temporary) period.

I have included an application and a copy of WAC 480-15 for your use. If you have any questions or concerns, please feel free to contact me at (360) 664-1170.

Sincerely,


Tina Leipski
Transportation Specialist

Enclosures

*5/28 per Sharon
Marty will be pending
in app as EXCEPTION*





STATE OF WASHINGTON

WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION

1300 S. Evergreen Park Dr. S.W., P.O. Box 47250 • Olympia, Washington 98504-7250
(360) 664-1160 • TTY (360) 586-8203

June 3, 2003

Tacoma Moving & Storage Co.
Attn: Marty Johnson
1616 E. 26th Street
Tacoma, WA 98421-2602

Dear Mr. Johnson:

Thank you for your household goods application that was received in our office today. Since you have marked that you would fall under the exceptions of WAC 480-15-260, for a transfer or acquisition of control, you need to also complete Attachments B and C. We did not receive these with your application.

I have included these attachments for your use. Please complete them in their entirety and also attach any documentation to support this transfer/acquisition. As soon as I receive these completed forms, I continue the processing of your application.

If you have any questions or concerns, please feel free to contact me at (360) 664-1170.

Sincerely,

A handwritten signature in cursive script that reads "Tina Leipski".

Tina Leipski
Transportation Specialist

Enclosures





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Corporations

Corporations Division - Registration Data Search

TACOMA MOVING AND STORAGE CO.

UBI Number 600 473 659
Category Public Utilities
Profit/Nonprofit Profit
Active/Inactive Active
State of Incorporation WA
Date of Incorporation 10/29/1981
License Expiration Date 06/30/2003

Registered Agent Information

Agent Name JAMES H MORTON
Address TACOMA SAVINGS CENTER
 820 A ST #600
City TACOMA
State WA
ZIP 984025212

Special Address Information

Address
City
State
Zip

[Return to Search List](#)

Disclaimer

Information in the Secretary of State's Online Corporations Database is updated Monday through Friday by 5:00 a.m. Pacific Standard Time (state holidays excluded). Neither the State of Washington nor any agency, officer, or employee of the State of Washington warrants the accuracy, reliability, or timeliness of any information in the Public Access System and is not liable for any losses caused by such reliance on the accuracy, reliability, or timeliness of such information. While every effort is made to ensure the accuracy of this information, portions may be incorrect or not current. Any person or entity who relies on information obtained from the System does so at his or her own risk.

MASTER LICENSE SERVICE
BUSINESS ENTITY INQUIRY

06/05/03
10:56:02

INQR UTL024P1

UBI: 600 473 659 001 0001 State of Inc: WA Loc Status: A
Type: PUBLIC SERVICE CORPORATION Date of Inc: 10 29 1981 Corp Status: A

Owner Name: TACOMA MOVING AND STORAGE CO.

Reg. Agent: JAMES H MORTON
Reg. Address: TACOMA SAVINGS CENTER Exp. Date: 06 30 2003
820 A ST #600 Total Shares authzd:
TACOMA WA 98402 5212 Total Shares issued:
Firm Name : TACOMA MOVING & STORAGE CO
Loc: 1616 E 26TH Mail: CONVERSION
TACOMA WA 98421 1616 E 26TH
TACOMA WA 98421

Phone: Registered Tradenames for this UBI? Yes
RFI: No NSF: No Location First Activity: 11 01 1981
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

INQR UTL024P1 MASTER LICENSE SERVICE 06/05/03
 BUSINESS ENTITY INQUIRY 10:56:23

UBI: 600 473 659 001 0001 Loc Status: A
Type: PUBLIC SERVICE CORPORATION

Owner Name: TACOMA MOVING AND STORAGE CO.

Firm Name : TACOMA MOVING & STORAGE CO

Page: 1

Endorsements	Unit	Account #	Stat	Date	Expires
TAX REGISTRATION			A	11 01 1981	
UNEMPLOYMENT INSURANCE			A	11 01 1981	
INDUSTRIAL INSURANCE			A	11 01 1981	

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

COMPOSITE LOCATION INQUIRY
GOVERNING PERSONS LIST

06/05/03
10:56

INQR GPI207P1

UBI: 600 473 659
APPLICATION ID: 00 000 0000

BUSINESS ID: 1

LOCATION ID: 1

Page 1

MARK WITH 'S' TO SELECT GOVERNING PERSON(S)

— JOHNSON, MARTIN R

ALL OFCRS

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TRANSFER: _____ * '/' Title denotes Master Application filing.
Enter-PF1---PF2---PF3---PF4---PF5---PF6---PF7---PF8---PF9---PF10--PF11--PF12---
TOP INQR MMENU