

WASHINGTON



UTILITIES AND TRANSPORTATION COMMISSION

HOUSEHOLD GOODS CARRIER PERMIT APPLICATION



please return OCU #3928

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 checked="" 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 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

Money Order
 Amex
 Discover
 Mastercard
 VISA

Expiration Date: 05/04 Amount: 550⁰⁰ Approval # 166231

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): Karen Rivelli Date: 6/11/03

Signature: [Signature] Title: PRESIDENT

FOR OFFICIAL USE ONLY			
Date Filed: <u>6/13/03</u>	Staff Assigned: <u>[Signature]</u>	Motor: <u>35223</u>	Permit Issued: HG- <u>79186</u> <u>HG 61093</u>
Tariff Maint: <u>N/A</u>	Insurance: <u>[Signature]</u>	Inspection: <u>[Signature]</u>	DOL/SOS: <u>[Signature]</u>
Reception #: <u>111-0268-207-02</u>	<u>550.00</u>	<u>111-0268-202-01</u>	<u>111-0268-013-20</u>

0019841
 fax ATTN: Tammi
 360-586-1181

TV-030944

BUSINESS INFORMATION

Name of Applicant One Crusiero Way, Inc
(must be individual, partners of a partnership, or corporation)

Trade Name, if applicable Master Transit

Physical Address 4426 SE 122nd Ave, Portland, OR

Mailing Address P.O. Box 909, Sandy, OR 97055

Telephone Number (503) 762-1288 Fax Number (503) 762-1881

UBI # 602-326-103 Email: mastermovers@eschelon.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>Dwayne Rivelli</u>	<u>Vice President</u>	<u>49%</u>
<u>Karen Rivelli</u>	<u>President</u>	<u>51%</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: interstate household goods transportation currently provided to be enhanced with intrastate household goods transportation. This will allow our already familiar customers with the option to utilize our services within the state of Washington.

Briefly describe your experience in the transportation/household goods moving industry: MM Moving & Storage an Oregon intrastate Htg carrier is owned and operated by the officers of One Crusiero Way, Inc DBA Master Transit who has been operating interstate Htg transportation since 1997 (October), mainly providing transportation throughout the west coast. we are familiar with both intrastate and interstate operations

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: not through the state of WA.
 Yes → USDOT # 742572 , Oregon file #: 243803

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?

DOT# 742572 MC# 337945 Yes If yes, please indicate your: 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

See Attachment

ASSETS		LIABILITIES	
Cash in Bank	\$	Salaries/Wages Payable	\$
Notes Receivable	\$	Accounts Payable	\$
Accounts Receivable	\$	Notes Payable	\$
Investments	\$	Mortgages Payable	\$
Other Current Assets	\$	Other	\$
Prepaid Expenses	\$	TOTAL LIABILITIES	\$
Land and Buildings	\$	NET WORTH	
Trucks and Trailers	\$	Preferred Stock	\$
Office Furniture	\$	Common Stock	\$
Other Equipment	\$	Retained Earnings	\$
Other Assets	\$	Capital	\$

7-31-3

D.C.W. DBA MASTER TRANSIT

BALANCE SHEET
FOR FISCAL MONTH 7

CURRENT ASSETS

CASH ON HAND	0.00
CHECKING	45,336.81
SAVINGS	0.00
DEPOSIT RECEIPTS	0.00
ACCOUNTS RECEIVABLE	0.00
INVENTORY	0.00

SUBTOTAL

45,336.81

FIXED ASSETS

MACHINERY & EQUIPMENT	96,015.26
FURNITURE & FIXTURES	0.00
TRACTOR-TRAILER	0.00
VEHICLES	2,100.00
TOOLS	0.00
LESS ACCUM DEPRECIATION	-60,297.36

SUBTOTAL

37,817.90

TOTAL ASSETS

83,154.71

CURRENT LIABILITIES

ACCOUNTS PAYABLE	0.00
FEDERAL TAXES W/H	0.00
FICA TAXES W/H	0.00
STATE TAXES W/H	0.00
SUI TAXES	0.00
FUTA TAXES	0.00
TRI-MET TAXES	0.00
W/C HOURLY	0.00
ACCRUED PR <NET CHECKS>	0.00
ACCRUED FED TAX	0.00
ACCRUED STATE TAX	10.00

SUBTOTAL

10.00

LONG TERM LIABILITIES

N/P STOCKHOLDER	982.88
N/P TRACTOR-TRAILER	0.00
N/P RIVELLI	109,696.17
RETAINED EARNINGS PRIOR	-33,199.82
COMMON STOCK	2,000.00

TOTAL LIABILITIES

79,489.23

NET PROFIT

3,665.48

TOTAL OWNERS EQUITY

3,665.48

TOTAL LIAB AND EQUITY

83,154.71

TOTAL ASSETS	\$	TOTAL LIABILITIES & NET WORTH	\$
--------------	----	-------------------------------	----

PAGE 3

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
88	CHEV	T504669	J8BB4B1HXJ7002707	12,000
90	GMC	T514864	1G0J7H1J2LJ602902	18,000
94	GMC	T532410	1G0G6H1J4RJS08655	23,700
90	ISUZU	T525983	JALH6A1N7L3101278	18,000

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: Dwayne Rivelli Position: V. President

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: Karen Rivelli Position: President

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: Karen Rivelli Position: President

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: Karen Rivelli Position: President

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: Dwayne Rivelli Position: V. President

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: Karen Rivelli Position: President

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: Karen Rivelli Position: President

PAGE 4

Additional Equipment

				GROSS
92	Isuzu	LIC# T536187	VIN JALK7A1UON3202224	25,999.00
90	Hino	LIC# T535283	VIN JHBFE1953L2T10188	22,000.00
90	International	LIC# YACX 70	VIN 1HSRDZLR1LH220707	80,000/105,50
91	Western Star	LIC# YAE 050	VIN 2WKPDCH2MK927992	80,000/105,50

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: Karen Rivelli Position: Vice President

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

Name: Karen Rivelli Position: Vice President

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: Karen Rivelli Position: Vice President

DECLARATION OF APPLICANT:

I understand that filling 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.

Karen Rivelli

Print name of applicant

President

Signature of Applicant

[Signature]

pres 3/25/03 Portland, OR

Date & Place

ATTACHMENT B

HOUSEHOLD GOODS TARIFF
Purchase Price and Maintenance Fees

Commission-published Tariff 15-A names the rates, charges, and governing rules for the transportation of household goods between points in the state of Washington (Washington intrastate traffic). Under the provisions of Title 81.80 RCW (State Law) and Chapter 480-15 WAC (Commission rules), household goods carriers must purchase and maintain copies of Tariff 15-A. Copies must be kept, subject to public inspection, in the company's main office and in each billing office.

Household goods carriers must purchase the tariff and must also pay annual maintenance fees. Maintenance fees pay for amended pages mailed to you throughout a calendar year. Maintenance fees are calculated based on the month in which they are paid.

See the chart below to determine the appropriate tariff purchase and maintenance fees to be paid with each order.

Month Paid	Single Copy Tariff Price	Single Copy Annual Maintenance	Sales Tax	Total Due (Per copy)	Number Ordered
January, February, March	\$8.00	\$24.00	\$2.56	\$34.56	
April, May, June	\$8.00	\$18.00	\$2.08	\$28.08	1
July, August, September	\$8.00	\$12.00	\$1.60	\$21.60	
October, November, December	\$8.00	\$6.00	\$1.12	\$15.12	
Tariff only (No maintenance)	\$8.00	N/a	\$0.64	\$8.64	

*Please Note: no sales tax due if tariff is mailed to an address outside the state of Washington.

Applicant's Name: One Crusero Way, Inc DBA: Master Transit

Mailing Address: P.O. Box 909

City/State/Zip: Sandy, OR 97055

Number of copies purchased: 1

Total tariff fees enclosed: \$ 26.00

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: One Crusiero Way, Inc DBA Master Transit

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: PATRICK WALKER

Address (include street address, mailing address, city, state, zip, and county):
13112 NE 51ST
VANCOUVER WA 98682

Phone Number: 360-903-7774

Do you currently need the services of a residential household goods moving company?
No Yes If yes, please describe your current moving needs:
WITHIN 45 DAYS

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 CONSISTENTLY MOVE ABOUT EVERY SIX TO 12 MONTHS

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: THEY HELPED US WITH OUR MOVE INTO WASHINGTON, WE ARE NOT HERE PERMANENTLY BUT WOULD APPRECIATE THE ABILITY TO UTILIZE THEIR SERVICES WITHIN THE STATE.

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.

[Signature]
Signature of Person Completing Form

5-16-03 Portland OR.
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: One Crusiero Way, Inc DBA Master Transit

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:
TODD W. VAUGHN

Address (include street address, mailing address, city, state, zip, and county):
1915 E. 33RD ST.
VANCOUVER, WA. 98663

Phone Number: (360) 513-7887

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:
I AM LIVING IN THIS RESIDENCE TEMPORARILY AND MAY BE MOVING WITHIN THE NEXT 5-17 MONTHS

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 WOULD NOT HAVE THE NEED TO SEARCH & WEED THROUGH A MULTITUDE OF MOVERS THAT I AM NOT FAMILIAR WITH.

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?
IF THIS COMPANY WAS ~~CHECKED~~ LICENSED IN WASHINGTON I BELIEVE THEY WOULD BE AN ASSET TO THE INDUSTRY.

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

Todd Vaughn
Signature of Person Completing Form

5-23-03 VANCOUVER, WA.
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: Master Transit (One Crusier Way, Inc)

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: Kim Apilada, Owner of B&R auto Upholstery

Address (include street address, mailing address, city, state, zip, and county):
3325 S. 15th St
Ridgefield WA 98642
Clack County

Phone Number: 360-887-5361

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

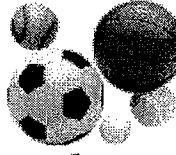
Do you anticipate a future need for the services of a residential household goods moving company?
No Yes If yes, please describe your future moving needs:
Lease is up within months of Aug. will be moving at that time within Washington

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 previously resided in Oregon where they helped me move within the state. Their sister company ~~helped me~~ Master Transit helped me move to Washington. I know I will be moving again and would enjoy their fabulous crews assist me again. I have told everyone I know about them.


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.

Kim Apilada 5/16/03 Portland
Signature of Person Completing Form Date and Location

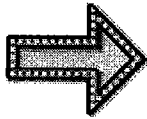


Leon Macomber
06/17/2003 02:52 PM

To: Tina Leipski/WUTC@WUTC
cc:
Subject: Re: NEW HHG APPLICATION -
ONE CRUSIERO WAY, INC. D/B/A
MASTER TRANSIT 

Looks Good!!!!!!

Leon Macomber
MCLE Special Investigator
Tina Leipski



Tina Leipski
06/13/2003 02:42 PM

To: Licensing Services, Business
Practices, Transportation Special
Investigators, Bonnie
Allen/WUTC@WUTC
cc: Carolyn Caruso/WUTC@WUTC
Subject: NEW HHG APPLICATION - ONE
CRUSIERO WAY, INC. D/B/A
MASTER TRANSIT

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

ONE CRUSIERO WAY, INC.
D/B/A MASTER TRANSIT
4426 SE 122ND AVE
PORTLAND, OR
(503) 762-1288

If corporation, managing members: Dwayne Rivelli -- Vice President
49%
51% Karen Rivelli -- President

COMPLIANCE: They are currently registered with us in the SSRS
program. There are no complaints.

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

Thanks!!! Tina



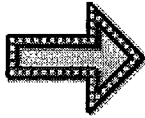
Bonnie Allen
06/16/2003 09:10 AM

To: Tina Leipski/WUTC@WUTC
cc:
Subject: Re: NEW HHG APPLICATION -
ONE CRUSIERO WAY, INC. D/B/A
MASTER TRANSIT

I have no information about this company. Suggest approval with standard conditions.

Bonnie L. Allen, Regulatory Analyst
PHONE 360-664-1226 FAX 360-586-1130
ballen@wutc.wa.gov

Washington Utilities & Transportation Commission
PO Box 47250
Olympia, WA 98504-7250
Tina Leipski



Tina Leipski
06/13/2003 02:42 PM

To: Licensing Services, Business
Practices, Transportation Special
Investigators, Bonnie
Allen/WUTC@WUTC
cc: Carolyn Caruso/WUTC@WUTC
Subject: NEW HHG APPLICATION - ONE
CRUSIERO WAY, INC. D/B/A
MASTER TRANSIT

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

ONE CRUSIERO WAY, INC.
D/B/A MASTER TRANSIT
4426 SE 122ND AVE
PORTLAND, OR
(503) 762-1288

If corporation, managing members: Dwayne Rivelli -- Vice President
49%
Karen Rivelli -- President
51%

COMPLIANCE: They are currently registered with us in the SSRS program. There are no complaints.

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

Thanks!!! Tina

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

WUTC
 1300 S. Evergreen Park Dr.
 PO Box 47250
 Olympia, WA 98504-7250 SW

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 X Addressee

B. Received by (Printed Name) _____ C. Date of Delivery _____

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Transfer from service label) 7002 3150 0005 9771 2821

Master TRANSIT
 We are there when you need
 us.

Mailing: P. O. Box 909, Sandy, OR 97055
 Location: 4426 S. E. 122nd Ave., Portland, OR
 Office: 503/762-2888 Toll Free: 800/707-5386
 Fax 503/762-1881

.....Just the FAX ma'am

To: *Carolyn Carusso*
 In regard to: *Copy of application*
 From: *Karen Rivelli*

No. total pages: *11 + Cover*

Carolyn, could you make sure this gets processed with the same name "exactly" as that on the interstate authority - so we don't have any conflicts further down the line? Thank you so much. Oh - it was received at the P.O. Box address, but here's the copy to get you started ☺.

*Thank again,
 Karen*