

# HOUSEHOLD GOODS CARRIER PERMIT APPLICATION



	Type of Household Goods Authority Requested – Check one	Fee Required
۵	Emergency temporary authority (to meet an urgent need for up to thirty days) - Complete pages 1 - 5 and Attachment F	\$50
_	Temporary authority (to meet a short-term need) – Complete pages 1 - 5 and Attachments A & B	\$250
<b>\$</b>	Permanent authority (at least six months must be served on a temporary provisional basis) – Complete pages 1 - 5 and Attachments A&B	3 <i>ట</i> ు <b>\$550</b>
	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
٥	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
٥	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
_	Name Change – Complete page 1 and Attachment E	\$35
٥	Extension of authority – Complete pages 1 - 5 and Attachment A	\$550

TYPE OF PAYMENT																				
			☐ Money Order		•	☐ Amex		-	☐ Discover			Mastercard		d	☐ Visa					
Expi	Expiration Date: Amount:																			
and	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.																			
Nam	e (prii	nted):	Mf	RK	<u> </u>		1401	MP.	50:	N		_ Dat	te:	You	(24	20	002			
Sign	Signature: Thate C- Thompson Title: SEC 1RES																			
4.4							: F(	OR C	)EEI(	SIAL	USE	ON	LYA							
Date	Filed 4/2/	02	L	Sta )	ff A	igned:	N	М	otcar;	338	32	) F	ermi	l Issu	ed: F	IG-	118	391	7	
Tarif	f Maih	t: ()	K	inst	Trance	b: (		) Ins	specti	on:			OL/S	SOS:	0	U	f	)-P	112	1
	eption 0268-2		2 9	\$30	JO 00	-	111.	-0268	-202-	01				111-	0268-	013-2	20			

0015353

PAGE 1 TV-030973

BUSINESS INFORMATION						
Name of Applicant TRIPLET. TRUCKING, INC						
(must be individual, partners of a partnership, or corporation)						
Trade Name, if applicable CITY TRANSFER CO						
Physical Address RT 5 HANGAR 3 TONGUE DT. ASTORIA DR 97103						
Mailing Address P.O. BOX 939 WARRENTON OR 97144						
Telephone Number (๑๖ <u>) 3๖๑- ยนนุน</u> Fax Number (๑๖ <u>) 3๖๖                                 </u>						
UBI# 601664266 Email: LTC@ Dacifier.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 Stock Distribution or Percentage of Shares						
MACHAEL A. THOMAS VICE PRESIDENT 50% MARK C. THOMPSON SECRETARY TREAS. 50%						
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: Provides Services to Previous country of Constant Communities white State Convections improved and competitions in Services enhances quality of moves						
Briefly describe your experience in the transportation/household goods moving industry:  FRIDE T TELECKING INC has been in business since chrousey I 1996. He Charles Thousen, E)  Place don't worked in the household apriles industry for over 15 yrs. In the  Etates of When matrice and Occasil Worked closiny write son MARK ALSO Training Mike  PAGE 2						

X Replacement Page Revised 04/02

BUSINESS INFORMATION				
Name of Applicant TRIPLET. TRUCKING, INC				
(must be individual, partners of a partnership, or corporation)				
Trade Name, if applicable CITY TRANSFER CO				
Physical Address RT 5 HANGAR 3 TONGUE DT. ASTORIA DR 97103				
Mailing Address P.D. BOX 939 WARRENTON OR 97144				
Telephone Number (503) 325-4744 Fax Number (503) 325 3784				
UBI# 601664266 Email: ctc@pacifier.com				
TYPE OF BUSINESS STRUCTURE				
☐ Individual ☐ Partnership ☑ Corporation ☐ Other(LP, LLC)				
List the name, title, and percentage of partner's share or stock distribution for major stockholders:				
Name CHARLES R. THOMPSON PRESIDENT 34% - JULY				
MACHAEL A. THOMAS VICE PRESIDENT 33%  NARK C. THOMPSON SECRETARY/TREAS. 33% &				
MARK C. THOMPSON SECRETARY TREAS. 3390 F				
Ill apple				
Choose one of the following for the territory in which you wish to operate:				
<ul><li>✓ All counties in the State of Washington</li><li>□ The following named counties only:</li></ul>				
Describe the services you wish to provide. Explain how your services will enhance customer choice				
promote competition, or fill an unmet need for service: Provides Services to Pacific				
and competition in services enhances quality of moves				
<u> </u>				
Briefly describe your experience in the transportation/household goods moving industry:				
TRIPLET TRUCKING, INC has been in business since Language 1 1996. Un Charles Thompson, President, Mas worked in the household goods industry for over 25 yrs. in the				
state of WASHINGTON and OREGON.				

		eld, a permit to operate as a motor carri ır permit number:				
	and been denie	od a permit to operate as a motor carrier				
	· -					
DOT# <u>639381</u>	MC# <u>30035</u>	No ⊠ Yes If yes, please indicate your Single State Registration Base	e State Washingeron			
name of the company?	as an agent of a	another company? □ No □ Yes	ii yes, what is the			
or in any other state? []  NO CHIFOENIA, HIT A  COMPANY'S INS. COMPANY	No   Yes ROCK WHICH Mandled the	iness related legal proceeding against your of the section of the	IVER WHILE DIL TOAKED. The NO LOWSUIT WAS &			
That's you over boom contri	0.04 0. 4 0.400	red Brotony. If he is red in year	, picase explain			
You may attach a Ba		ICIAL STATEMENT fit and Loss Statement, or business plan if a	hment			
ASSETS		LIABILITIES				
Cash in Bank	\$ 1	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	\$			
TOTAL ASSETS	\$	TOTAL LIABILITIES & NET WORTH	\$			

	1	FOUIDME	NT LICT	<del>/</del>				
		EQUIPME						
				ecessary). Vehicles must				
pass inspection and be issued a valid Commercial Vehicle Safety Alliance inspection decal								
before	your application ma	y be granted.						
Year	Make	License Number	Vehicle ID	Gross Vehicle Weight				
		<i>,</i>	Number					
		12						
		A.C.		<del> </del>				
		<del>*************************************</del>						
		- 6		<u> </u>				
		•		<u> </u>				
		SAFETY AND (	PERATIONS					
In each	of the categories show	wn below, list the persor	and position responsib	le for understanding and				
complyi	ing with the Federal M	otor Carrier Safety Regu	ulations (FMCSR) and V	Vashington State Laws and				
		C rules, Fact Sheets, ar						
Satisfac	ctory Safety Rating" fo	r assistance with require	ements that may apply to	o your specific operations.				
· · · · · · · · · · · · · · · · · · ·		SAFETY RESPO	ONSIBILITIES					
COMMI	ERCIAL DRIVERS LIC	CENSE (CDL) REQUIRE	EMENTS (Title 49, Cod	e of Federal Regulations				
Part 38	3) Any driver who ope	rates a vehicle that mee	ts the definition of a cor	nmercial motor vehicle				
must ha	ave a valid CDL.							
Name:	MIKE THOUS	s	Position: V.P.	DRIVER MAINTENANCE				
DRIVER		<b>EQUIREMENTS (Title 4</b>	9, Code of Federal Re					
		qualification requiremen						
	ation files for each driv			1				
Name:	MIKE THOMA	S	Position: V P	DRIVER MAINTENANCE				
DRIVER	RS HOURS OF SERV	ICE (Title 49, Code of F	ederal Regulations Pa	art 395) Drivers must				
		any must maintain true a						
driver.								
Name:	MIKE THOM	AS	Position: Vャ リ	PLUER MAINTENANCE				
CONTR	OLLED SUBSTANCE	S AND ALCOHOL TES	TING (Title 49, Code o	of Federal Regulations				
				iring a CDL must be in a				
Controll	ed Substance and Alc	ohol Testing program th	at complies with the FM	ICSR in 49 CFR Part 382				
	CFR Part 40.		la.					
Name:	UIKO THOUA	oC .	Position Priver	MAINTENANCE				
Each co				ing alcohol and controlled				
		nt (49 CFR Part 382 and						
				Federal Regulations Part				
<b>396)</b> Co	mpanies must ensure	that each motor vehicle	operated is regularly in	spected, repaired, and				
maintair	ned.		NP.					
Name:	Mike THOMA.	5	Position: Vehicle S	IFETY				
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:	JERRY BARTOL	DIK MARK WASKIN	Position: OFFICE CL	ovk//pionere				
		REMENTS (WAC 480-1	(5-550) All companies n	nust 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:	JEAN HAGENA	/ 2   2 - 1 /	Position: OFFICE A	UNAGER/OWNER				
	-CAN NADEMA	N / THOMPSUMI	Comon OF PICE N	MINAU-CITY DWITCH				

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: Jerry Bartoldus / Mark THOMPSON Position: office clerk lowner							
ANNUAL REPORTS and REGULATORY FEES (WAC 480-15-480) Companies must annually file a report of their financial operations and pay regulatory fees.							
Name: JEAN HAGEMAN MARK THOMPSON Position: office Max 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: MARK THO MASON MIKE THOMAS Position: OWNERS							
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							
m ounconduction of my porting							

Print name of applicant



#### 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

September 17, 2002

RECEIVED

Triple T Trucking, Inc. d/b/a City Transfer Co. P.O. Box 939 Warrenton, OR 97146

DEC 0 9 2002 WASH. UT. & TP. COMM.

Dear Triple T Trucking, Inc.:

Enclosed please find a copy of the permanent Household Goods application. Your current temporary permit will expire as of November 13, 2002. We will need to have the completed permanent application in our office before that time since there can't be a lapse in time.

You need to submit your application for the permanent Household Goods permit with appropriate fees of \$300.00.

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

Sincerely.

Transportation Specialist

**Enclosure** 

Tina—

Jank you for help &

encouragement

Jerry 3000

ENCLOSED CX# 4822 \$3000

® co



Mailing Address: P. O. Box 939 Warrenton, Oregon 97146 Phone (503) 325-4444 Fax (503) 325-3784

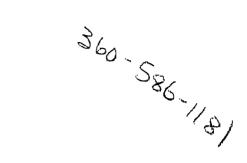
Location: Route 5, Hanger 3 Tongue Point Astoria, Oregon 97103

Full Service Moving Company

Local Long Distance International

Packing & Crating Storage Fully Insured

> PUC# 220388 MC# 300350



Triple T Trucking dba
City Transfer Company

18 JUN 2003

Attn: Tina Leipski

Accountant's Report

Financials for Triple T Trucking dba City Transfer Company. App No. PO 79121, TCC-11895 and HG-11895

Any questions please advise

jerry
Office clerk
City Transfer Company

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**2**1002

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Curtis A. Seymour, CPA, EA, LTC 1438 Jerome Ave Astoria, OR 97103 503 338 6445

## ACCOUNTANTS' REPORT

To the Board of Directors Triple T Trucking, Inc Dba City Transfer co RT#5, Hanger 3, Tongue Point Astoria, OR 97103

Dear Sir or Madam:

I have reviewed the accompanying balance sheet of Triple T Trucking, fiba City Transfer Co as of December 31, 2002, and the related statements of income, retained earning for the year ended, in accordance with Statements of Standards for Accounting and Review Services issued by the American Institute of Certified Public Accountants. All information included in these financial statements is the representation of the management of Triple T Trucking, Inc.

A review consists principally of inquiries of Company personnel and analytical procedures applied to financial data. It is substantially less in scope than an audit in accordance with generally accepted auditing standards, the objective of which is the expression of an opinion regarding the financial statements taken as a whole. Accordingly I do not express such an opinion.

Based on my review, I am not aware of any material modifications that should be made to the accompanying financial statements in order for them to be in conformity with generally accepted accounting principles.

Curtis A. Seymour

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10:43 AM

04/25/03

Accrual Basis

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08/18/2003 10:55 FAX 708 450 OL \_\_\_\_ NATIONAL VAN LINES

Triple T Trucking, Inc., dba City Transfer Co Balance Sheet As of December 31, 2002

	Dec 31, 02
assets	1:100
Current Assets	
Checking/Eavings Klamath First	<b>-4,705.11</b>
Total Checking/Savings	-4,705.11
Accounts Receivable Accounts Receivable	41,181.00
Total Accounts Receivable	41,181,00
Other Current Assets	
inventory -Packing Hazarial Leans to stockholers	10,256,00 10,070_0 <del>5</del>
Total Cither Current Assets	20,328.05
Total Custont Assets	56,801.04
Fixed Assets	
Bullding & Depreciable Assets Depreciation Original Cost	-158,857.00 202,874,00
Total Building & Depreciable Assets	44,017.00
Computer	4,190,98
intengible Assets Depreciation Original Cost	-12,723.00 23,392.00
Total Infangible Assats	10.669.00
Total Fixed Assets	58,876,96
TOTAL ASSETS	115,678.90
LIABILITIES & EQUITY LIABILITIES & EQUITY CUITETT LIABITUS	77 V 7701 APA
Other Current Liabilities Accounts Psychia	9,407.00
Total Other Current Limbilities	9,407,00
Total Cusano I Inkalling	9,467,00
Total Current Liabilities	8,00.100
Long Term Liabilities Cowlitz Bank #3	13,018,10
Klemath First #4	79,314.08
Total Long Term Liabilities	92,332.16
Total Liabilities	101,739.15
Equity	
Capital Stock	11,639.00
Helained Estaings Net Income	-5,1 <b>3</b> 5, <b>2</b> 2, 7,135,96
Total Equity	12,939,74
, -	10,000,14
TOTAL LIABILITIES & EQUITY	115,678.90

**₫**004

10:43 AM 04/25/03 Accrual Basis

### Triple T Trucking, Inc. dba City Transfer Co Profit & Loss January through December 2002

Jan - Dec 02 Orginary income/Expense Income 869,554,99 Moving Fees 289,554,59 Total Income Cost of Goods 50id 705.45 Clean - Rollands 12.785.38 Purchases - pucking material 13,491.63 Total COGS 856,062.76 Gross Profit Expense 2,879,33 Accounting Fees 791.65 Advertising 1,233,00 Americation Expenses 1,261,50 Automobile Expense 2,757.30 Bank Bervice Charges 5,859.24 Cell Phone 205,588,00 ComData 363.25 Computer Rapair 16,320.01 Contract Services 278.87 Contributions 12,219,00 Depreciation Expense 34,433.17 Drivers Expense 1,504.91 Dues and Subscriptions 19,235,85 Employee Benefits **65,166.77** Fuel & Lubes 43,754.60 Inaurance Interest Expense 8,652.64 Lan Interest 8,652.64 Total interest Expense 278.95 Internet Service 6,728.93 Liconses and Permits 115,00 Medical 14,832.68 Office Expense 100,30 Other Taxee 251,477.00 Payroli Expenses 1,392.28 Payroll Processing feet 20,012.67 Payroll Taxes 716.40 Postage and Delivery Professional Food 4,441.57 Legal Fees 4,441.57 Total Professional Feet 43,081.80 Rent 4,035.05 Rank Equipment Repairs 4,501.76 Building Repairs 275.00 Computer Repairs Equipment Repairs 18,938.45 23,815,21 **Total Repairs** 85.273,8 Road Taxes 1,266,56 SULTER 20,718.78 Telephone B,897.58 Tires Travel & Ent 40.00 Meets 40.00 Total Travel & Ent Undition 4,804,00 Water 46.99 Littlities - Other

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3 10:55 FAX 708 450 0069 NATIONAL VAN LINES

Triple T Trucking, Inc., dba City Transfer Co Profit & Loss January through December 2002

	Jen - Dec 02
Total Willities	4,850.99
Workers Comp Insurance	13,182.87
Total Expense	848,727.80
Net Ordinary Income	7,334.96
Other Expense Other Expenses	199.00
Total Other Expanse	199.00
Het Other Income	-199,00
Net income	7,136.08