

**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 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	
<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: <u>\$584.56</u>	
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>Gregory L. Himes</u>	Date: <u>03/21/03</u>
Signature: <u>X [Signature]</u>	Title: <u>Owner</u>

FOR OFFICIAL USE ONLY			
Date Filed: <u>3/25/03</u>	Staff Assigned: <u>[Signature]</u>	Motorcar: <u>41176</u>	Permit Issued: HG- <u>P79139</u>
Tariff Maint: <u>[Signature]</u>	Insurance: <u>[Signature]</u>	Inspection: <u>[Signature]</u>	DOL/SOS: <u>[Signature]</u>
Reception #: <u>111-0268-207-02 #550.00</u> 111-0268-202-01 <u>34.56</u> 111-0268-013-20			

Posted

BUSINESS INFORMATION

Name of Applicant Gregory L. HIMES
(must be individual, partners of a partnership, or corporation)

Trade Name, if applicable #1 movers

Physical Address 7201 226th Place S.W. Mountlake Terrace wa
98043

Mailing Address Same

Telephone Number (206) 696-4194 Fax Number ()

UBI # 601478447 Email: NU1MOVER@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:

Name	Title	Stock Distribution or Percentage of Shares
<u>N/A</u>		
<u>N/A</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: N/A

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, Commercial and Household goods moving. With regard to Piano moving, customers are limited in choice due to the specialized nature and equipment required I offer value, choice and competitive pricing in this Market.

Briefly describe your experience in the transportation/household goods moving industry: 22 years of Piano/household good experience, educated by Yamaha piano on moving and storage of all facets of piano moving. This coupled with my vast knowledge of moving with equivalent experience of years. Further my

and short haul trucking and all sizes of Trucks add to the overall qualifications

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?

No Yes If yes, please explain: _____

Do you currently operate interstate? No Yes If yes, please indicate your:

DOT# _____ MC# _____ Single State Registration Base State _____

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	\$ 4,000. ⁰⁰	Salaries/Wages Payable	\$
Notes Receivable	\$	Accounts Payable	\$ 1,890. ⁰⁰
Accounts Receivable	\$ 3,260. ⁰⁰	Notes Payable	\$ 7,000. ⁰⁰
Investments	\$	Mortgages Payable	\$
Other Current Assets	\$	Other	\$
Prepaid Expenses	\$	TOTAL LIABILITIES	\$ 8,890. ⁰⁰
Land and Buildings	\$	NET WORTH	
Trucks and Trailers	\$ 16,000. ⁰⁰	Preferred Stock	\$
Office Furniture	\$ 1,000. ⁰⁰	Common Stock	\$
Other Equipment	\$ 2,300. ⁰⁰	Retained Earnings	\$
Other Assets	\$ 400. ⁰⁰	Capital	\$ 18,070. ⁰⁰
TOTAL ASSETS	\$ 26,960. ⁰⁰	TOTAL LIABILITIES & NET WORTH	\$ 26,960. ⁰⁰

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
1991	HINO	A 85466B	2	16,500 #
1987	BMC	88388V	1	23,900 #

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: Gregory L. Himes Position: Owner

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: _____ Position: _____

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: Gregory L. Himes Position: Owner

CONTROLLED SUBSTANCES AND ALCOHOL TESTING AND TRAINING (Title 49, Code of Federal Regulations Part 382 & Part 40) All persons who drive commercial vehicles must be involved in a Controlled Substance and Alcohol Testing and Training Program. This section does not apply to those applicants who only operate vehicles under 26,001 gross vehicle weight rating.

Name: Gregory L. Himes Position: Owner

Check one of the following:

- We do not operate vehicles over 26,000 gross vehicle weight rating
- We contract with the following consortium to provide the required program:

Name: _____

Address: _____

Contact Person: _____ Telephone: _____

- We either maintain a program, or are members of a program, that meets all of the minimum requirements of Parts 382 and 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: Gregory L. Himes Position: Owner**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: Gregory L. Himes Position: Owner**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: Gregory L. Himes Position: Owner**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: Kimberly Taylor Position: Admin. Assist.**ANNUAL REPORTS and REGULATORY FEES (WAC 480-15-480)** Companies must annually file a report of their financial operations and pay regulatory fees.Name: Kimberly Taylor Position: Admin. Assist.**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: Kimberly Taylor Position: Admin. Assist.**DECLARATION OF APPLICANT:**

I understand that filing this application **does not** give me the immediate authority to operate as a household goods mover and that I cannot operate legally until I receive a permit from the Commission.

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 under penalty of perjury under the laws of the State of Washington that the information contained in this application is true and correct.

Gregory L. Himes

Print name of applicant

Gregory L. Himes

Signature of Applicant

03/21/03 Seattle

Date & Place

ATTACHMENT A

① Sherman Clo
② Marikland No.
③ Kim Taylor

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: Kimberly F Taylor Hines Property
Alpha #1 Movers

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:

KIMBERLY F TAYLOR

Address (include street address, mailing address, city, state, zip, and county):

1901 Merrill Creek Pkwy, A206
Everett, WA. 98203

Phone Number:

425-407-0175

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:

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 am not able to move myself, this company provides a service that I require, further there are very competitive.

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?

This is the second time I have used this company they did a wonderful job the first time.

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

Kimberly F Taylor
Signature of Person Completing Form

Mar 21, 2003 Seattle
Date and Location

① Sherman Clay
② Marikland Woods
③ Kim Taylor

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: ~~Greg Hines~~ *Hines, Gregory L. d/b/a #1 Movers*

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: *Jennifer Bowman, Asst. Mgr. Sherman Clay*

Address (include street address, mailing address, city, state, zip, and county):
*1624 Fourth Ave
Seattle, WA 98101*

Phone Number: *206 622 7580*

Do you currently need the services of a residential household goods moving company?
 No Yes If yes, please describe your current moving needs:
we need a residential household goods moving company to transport high-end pianos throughout Washington State to throughout the west coast

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:
Transporting pianos throughout the West Coast.

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 like to have a moving service we can rely on to do a professional job, We trust #1 movers.

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?
Professional, Quality service. They represent us very well.

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

3/21/03 Seattle, 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.

Hines, Gregory L.

Applicant Name: #1 MOVERS

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: Sandi Jensen Markland Woods Apt.

Address (include street address, mailing address, city, state, zip, and county): 23337 Cedar Way S. Mountlake Terrace, WA 98043 Snohomish

Phone Number: 425-670-1155 OR cell: 206-412-3200

Do you currently need the services of a residential household goods moving company? [X] Yes If yes, please describe your current moving needs: Condo conversions, transferring residents to unit & back into these condos.

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: We are converting to condos so all my residents will be using #1 Movers to transfer into their new homes

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: My residents do not have to search for a mover because #1 is always there. Word of mouth for them has been great

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit? one great, work hard & get the job done.

I certify (or declare) under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct. Sandi Jensen 3-21-03 Mountlake Terrace, WA

ATTACHMENT B

34.56
550.00
~~584.56~~

HOUSEHOLD GOODS TARIFF
Purchase Price and Maintenance Fees

The tariff 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 the Commission-published tariff. Copies must be kept, subject to public inspection, in your main office and in each billing office.

Household goods carriers must purchase the tariff and 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 your 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	1
April, May, June	\$8.00	\$18.00	\$2.08	\$28.08	
July, August, September	\$8.00	\$12.00	\$1.60	\$21.60	
October, November, December	\$8.00	\$6.00	\$1.12	\$15.12	
Maintenance already paid – wish to order only a new copy of the tariff	\$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: Himes, Gregory L. #1 Movers
Mailing Address: 7201 226th Place S.W.
City/State/Zip: Mantlake Terrace, Wa. 98043

Number of copies purchased: 1

Total tariff fees enclosed: \$ 34.56

Carolyn,

I believe this application is complete, If there is anything missing or misinterpreted please let me know and I will get it to you ASAP. Let me know if there is further info or forms as the application process proceeds.

Best Regards

Kimberly Taylor
aa.

Contact # 614-561-2992
206-696-4194

ENCLOSURE (1)



Civic Center Building
23204 58th Avenue West
Mountlake Terrace, WA 98043

License No HO3169
Receipt No. 169988
Fee \$ \$50.00
Date Issued 10/14/2002

BUSINESS LICENSE

Hold

Type of Business HOUSEHOLD GOODS MOVING

11/05/2003

Expires


Deputy City Clerk

HO3169

GREGORY L. HIMES DBA: #1 MOVERS
GREGORY HIMES
7201 226TH PLACE SW
MOUNTLAKE TERRACE WA 98043-

Conditions:

This License Must Be Posted In A Conspicuous Place. It Is Not Transferable Or Assignable.



STATE OF
WASHINGTON

MASTER LICENSE SERVICE REGISTRATIONS AND LICENSES

UNIFIED BUSINESS ID #: 601 478 447
BUSINESS ID #: 001
LOCATION: 0001

ORGANIZATION TYPE
SOLE PROPRIETORSHIP

GREGORY LYNN HIMES
#1 MOVERS
7201 226TH PL SW
MOUNTLAKE TERRACE WA 98013

INDUSTRIAL INSURANCE

TAX REGISTRATION
UNEMPLOYMENT INSURANCE
REGISTERED TRADE NAMES:
#1 MOVERS

The above entity has been issued the business registrations or licenses listed
DEPARTMENT OF LICENSING, BUSINESS & PROFESSIONS DIVISION,
P.O. BOX 9034 OLYMPIA, WA 98507-9034 (360) 564-1400

Paul Stephens
Director, Department of Licensing

INQR UTL024P1 MASTER LICENSE SERVICE 03/25/03
BUSINESS ENTITY INQUIRY 15:45:51

UBI: 601 478 447 001 0001 Loc Status: A
Type: Sole Proprietor

Owner Name: GREGORY LYNN HIMES
Firm Name : #1 MOVERS
Page: 1

Endorsements	Unit	Account #	Stat	Date	Expires
TAX REGISTRATION			A	11 01 2001	
UNEMPLOYMENT INSURANCE			A	11 01 2001	
INDUSTRIAL INSURANCE			A	11 01 2001	

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

MASTER LICENSE SERVICE
BUSINESS ENTITY INQUIRY

03/25/03
15:45:37

INQR UTL024P1

UBI: 601 478 447 001 0001
Type: Sole Proprietor

Loc Status: A

Owner Name: GREGORY LYNN HIMES

Firm Name : #1 MOVERS

Loc: 7201 226TH PL SW
MOUNTLAKE TERRACE WA 98013

Mail: 7201 226TH PL SW
MOUNTLAKE TERRACE WA 98013

Phone: (425) 697-6343

Registered Tradenames for this UBI? Yes

RFI: No

NSF: No

Location First Activity: 01 01 2002

RFP: No

Withhold: No

Last License Issued: 11 08 2001

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



Bonnie Allen

03/25/2003 04:25 PM

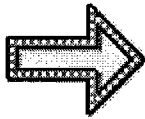
To: Tina Leipski/WUTC@WUTC
cc: Carlene Hughes/WUTC@WUTC,
Dennis Shutler/WUTC@WUTC,
Vicki Elliott/WUTC@WUTC, Mark
Halliday/WUTC@WUTC, Paul
Curl/WUTC@WUTC, Betty
Young/WUTC@WUTC, Carolyn
Caruso/WUTC@WUTC, Licensing
Services, Transportation Special
Investigators

Subject: Re: GREGORY L. HIMES D/B/A #1
MOVERS 

If we don't have any outstanding penalties or consumer complaints regarding this company, then I would suggest the application be granted under 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

03/25/03 04:18 PM

To: Licensing Services, Business
Practices, Transportation Special
Investigators, Bonnie
Allen/WUTC@WUTC
cc: Carolyn Caruso/WUTC@WUTC
Subject: GREGORY L. HIMES D/B/A #1
MOVERS

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

Gregory L. Himes
d/b/a: #1 Movers
7201 226th Place SW
Mountlake Terrace, WA 98043

APPLICANT'S STATEMENT: Applicant states that he has 22 years of piano/household good experience, educated by Yamaha piano on moving and storage of all facets of piano moving. This coupled with my vast knowledge of moving with equivalent experience of years. Further moving experience with both long and short haul trucking and all sizes of trucks add to the overall qualifications.

DEPARTMENT OF LICENSING:

UBI# 601-478-447 as a Sole Proprietor, Trade Name is registered. Active unemployment, Active industrial Insurance, and Active tax registration.

COMPLIANCE: Nothing in SAFER system. This has been an illegal

since 10/23/01

CARRIER INFORMATION SYSTEMS: No other permits or registrations.

SUPPORT: The application includes 3 support statements.

1--Kimberly Taylor states she is not able to move herself. This company provides a service that she requires. Further, their costs to move here are very competitive. This is the second time she has used this company. They did a wonderful job the first time.

2--Jennifer Bowman, Asst Mgr. Sherman Clay, states they need a residential household goods moving company to transport high end pianos throughout Washington state and throughout the West Coast. They like to have a moving service they can rely on to do a professional job. They trust #1 Movers.

3--Sandi Jensen, Markland Woods Apt. states they are converting to condos so all her residents will be using #1 Movers to transfer into their new homes. Their residents do not have to search for a mover because #1 is always there. Word of mouth for them has been great.

EQUIPMENT: Applicant lists 2 vehicles under 26,001

This E-mail is to collect your comments and to identify any issues that we need to resolve as we consider whether or not to grant this application. Please provide any information from your perspective that would impact decision making on this application.

Do you recommend grant of temporary authority or other action?

Are there concerns that would require additional conditions?

Are there any of the standard conditions that you feel need not be applied to this carrier?

Thank you!!! Tina

FROM: Washington Utilities and Transportation Commission
Transportation Operations
PO Box 47250 Phone: (888) 606-9566
Olympia, WA 98504-7250 Fax: (360) 586-1118

Date: 07-08-2003 Staff: Tina Leipski

TO: P079139
HIMES, GREGORY L
#1 MOVERS
7201 226TH PLACE SW
MOUNTLAKE TERRACE, WA 98043

Return this document with the completed/corrected items listed below for prompt processing of your application for operating authority.

- X Obtain a Uniform Motor Carrier Certificate of Insurance (Form E) from your insurance company. The insurance must show your name EXACTLY as it is shown above.
- X FINAL NOTICE! Your application will be dismissed if the items requested in this letter are not satisfied within 30 days.
- X If we do not receive your insurance by August 8, 2003, your application for a Household Goods permit will be dismissed and you will have to reapply and submit applicable fees if you plan on continuation with this business. Thanks.

FROM: Washington Utilities and Transportation Commission
Transportation Operations
PO Box 47250 Phone: (888) 606-9566
Olympia, WA 98504-7250 Fax: (360) 586-1118

Date: 04-17-2003 Staff: Tina Leipski

TO: P079139
HIMES, GREGORY L
#1 MOVERS
7201 226TH PLACE SW
MOUNTLAKE TERRACE, WA 98043

Return this document with the completed/corrected items listed below for prompt processing of your application for operating authority.

- X Obtain a Uniform Motor Carrier Certificate of Insurance (Form E) from your insurance company. The insurance must show your name EXACTLY as it is shown above.
- X Obtain a CVSA safety inspection of your vehicle (s) and remit a copy of the completed inspection form. You may contact Carolyn Caruso at (360) 664-1244 for an appointment.