

HOUSEHOLD GOODS CARRIER PERMIT APPLICATION



	Type of Household Goods Authority Requested – Check one	Fee Required
	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
$\mid \times \mid$	Permanent authority (at least six months must be served on a temporary provisional basis) – Complete pages 1 - 5 and Attachments A & B	\$550
٥	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																						
Check Money Order Amex Discover Mastercard Visa																						
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Expiration Date: Amount: Amount: Amount: Amount: CERTIFICATION: I, the undersigned, under penalty for false statement, certify that the following information is true																						
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on file is current and valid. Name (printed): Wegove L. Himes Date: 03/21/03																						
Signature: X WM 3 1 Title: Ochabre																						
FOR OFFICIAL USE ONLY P19139																						
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	Reception #: 1/10/2000																					
111-	111-0268-207-02 4550,60 111-0268-202-01 34.56 111-0268-013-20																					

0018190

TV-030974

BUSINESS INFORMATION					
Name of Applicant Gregory L. HIMES (must be individual, partners of a partnership, or corporation)					
Trade Name, if applicable # 1 mours					
Physical Address 7201 226th Place S.W. Mountlake Tarace War	a				
Mailing Address Same					
Telephone Number (2016) 696-4194 Fax Number ()					
UBI# 601478447 Email: NU IMOVERGAOL. 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 N/A					
NA>					
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					
The lenewing harned countries 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: Piano Moving, Commercial and Hasehold goods moving. With reagrable 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 expirence, educated by yamaha piano on moving and storage of all facets of piano moving. This coupled with my ugst knowledge of moving with equivilent expirience of years. Further my PAGE 2 expirience with both low and short haul trucking and all sizes of Trucks add to the overall qualifications.	na				

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	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 No Yes If yes, what is the name of the company?							
Do you have, or have you or in any other state?	lo □ Yes If ye	ness related legal proceeding against yoes, please explain:	ou in Washington,				
Have you ever been convid	cted of a Class	A or B Felony? No ☐ Yes If yes, ple	ease explain:				
Have you been cited for violation of state laws or Commission rules? X No ☐ Yes If yes, please explain:							
	FINAN	CIAL STATEMENT	1				
You may attach a Bal	ance Sheet, Prof	ît and Loss Statement, or business plan if a	vailable				
ASSETS		LIABILITIES					
Cash in Bank	\$ 4,000,00	Salaries/Wages Payable	\$				
Notes Receivable	\$	Accounts Payable	\$ 1,890,00				
Accounts Receivable	\$ 3,260.	Q Notes Payable	\$ 7,000.00				
Investments	\$	Mortgages Payable	\$				
Other Current Assets	\$	Other	\$				
Prepaid Expenses \$ TOTAL LIABILITIES \$8,890,400							
Land and Buildings							
Trucks and Trailers	\$ 16,000,00	Preferred Stock	\$				
Office Furniture							
Other Equipment		Retained Earnings	\$				
Other Assets	\$ 400.00	Capital	\$18,000				
TOTAL ASSETS \$96960 TOTAL LIABILITIES & NET WORTH \$26960.							

pass in	be the equipment that repection and be issury your application may	ued a valid Commercia	additional sheets if ne Il Vehicle Safety Alliar	cessary). Vehicles must nce inspection decal				
Year	Make HINO	License Number A 85466B	Vehicle ID Number	Gross Vehicle Weight				
		,	<i>d</i> -	16,500				
487	OMC	88388V		22,900				
<i>t</i> = 1				311				
	,							
complyi rules. F	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.							
Galloras	story curety realing to	SAFETY RESPO		your specific operations.				
Part 38	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:			Position: (COND)	R				
Driver's	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:					
DRIVEF maintaii driver.	RS HOURS OF SERV n logs and each comp	ICE (Title 49, Code of F any must maintain true a	ederal Regulations Pa and accurate hours of se	urt 395) Drivers must ervice records for each				
Name:			Position: (Ke)ac	DR				
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: Oulgory he Himes Position: CONCR								
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:								
	A 1 1							
	Address:Telephone:							
0								

EQUIPMENT LIST

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: (Choapper L. Himos Position: (rolabo)
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 GWR and \$750,000 minimum coverage for vehicles 10,000 pounds GVWR or more)
Name: On apply I Himas Position: (Volume)
CILCEDIZE LE TITITOZI CATIVOLI
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: Chegorethy HMOB Position: CORR
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: Kincheply Jaylor Position: Action, ASSET.
ANNUAL REPORTS and REGULATORY FEE® (WAC 480-15-480) Companies must annually file a report of their
financial operations and pay regulatory fees.
Name: Kimbery I au lor Position: Hamp, HSSIST
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: Kumberly Fauler Position: Telm De 1155131.
The state of the s
DECLADATION OF ADDITIONAL
DECLARATION OF APPLICANT:
I understand that filing this application <u>does not</u> 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.
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Baggory L. Himes X Huy y & the 03/03 South

PAGE 5

ATTACHMENT A

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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: Kinderly Jaylon Himes Busice h
alpha #1 Movers
The following must be completed by the Supporter of the applicant
Name, Title, and Business Name: KIMBERLY F TAYIOF
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 MYSHF, This Company Provides a service that I require, further there cost's to move me are went competation.
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 Jub 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. Washington that the foregoing is true and correct. March 2003 Seattle Signature of Person Completing Form Date and Location
Date and Eccation

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 Himes Himes Oregones L'
4/ba#1 11/00ers
The following must be completed by the Supporter of the applicant
Name, Title, and Business Name: Jenni for Bowman, Ast. 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 Eyes If yes, please describe your current moving needs: We need a residential house hold goods moving company to transport high end pianos throughout was kinglen State to throughout the west coast
Do you articipate a future need for the services of a residential household goods moving company? No Yes If yes, please describe your future moving needs: Transporting pianes 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.
51 Br 3/2,1/03 Seattle, WA
Signature of Person Completing Form 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:

#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?	مه
No Dives If yes, please describe your current moving needs:	()
transferring residents to unit	
back who there words.	
Do you anticipate a future need for the services of a residential household goods moving company?	
No A Yes If yes, please describe your future moving needs: We are converting	
Ho condos so all my Residents will be	
MONTH THOUGHT TO THE THE	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:	
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Dward or 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 mind & get the goo	
done.	
I certify (or declare) under penalty of perjury under the laws of the state of Washington that the foregoing	
is true and correct. Mountake	17
Jany Youse 3-21-03 Jerall, le	VA
Signature of Person Completing/Form Date and Location	

ATTACHMENT B



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	/
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	

		I '	1 1		l
*Please Note: no sales ta	x due if tariff is mailed to	an address outside the stat	e of Washington.	#1 Ma	1.0
Applicant's Name:_	Himes,	Dregory L.	albla	1 11/00	WKS .
Mailing Address:	7201 2	26 44 Plac	e 5.W.		
City/State/Zip: _	Mantla	Ko Teppace	· , Wa.	9804	13
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Total t	ariff fees enclosed:	s 34.56			

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Washington St	ete Patroi

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UNIFORM DRIVER/VEHICLE INSPECTION REPORT

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CARRIER NAME (Include ØBA when applicable)	4/94 CARRIE	R SIBB 4 B	1000
HIMES B	REGORY L.	11-14 71	MOVERS
ADDRESS ON ON	4101 5	~//	
CITY ACT OF COLOR	STATE O ZIP.CODE	INTERSTATE DOT NO.	ICC NO.
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REGISTERED OWNER NAME/ADDRESS		G.V.W.	PBT RATE
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	DRIVER SAMATURE	2 7/1	
Vehicle may not be operated unt defects noted above are repaired Driver may not drive until in con			
	Theory X	Macombes	?
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Washington State Patro

ASSIGN#103036

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UNIFORM DRIVER/VEHICLE INSPECTION REPORT

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Carolyn,

I believe this application is complete. If there is anything missions or imisinterpreted please let me know and I will get it to upon a SAP. Let me know if othere is further info or forms as the application process proceeds.

Best Begards Limbert Taylor a.o.

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



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

BUSINESS LICENSE

O Hold

Type of Business HOUSEHOLD GOODS MOVING

11/05/2003

Expires

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

HO3169

Conditions:

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



STATE OF WASHINGTON

REGISTRATIONS AND LICENSES MASTER LICENSE SERVICE

UNIFIED BUSINESS ID #:
BUSINESS ID #:
LOCATION:

7201 226TH PL SW MOUNTLAKE TERRACE WA 98013

GREGORY LYNN HIMES

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, DEPARTMENT OF LICENSING, WA 98507-9034 (360) 664-1400 P.O. BOX 9034 OLYMPIA, WA 98507-9034 (360) 664-1400

Page: 1 Document Name: united

MASTER LICENSE SERVICE INQR UTL024P1

BUSINESS ENTITY INQUIRY

03/25/03

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---PF3---PF4---PF5---PF6---PF7---PF8---PF9---PF10--PF11--PF12---

GLIST APLST UBIQ SERV TRDU INQA

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Date: 3/25/2003 Time: 3:45:50 PM

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MASTER LICENSE SERVICE

BUSINESS ENTITY INQUIRY 15:45:37

UBI: 601 478 447 001 0001

INQR UTL024P1

Loc Status: A

03/25/03

Type: Sole Proprietor

Owner Name: GREGORY LYNN HIMES

Firm Name : #1 MOVERS

Loc: 7201 226TH PL SW Mail: 7201 226TH PL SW

MOUNTLAKE TERRACE WA 98013 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---PF3---PF3---PF5---PF6---PF7---PF8---PF9---PF10--PF11--PF12---

GLIST APLST UBIQ SERV TRDU INQA

INQR MMENU

Date: 3/25/2003 Time: 3:45:41 PM



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

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

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 your will have to reapply and submit applicable fees if your 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.