

**HOUSEHOLD GOODS CARRIER
 PERMIT APPLICATION**

RECEIVED

JUL 10 2003

WASH. UT. COMM. 

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 E	\$50
<input type="checkbox"/> Temporary authority (to meet a short-term need) – Complete pages 1 - 5 and Attachment A	\$250
<input checked="" type="checkbox"/> Permanent authority (at least six months must be served on a temporary provisional basis) – Complete pages 1 - 5 and Attachment A	\$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 Attachment 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	\$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 D	\$35
<input type="checkbox"/> Extension of authority – Complete pages 1 - 5 and Attachment A	\$550

TYPE OF PAYMENT

Check Money Order Amex Discover Mastercard Visa

Expiration Date: _____ Amount: _____

CERTIFICATION: I, the undersigned, under penalty for false statement, certify that the following information is true and correct, that I am authorized to execute and file this document on behalf of the applicant, and that all information on file is current and valid.

Name (printed): Rob Irwin Date: 7-8-03
 Signature: *R. Irwin* Title: OWNER

FOR OFFICIAL USE ONLY

Date Filed: <u>7/10/03</u>	Application #: <u>P 19202</u>	Motorcar: <u>41556</u>	Permit Issued: HG-
Staff Assigned: <u><i>[Signature]</i></u>	Insurance: <u><i>[Signature]</i></u>	Inspection: <u><i>[Signature]</i></u>	DOL/SOS:
Reception #: 111-0268-207-02 <u>550.00</u> 111-0268-202-01 111-0268-013-20			

0000114

PAGE 1

TV-031112

BUSINESS INFORMATION

Name of Applicant ROBERT M. IRWIN
(must be individual, partners of a partnership, or corporation)

Trade Name, if applicable ALL HAUL OF PUGET SOUND

Physical Address 12524 N.E. 65th St.

Mailing Address KIRKLAND, WA. 98033

Telephone Number (425) 827-0496 Fax Number (425) 881-7264

UBI # 601 416 098 Email: IRWINRM@PREMIER1.NET

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:

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

Describe the services you wish to provide. Explain how your services will enhance customer choice, promote competition, or fill an unmet need for service: _____

PROVIDE DEBRIS HAUL
PROVIDE RESIDENTIAL MOVING SERVICE
PROVIDE COMMERCIAL DELIVERIES

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

I HAVE EXTENSIVE EXPERIENCE MOVING FRIENDS, RELATIVES.
HAVE ALSO DONE NUMEROUS DEBRIS HAUL + AM CONSIDERING
GOING FOR ACDL.

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	\$ 7,000.00	Salaries/Wages Payable	\$ 0-
Notes Receivable	\$	Accounts Payable	\$ 0-
Accounts Receivable	\$ 2,000.00	Notes Payable	\$ 0-
Investments	\$	Mortgages Payable	\$ 0-
Other Current Assets	\$ 20,000.00	Other	\$ 0-
Prepaid Expenses	\$	TOTAL LIABILITIES	\$ 0-
Land and Buildings	\$	NET WORTH	
Trucks and Trailers	\$ 30,000.00	Preferred Stock	\$ 0-
Office Furniture	\$ 2,000.00	Common Stock	\$ 0-
Other Equipment	\$ 2,000.00	Retained Earnings	\$ 0-
Other Assets	\$	Capital	\$ 0-
TOTAL ASSETS	\$ 43,000.00	TOTAL LIABILITIES & NET WORTH	\$ 0-

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
1994	FORD F700	A76866M	15DNK72CXRYA30439	25,500 lbs.

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: N/A Position:

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: ROBERT IRWIN Position: DRIVER

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: Rob IRWIN Position: DRIVER

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: N/A Position:

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: Rob IRWIN Position: DRIVER / 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: ROB IRWIN 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: ROB IRWIN Position: OWNER

OPERATIONAL RESPONSIBILITIES

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

Name: ROB Irwin Position: 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: ROB Irwin Position: owner

DECLARATION OF APPLICANT:

*I understand that filing this application **does not** in itself constitute authority to operate as a household goods mover.*

As the applicant for a household goods permit, I understand the responsibilities of a motor carrier, and I am in compliance with all local, state, and federal regulations governing businesses, including household goods movers, in the state of Washington.

I understand that if the Commission grants my application as a new entrant I will be granted temporary authority to provide service as a household goods carrier on a provisional basis for at least six months. During this time, the Commission will evaluate whether I have met the criteria in WAC 480-15-330 to obtain permanent authority. I also understand that I must comply with all conditions placed on my temporary permit and that failure to do so will result in cancellation of my permit.

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

ROB Irwin

Print name of applicant

R.M. Irwin

Signature of Applicant

7-7-03

Date & Place

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: Rob Irwin

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:
Denise Taddeo-Smith

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

17004 NE 116th Street
Redmond, WA 98052
King County

Phone Number: 425 881-7264

Do you currently need the services of a residential household goods moving company?

No Yes If yes, please describe your current moving needs:

Items removed from outside on my property

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 currently looking to relocate to another house.

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:

By providing dependable and trustworthy services

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

I strongly endorse All-Trial of Puget Sound to continue providing services to the community.

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

Denise Taddeo-Smith
Signature of Person Completing Form

Redmond, Washington
Date and Location

ATTACHMENT A

HOUSEHOLD GOODS STATEMENT OF SUPPORT

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Applicant Name: Rob Irwin

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:

MOORE WALLACE INC.

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

1011 SW KLICKITAT WAY
SEATTLE, WA.

Phone Number: 206-623-7701

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:

My apartment moves - other employees moves also.

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:

Don't know.

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

No.

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

Rob Irwin

Signature of Person Completing Form

July 8 2003

Seattle

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: ROB IRWIN

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: WOODY KRUEDENER, ASSISTANT MANAGER, DEAUVILLE APARTMENTS MERCER ISLAND, WA 98040

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

2760 76th AVE SE
MERCER ISLAND, WA 98040
KING COUNTY

Phone Number: 206.236.5911

Do you currently need the services of a residential household goods moving company?

[X] No [X] Yes If yes, please describe your current moving needs:

(for our residents)

Do you anticipate a future need for the services of a residential household goods moving company?

[] No [X] Yes If yes, please describe your future moving needs:

~ JUNE 2004

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:

This company could provide quality moving service at reasonable + fair rates for our residents at our apartment complex.

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

No

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

Signature of Person Completing Form: Woody Kruedener

Date and Location: 7.08.2003 Mercer Island, WA

MASTER LICENSE SERVICE
BUSINESS ENTITY INQUIRY

07/10/03
09:23:40

INQR UTL024P1

UBI: 601 416 098 001 0001
Type: Sole Proprietor

Loc Status: A

Owner Name: ROBERT MICHAEL IRWIN

Firm Name : IRWIN PRINTS
Loc: 2307 NE 4TH ST #J303
RENTON WA 98056

Mail: 2307 NE 4TH ST #J303
RENTON WA 98056

Phone: (206) 235-7450

Registered Tradenames for this UBI? Yes

RFI: No NSF: No
RFP: No Withhold: No

Location First Activity: 10 01 1992
Last License Issued: 03 04 1993

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

*needs to trade
register name!*

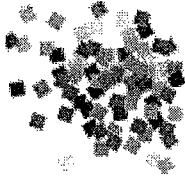
INQR UTL024P1 MASTER LICENSE SERVICE 07/10/03
 BUSINESS ENTITY INQUIRY 09:23:52

UBI: 601 416 098 001 0001 Loc Status: A
Type: Sole Proprietor

Owner Name: ROBERT MICHAEL IRWIN
Firm Name : IRWIN PRINTS
Page: 1

Endorsements	Unit	Account #	Stat	Date	Expires
TAX REGISTRATION			A	10 08 1992	
No Unemployment Insurance					
No Industrial Insurance					

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



Tina Leipski

07/11/2003 08:06 AM

To: Licensing Services, Business
Practices, Transportation Special
Investigators, Bonnie
Allen/WUTC@WUTC
cc: Carolyn Caruso/WUTC@WUTC
Subject: NEW APP FOR HHG CARRIER --
P-79202

We have an application for permit to transport household goods in King
County only from:

Robert M. Irwin
d/b/a All Haul of Puget Sound
12524 NE 65th Ct.
Kirkland, WA 98033
(425) 827-0496

COMPLIANCE: The Compliance database shows that this was an
illegal that was contacted by the Commission to complete the application
process. Nothing in the Safer system.

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

Thanks!!! Tina



Bonnie Allen

07/11/2003 09:10 AM

To: Tina Leipski/WUTC@WUTC

cc:

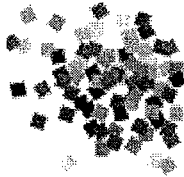
Subject: Re: NEW APP FOR HHG CARRIER

-- P-79202

I have no additional information on this carrier to suggest the application should not be granted 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

07/11/2003 08:06 AM

To: Licensing Services, Business
Practices, Transportation Special
Investigators, Bonnie
Allen/WUTC@WUTC

cc: Carolyn Caruso/WUTC@WUTC

Subject: NEW APP FOR HHG CARRIER --
P-79202

We have an application for permit to transport household goods in King County only from:

Robert M. Irwin
d/b/a All Haul of Puget Sound
12524 NE 65th Ct.
Kirkland, WA 98033
(425) 827-0496

COMPLIANCE: The Compliance database shows that this was an illegal that was contacted by the Commission to complete the application process. Nothing in the Safer system.

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

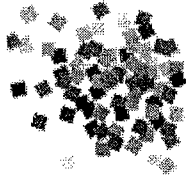
Thanks!!! Tina



Tom McVaugh
07/11/2003 08:28 AM

To: Tina Leipski/WUTC@WUTC
cc:
Subject: Re: NEW APP FOR HHG CARRIER
-- P-79202 

None at this time.
Tina Leipski



Tina Leipski
07/11/2003 08:06 AM

To: Licensing Services, Business
Practices, Transportation Special
Investigators, Bonnie
Allen/WUTC@WUTC
cc: Carolyn Caruso/WUTC@WUTC
Subject: NEW APP FOR HHG CARRIER --
P-79202

We have an application for permit to transport household goods in King
County only from:

Robert M. Irwin
d/b/a All Haul of Puget Sound
12524 NE 65th Ct.
Kirkland, WA 98033
(425) 827-0496

COMPLIANCE: The Compliance database shows that this was an illegal that was contacted by the Commission to complete the application process. Nothing in the Safer system.

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

Thanks!!! Tina

UNIFORM DRIVER/VEHICLE INSPECTION REPORT

1020599

PERSONNEL NO. <i>J518</i>	DIST / DET	LEVEL: 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input checked="" type="checkbox"/>
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GENERAL			HAZARDOUS MATERIALS		
DATE <i>7/29/03</i>	TIME (MILITARY) BEGUN <i>08:15</i>	TIME (MILITARY) FINISHED	HAZARD CLASS / DIVISION NO.		
LOCATION: SR/MP <i>Terminid</i>	SCALEHOUSE NO.	CNTY CODE <i>17</i>	REPORTABLE QTY? Y N	HAZARDOUS WASTE? Y N	PLACARD REQUIRED? Y N

CARRIER

CARRIER NAME (Include DBA when applicable)
Robert Irwin

ADDRESS
12524 NE 65th CT

CITY
Kirkland

STATE
WA

ZIP CODE
98033

INTERSTATE YES NO

DOT NO.

ICC NO.

DRIVER

DRIVER NAME

LICENSE NO.

STATE

EXP. YEAR

DATE OF BIRTH

MED. CERT. Y N

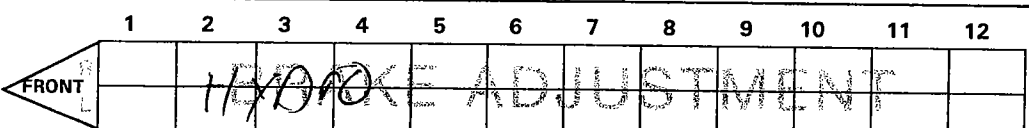
SHIPPER NAME

SHIPPING NO.

WAIVER Y N

VEHICLE

REGISTERED OWNER NAME/ADDRESS					G.V.W. <i>20000</i>	PBT RATE
UNIT	TYPE	YEAR/MAKE	CO. UNIT NO.	LICENSE NO. / VIN NO.	STATE	
1	<i>TR</i>	<i>94/Ford</i>		<i>A 76866M</i>	<i>WA</i>	
2						
3						
4						



CFR	VIOLATIONS	D	1	2	3	4	Unit #s O/S	Complied
<i>393.95A</i>	<i>Fire extinguisher Discharged</i>		<input checked="" type="checkbox"/>					
<i>393-20</i>	<i>Center Front ID Lamp Inop</i>							

CVSA DECALS UNIT 1
9272601

UNIT 2

UNIT 3

UNIT 4

NOIC NO.

DRIVER SIGNATURE
R.M. Irwin

OFFICER SIGNATURE
[Signature]

— Vehicle may not be operated until O/S defects noted above are repaired.
— Driver may not drive until in compliance.

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

Date: 07-10-2003 Staff: Tina Leipski

TO: P079202
IRWIN, ROBERT M.
ALL HAUL OF PUGET SOUND
12524 NE 65TH CT
KIRKLAND, WA 98033

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

- 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.
- 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 Also, if you intend on using All Haul of Puget Sound as your trade name, you must register the name with the Department of Licensing. At this time, the Dept of Licensing only shows Irwin Prints as a registered trade name. If you have any questions, you can call me direct at (360) 664-1170. Thanks...Tina