



**HOUSEHOLD GOODS CARRIER APPLICATION**

**PERMIT**



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): DENNIS T. Brewster     Date: 5-31-03

Signature: [Signature]     Title: PRESIDENT

**FOR OFFICIAL USE ONLY**

Date Filed: <u>7/9/03</u>	Application #: <u>P-79204</u>	Motcar: <u>41559</u>	Permit Issued: HG- <u>6/105</u>
Staff Assigned: <u>[Signature]</u>	Insurance: <u>[Signature]</u>	Inspection: _____	DOL/SOS: <u>[Signature]</u>

Reception #: 111-0268-207-02     550.00     111-0268-202-01     111-0268-013-20

**BUSINESS INFORMATION**

Name of Applicant DENNIS T. BREWSTER  
(must be individual, partners of a partnership, or corporation)

Trade Name, if applicable DENNY'S RELOCATION SERVICES

Physical Address 1345 E. HEATHERWOOD NORTH

Mailing Address 1345 E. HEATHERWOOD NORTH

Telephone Number (253) 752-9481 Fax Number ( ) TACOMA, WA 98406

UBI # 602 306 854 Email: DENNISTHEMOVER@JUNO.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

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: LOCAL + INTRASTATE MOVING SERVICES. COMPETITIVE PRICING, EXCELLENT SERVICE + A THOROUGH KNOWLEDGE OF CUSTOMER NEEDS + EXPECTATIONS. I DEMAND QUALITY!!

Briefly describe your experience in the transportation/household goods moving industry: MANAGED A LOCAL MOVING + STORAGE COMPANY SINCE 1988. I'M KNOWLEDGEABLE IN ALL AREAS OF THE INDUSTRY + TARIFF RATES, DOT COMPLIANCE, CUSTOMER SATISFACTION, LOG COMPLIANCE.  
ADDITIONAL INFORMATION IF NEEDED: PAGE 2.

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	\$ 30,000	Salaries/Wages Payable	\$
Notes Receivable	\$	Accounts Payable	\$
Accounts Receivable	\$	Notes Payable	\$
Investments	\$ 60,000	Mortgages Payable	\$
Other Current Assets	\$ 50,000	Other	\$
Prepaid Expenses	\$	<b>TOTAL LIABILITIES</b>	<b>\$ 0</b>
Land and Buildings	\$	<b>NET WORTH</b>	
Trucks and Trailers	\$ 16,500	Preferred Stock	\$
Office Furniture	\$ 1,000	Common Stock	\$
Other Equipment	\$ 3,000	Retained Earnings	\$
Other Assets	\$ 1,500	Capital	\$ 162,000

TOTAL ASSETS	\$ 162,000	TOTAL LIABILITIES & NET WORTH	\$ 162,000
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**PAGE 3**

**EQUIPMENT LIST**

Describe the equipment that will be used (attach additional sheets if necessary). Vehicles must pass inspection and be issued a valid Commercial Vehicle Safety Alliance inspection decal before your application may be granted.

Year	Make	License Number	Vehicle ID Number	Gross Vehicle Weight
1997	Freightliner	A98317D	IFVGHEALS VHL	26,000
			96382	

**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: Dennis Brewster Position: President

**DRIVER QUALIFICATION REQUIREMENTS (Title 49, Code of Federal Regulations Part 391)**

Driver's must meet minimum qualification requirements and each company must maintain driver qualification files for each driver.

Name: Dennis Brewster Position: President

**DRIVERS HOURS OF SERVICE (Title 49, Code of Federal Regulations Part 395)** Drivers must maintain logs and each company must maintain true and accurate hours of service records for each driver.

Name: Dennis Brewster Position: President

**CONTROLLED SUBSTANCES AND ALCOHOL TESTING (Title 49, Code of Federal Regulations Part 382 & Part 40)** Any person who drives a commercial motor vehicle requiring a CDL must be in a Controlled Substance and Alcohol Testing program that complies with the FMCSR in 49 CFR Part 382 and 49 CFR Part 40.

Name: Dennis Brewster Position: President

Each company will have in place a system for complying with FMCSR governing alcohol and controlled substances testing requirement (49 CFR Part 382 and 49 CFR Part 40)

**VEHICLE INSPECTION, REPAIR, AND MAINTENANCE (Title 49, Code of Federal Regulations Part 396)** Companies must ensure that each motor vehicle operated is regularly inspected, repaired, and maintained.

Name: Dennis Brewster Position: President

**INSURANCE REQUIREMENTS (WAC 480-15-530)** All companies must file and maintain proof of public liability and property damage insurance covering vehicles operated. (\$300,000 minimum coverage for vehicles under 10,000 pounds GVWR and \$750,000 minimum coverage for vehicles 10,000 pounds GVWR or more)

Name: Dennis Brewster Position: President

**CARGO INSURANCE REQUIREMENTS (WAC 480-15-550)** All companies must maintain cargo insurance coverage. (\$10,000 for household goods transported in motor vehicles under 10,000 pounds GVWR and \$20,000 for vehicles 10,000 pounds GVWR or more)

Name: Dennis Brewster Position: President

**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: Dennis Brewster

Position: President

**STATE OF WASHINGTON – general laws, rules and regulations:** Individuals and companies doing business in the state of Washington must comply with the regulations of local, state, and federal agencies. Please state the name and position of the person in your organization who will be responsible for ensuring compliance with the laws of the state of Washington, such as, but not limited to: Department of Labor and Industries (industrial insurance, safety, prevailing wage); Department of Licensing (vehicle and drivers licenses, business licensing, Unified Business Identifier (UBI number), fuel permits, fuel tax); Secretary of State (corporate registrations); Department of Transportation (over-size or over-weight permits); Department of Revenue and Internal Revenue Service (taxes); and Employment Security.

Name: Dennis Brewster

Position: President

**DECLARATION OF APPLICANT:**

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

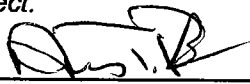
*As the applicant for a household goods permit, I understand the responsibilities of a motor carrier, and I am in compliance with all local, state, and federal regulations governing businesses, including household goods movers, in the state of Washington.*

*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.*

Dennis T. Brewster

Print name of applicant



Signature of Applicant

5-31-03 TACOMA, WA

Date & Place

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

Quinn T. Burt

Signature of Person Completing Form

7-6-03 TACOMA, WA

Date and Location

# ATTACHMENT A

## HOUSEHOLD GOODS STATEMENT OF SUPPORT

Permit applications must include at least three shipper and/or public statements supporting the proposed household goods moving service. Shipper statements may come from persons and/or organizations with a need for household goods moving services, or who support the applicant's request for a permit to provide those services. These forms may be copied by the applicant as needed.

Applicant Name:

DENNIS Brewster

### The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:

ROD MOLGARD

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

7314 N. Skyview place # E-103  
TACOMA, WA 98406

Phone Number:

(253) 564-1172

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

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

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

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

I move every 3-6 years

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:

DENNIS MOVED ME 2 YEARS AGO, HIS RATES WERE VERY COMPETITIVE + NO DAMAGE OCCURRED. I WOULD HIGHLY RECOMMEND HIM

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

DENNIS HAS WORKED IN THE INDUSTRY FOR 17 YEARS. EXTREMELY KNOWLEDGEABLE IN THE BUSINESS. CUSTOMER SATISFACTION IS HIS #1 PRIORITY.

# 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:

DENNIS Brewster

### The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:

Major Michael J. Lawrence

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

CMR 414 BOX 78  
APO, AE 09173  
USA - New York

Phone Number:

253-861-4840

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:

U.S. Military officers with family of five required to move entire family and household goods every one to three years.

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 quality/highly professional moving service to the thousands of military families in the western Washington area - an area for which I hope to eventually retire.

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

Dennis Brewster supervised two household moves for us (one occurred eight years ago, then again another move occurred exactly last year). Dennis provided the most professional and responsible service I've experienced in 16 years of service - quite simply, the best.



## 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:

DENNIS Brewster

#### The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:

Jayne Kjellevik

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

8007 - 53rd Street West  
University Place, WA 98467  
Pierce County

Phone Number:

253-752-6187

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

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

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

No  Yes If yes, please describe your future moving needs: I move every 5-10 years.

Briefly describe how granting this company a permit to provide household goods moving services in Washington State will benefit you, your business, and/or your community: They have moved me previously and did an excellent job at very competitive rates.

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit? No

VENDOR NAME AND ADDRESS

DENNIS T. BREWSTER  
 1345 E HEATHERWOOD NORTH  
 TACOMA, WA 98406

AGENCY NUMBER

2150

LOCATION CODE

AGENCY P.R. OR AUTHORIZATION NUMBER  
 REFUND

AGENCY NAME AND LOCATION

UTILITIES AND TRANSP. COMM.  
 1300 S. EVERGREEN PK DRIVE S.W.  
 P.O. BOX 47250  
 OLYMPIA, WA 98504-7250

FEDERAL I.D. NO. OR SOCIAL SECURITY NO. (FOR REPORTING PERSONAL SERVICES CONTRACT PAYMENTS TO I.R.S.)

RECEIVED BY

BUSINESS OFFICE

DATE RECEIVED

USE SPACE BELOW AS A WORKSHEET TO DEVELOP OR EXPLAIN THE GOODS OR SERVICES PURCHASED

STAPLE INVOICES ON BACK

REVENUE REFUND \$275.00 due to COMMON CARRIER APPLICATION NOT NEED ALREADY HAS HHG APP PENDING.

RECEPTION OR FIELD RECEIPT NO. 0000442 DATED 8/12/03

REVENUE REFUND \$21.60 due to NO LONGER NEED TARIFF FEES

RECEPTION OR FIELD RECEIPT NO. 0000092 DATED 7/9/03

TOTAL REFUND

\$ 296.60

R Tina Leipski				TELEPHONE NUMBER 664-1170				DATE 8/13/03		AGENCY APPROVAL					DATE		
DOC. DATE			PMT DUE DATE		CURRENT DOC. NO.			REF. DOC. NO.		VENDOR NUMBER VOD1		VENDOR MESSAGE			USE TAX		UBI NUMBER
REF DOC SUF	TRANS CODE	M O D	FUND	MASTER INDEX APPN INDEX	PROGRAM INDEX	SUB OBJ	SUB SUB OBJECT	ORG INDEX	WORK CLASS ALLOC	COUNTY BUDGET UNIT	CITY/ TOWN MOS	PROJECT	SUB PROJ	PROJ PHAS	AMOUNT	INVOICE NUMBER	
	198		111			02	68								\$	REFUND	
ACCOUNTING APPROVAL FOR PAYMENT										DATE				WARRANT TOTAL		WARRANT NUMBER	
														\$			

# ATTACHMENT B

## HOUSEHOLD GOODS TARIFF Purchase Price and Maintenance Fees

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

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

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

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

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

Applicant's Name: Dennis T. Brewster

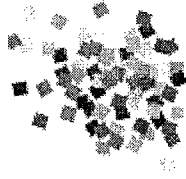
Mailing Address: 1345 E. Heatherwood North

City/State/Zip: TACOMA, WA 98406

Number of copies purchased: 1

Total tariff fees enclosed: \$ 21.60

Requested Refund  
8/15/23



Tina Leipski

07/11/2003 10:06 AM

To: Licensing Services, Business  
Practices, Transportation Special  
Investigators, Bonnie  
Allen/WUTC@WUTC  
cc: Carolyn Caruso/WUTC@WUTC  
Subject: NEW HHG APPLICATION ---  
P-79204

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

Dennis Brewster  
d/b/a Denny's Relocation Services  
1345 E. Heatherwood North  
Tacoma, WA 98406  
(253) 752-9481  
e-mail address: [Dennisthemover@Juno.com](mailto:Dennisthemover@Juno.com)

**COMPLIANCE:** Nothing in the compliance database nor Safety system.

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

Thanks!!! 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: 07-11-2003 Staff: Tina Leipski

TO: P079204  
BREWSTER, DENNIS T.  
DENNY'S RELOCATION SERVICES  
1345 E HEATHERWOOD NORTH  
TACOMA, WA 98406

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, per our conversation, you need to register with the Department of Licensing in the proper name either as a Sole Proprietor or a Corporation. If you have any questions, feel free to contact me. Thanks...Tina



Bonnie Allen

07/11/2003 11:29 AM

To: Tina Leipski/WUTC@WUTC

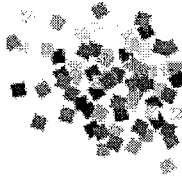
cc:

Subject: Re: NEW HHG APPLICATION ---  
P-79204

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 10:06 AM

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

cc: Carolyn Caruso/WUTC@WUTC

Subject: NEW HHG APPLICATION ---  
P-79204

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

Dennis Brewster  
d/b/a Denny's Relocation Services  
1345 E. Heatherwood North  
Tacoma, WA 98406  
(253) 752-9481  
e-mail address: Dennisthemover@Juno.com

**COMPLIANCE:** Nothing in the compliance database nor Safety system.

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

Thanks!!! Tina

INQR UTL024P1 MASTER LICENSE SERVICE 08/14/03  
BUSINESS ENTITY INQUIRY 14:23:40

-----  
UBI: 602 306 854 001 0001 Loc Status: A  
Type: Sole Proprietor  
-----

Owner Name: DENNIS T BREWSTER  
Firm Name : DENNY'S RELOCATION SERVICES  
Page: 1

Endorsements	Unit	Account #	Stat	Date	Expires
TAX REGISTRATION			A	07 01 2003	
UNEMPLOYMENT INSURANCE			A	07 01 2003	
INDUSTRIAL INSURANCE			A	07 01 2003	

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





VENDOR NAME AND ADDRESS

DENNIS T. BREWSTER  
 1345 E HEATHERWOOD NORTH  
 TACOMA, WA 98406

AGENCY NUMBER

2150

LOCATION CODE

AGENCY P.R. OR AUTHORIZATION NUMBER  
 REFUND

AGENCY NAME AND LOCATION

UTILITIES AND TRANSP. COMM.  
 1300 S. EVERGREEN PK DRIVE S.W.  
 P.O. BOX 47250  
 OLYMPIA, WA 98504-7250

FEDERAL I.D. NO. OR SOCIAL SECURITY NO. (FOR REPORTING PERSONAL SERVICES CONTRACT PAYMENTS TO I.R.S.)

RECEIVED BY

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DATE RECEIVED

USE SPACE BELOW AS A WORKSHEET TO DEVELOP OR EXPLAIN THE GOODS OR SERVICES PURCHASED

STAPLE INVOICES ON BACK

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RECEPTION OR FIELD RECEIPT NO. 0000442 DATED 8/12/03

REVENUE REFUND \$21.60 due to NO LONGER NEED TARIFF FEES

RECEPTION OR FIELD RECEIPT NO. 0000092 DATED 7/9/03

TOTAL REFUND

\$ 296.60

R Tina Leipski		<i>Tina Leipski</i>		TELEPHONE NUMBER 4-1170		DATE 8/15/03		AGENCY APPROVAL <i>Coleen Smith</i>				DATE 8-21-03				
DOC DATE		PMT DUE DATE		CURRENT DOC. NO.		REF. DOC. NO.		VENDOR NUMBER VOD1		VENDOR MESSAGE		USE TAX		UBI NUMBER		
REF DOC SUF	TRANS CODE	M O D	FUND	MASTER INDEX APPN INDEX	PROGRAM INDEX	SUB OBJ	SUB SUB OBJECT	ORG INDEX	WORK CLASS ALLOC	COUNTY BUDGET UNIT	CITY/TOWN MOS	PROJECT	SUB PROJ	PROJ PHAS	AMOUNT	INVOICE NUMBER
	198		111			02	68								\$	REFUND
ACCOUNTING APPROVAL FOR PAYMENT										DATE			WARRANT TOTAL		WARRANT NUMBER	
													\$			

PART - A

WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION

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

Telephone (360) 664-1222 or 1-888-606-9566 - Fax (360) 586-1181 or 586-1118

Intrastate Common Carrier Operating Authority

APPLICATION FOR PERMIT

(excluding Household Goods and Common Carrier Brokers)

FOR OFFICIAL USE ONLY

Reception Number: 0000442 Safety: *Yes* Carrier ID#: 41559  
111 0268 200 02 275.00 Insurance: Employee: *Yes*

TYPE OF APPLICATION (check one)

New Common Carrier Permit Authority, or Transfer of Existing Permit Number	Extension of Common Carrier Permit Authority
<input checked="" type="checkbox"/> \$275 GENERAL COMMODITIES ONLY	<input type="checkbox"/> \$100 GENERAL COMMODITIES including ARMORED CAR SERVICE
<input type="checkbox"/> \$275 GENERAL COMMODITIES, including ARMORED CAR SERVICE	<input type="checkbox"/> \$100 GENERAL COMMODITIES, including HAZARDOUS MATERIALS
<input type="checkbox"/> \$275 GENERAL COMMODITIES, including HAZARDOUS MATERIALS	<input type="checkbox"/> \$100 GENERAL COMMODITIES, including HAZARDOUS MATERIALS and ARMORED CAR SERVICE
<input type="checkbox"/> \$275 GENERAL COMMODITIES, INCLUDING HAZARDOUS MATERIALS and ARMORED CAR SERVICE	

\$100 REINSTATEMENT OF CANCELLED COMMON CARRIER PERMIT (must be filed within 10 months of cancellation)

TYPE OF PAYMENT

Check  Money Order  Amex  Discover  Mastercard  Visa Expiration Date

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): DENNIS T. Brewster Date: MAY 31, 03  
Signature: *[Signature]* Title: PRESIDENT

MOTOR CARRIER IDENTIFICATION

CC#: 61080 US DOT# (if required) WA UNIFIED BUSINESS IDENTIFIER (UBI) #:

APPLICANT NAME: DENNIS T. Brewster PHONE#: (253) 752-9481

d/b/a: FAX #:

BUSINESS (MAILING) ADDRESS:  
(street address, P.O. Box) 1345 E. HEATHERWOOD North  
(city, state, zip) TALOMA, WA 98406

PHYSICAL ADDRESS: (street address, if different)

**TYPE OF BUSINESS STRUCTURE**

(check individual or complete partnership/corporation information)

INDIVIDUAL     PARTNERSHIP     CORPORATION – STATE OF INCORPORATION WA

NAME                      TITLE                      STOCK DISTRIBUTION OR PERCENTAGE OF SHARE  
Dennis Brewster    President                      100%

**TRANSFER OF PERMIT NUMBER**

Complete this section if you are transferring an existing permit to a new owner. List name of current permit holder and permit number to be transferred. The current permit holder must sign below to authorize the transfer of the permit number.

NAME ON PERMIT: \_\_\_\_\_ PERMIT NUMBER: \_\_\_\_\_

\_\_\_\_\_  
Signature of current permit holder

\_\_\_\_\_  
Date

**INSURANCE REQUIREMENTS (must check one)**

(permit will not be issued until acceptable insurance is received)

The applicant WILL NOT HAUL hazardous materials in any quantity and WILL only operate vehicles less than 10,000 pounds gross weight rating-- **\$300,000** in Public Liability and Property Damage Insurance is required. You do not need to complete the Safety Fitness Survey.

The applicant WILL NOT HAUL hazardous materials in any quantity -- **\$750,000** in Public Liability and Property Damage Insurance is required. Complete and submit the Safety Fitness Survey— Section 1.

The applicant WILL HAUL hazardous materials requiring **\$1 million** in Public Liability and Property Damage Insurance and submit the Safety Fitness Survey – Sections 1 and 2.

The applicant WILL HAUL hazardous materials requiring **\$5 million** in Public Liability and Property Damage Insurance. Complete and submit the Safety Fitness Survey – Sections 1 and 2.

**EQUIPMENT LIST (Attach additional list if necessary)**

UNIT#	LICENSE#	STATE	VIN#
	A98317D	WA	IFU6HFAL5VH096382

*I, as applicant, understand that the filing of this application does not in itself constitute authority to operate and that no operations may be conducted until a permit is received from the Commission. I hereby declare and affirm that the information contained in this application is true to the best of my knowledge and belief.*

A handwritten signature in black ink, consisting of several loops and a long horizontal stroke extending to the right.

Signature(s)

5-31-03

Date

## PART - B

### SAFETY FITNESS SURVEY - SECTION 1 GENERAL SAFETY

**Instructions:** In each category shown below, list the person and/or position responsible for understanding, maintaining, and complying with current Federal Motor Carrier Safety Regulations (FMCSR).

Copies of the FMCSR's are available from several vendors, these include, but are not limited to:

Washington Trucking Associations, 930 So. 336th St., Suite B, Federal Way, WA 98003, (206) 838-1650

J. J. Keller, P O Box 368, Neenah, WI 54957-0368, (800) 558-5011

Willamette Traffic Bureau, 1444 SE Hawthorne, Portland, OR 97214, (503) 236-1183

Government Printing Office, 915 2nd, Seattle, WA 98174, (206) 553-4270

#### Controlled Substances and Alcohol Testing (Part 382)

Name: Dennis Brewster Position: President

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.

Each company will have in place a system for complying with FMCSR governing alcohol and controlled substances testing requirements (49 CFR Part 382 and 49 CFR Part 40).

#### Commercial Drivers License (CDL) Requirements (Part 383)

Name: Dennis Brewster Position: President

Any driver who operates a vehicle that meets the definition of a commercial motor vehicle **as described below** must have a valid CDL. The definition of a commercial motor vehicle is:

- < has a gross combined weight rating of 26,001 pounds that includes a towed unit with a gross vehicle weight rating of more than 10,000 pounds; or
- < has a gross vehicle weight rating of 26,001 pounds or more; or
- < is designed to transport 16 or more passengers, including the driver; or
- < is of any size and is used to transport hazardous materials of an amount that requires placarding under HM regulations.

(Definition shown above applies in reference to this section and that of controlled substance testing.) Contact local Department of Licensing office for additional information

#### Driver Qualification Requirements (Part 391)

Name: Dennis Brewster Position: President

Each company must maintain a complete Driver Qualification File for each employee (whether permanent, casual, or intermittent) authorized to drive motor vehicle. To determine what information is required, review FMCSR Part 391.51

Owner/operators that work exclusively in intrastate commerce within Washington have limited exemptions that are found in WAC 480-14-370(7). Owners/operators that conduct any interstate operations must maintain a complete file on themselves and any casual or intermittent driver that they may use.

**Drivers Hours of Service (Part 395)**

Name: DENNIS BREWSTER Position: PRESIDENT

Each company must maintain true and accurate hours of service records for each individual that drives a motor vehicle. If company's operations meet all requirements of the "100 air mile radius driver," a record of duty status is acceptable. A driver must complete a driver's daily log book when he/she exceeds the 100 air-mile radius or he/she exceeds 12 hours.

Note: Reference 49 CFR, Part 395.1(e) and WAC 480-14-380

**Vehicle Inspection, Repair, and Maintenance (Part 396)**

Name: DENNIS BREWSTER Position: PRESIDENT


Part 396.11 requires that drivers prepare a written "Driver Vehicle Inspection Report" on each vehicle used each day. Refer to Part 396.11 for a description of the required content of this report.

Each motor carrier must maintain certain required records for each vehicle that includes the following: (see Part 396.3(b)).

- < Identification of the vehicle
- < A means to indicate the nature and due date of various inspection and maintenance operations to be performed.
- < A record of inspections, repairs and maintenance indicating their date and nature.

All companies must comply with Part 396.17 dealing with Periodic inspections. Each motor carrier must inspect, or have inspected, all motor vehicles subject to its control at least once during the preceding 12 months.

***My signature below certifies that I understand my responsibility as a motor carrier and I will comply with all the safety requirements which apply to my operations.***



Signature of applicant

5-31-03

Date

Please ask for technical assistance if you require information on any of these safety issues.

## Technical Assistance

As part of the Common Carrier permit application process, the Commission voluntarily provides technical assistance on any of the Safety Fitness requirements. The goal and mission of the Commission are to assist carriers in understanding the safety rules and regulations and what is necessary to have an adequate and effective safety program.

Requesting additional information on any or all of the below listed sections will not result in your company being selected for a safety compliance audit. There is no additional charge for this service. Technical assistance may be in the form of a personal contact or telephone contact, depending on Commission employee availability.

If you want information on any of the safety requirements, check the appropriate box(es) below. Please include day and evening phone numbers and the name of the person to be contacted.

Place an "X" or check mark in the box in front of any subject on which you wish assistance.	Subject/Topic Area
<input checked="" type="checkbox"/>	Controlled Substances and Alcohol testing (Part 382)
<input checked="" type="checkbox"/>	Commercial Driver's Licensing requirements (Part 383)
<input checked="" type="checkbox"/>	Minimum Levels of Financial Responsibility (Insurance) (Part 387)
<input checked="" type="checkbox"/>	Driver Qualification requirements (Part 391)
<input checked="" type="checkbox"/>	Driving of Commercial Motor Vehicles (Part 392)
<input checked="" type="checkbox"/>	Parts and Accessories Necessary for Safe Operation (Part 393)
<input type="checkbox"/>	Hours of Service requirements (Part 395)
<input checked="" type="checkbox"/>	Inspection, Repair, and Maintenance (Part 396)

Contact person: DENNIS T. BREWSTER

Day telephone number: (253) 752-9481

Evening telephone number: (253) 752-9481