



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 type="checkbox"/> Permanent authority (at least six months must be served on a temporary provisional basis) – Complete pages 1 - 5 and Attachments A & B	*300 \$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 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: _____

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): Don C Risk JR Date: 3/14/03
 Signature: [Handwritten Signature] Title: Owner

FOR OFFICIAL USE ONLY			
Date Filed: <u>4/1/03</u>	Staff Assigned: <u>[Signature]</u>	Motorcar: <u>37893</u>	Permit Issued: HG- <u>11881</u>
Tariff Maint: <u>[Signature]</u>	Insurance: <u>[Signature]</u>	Inspection: <u>on file</u>	DOL/SOS: <u>[Signature]</u>
Reception #: 0018382		111-0268-202-01	111-0268-013-20

207-02/300⁰⁰

P79143

BUSINESS INFORMATION

Name of Applicant Don C Risk Jr. DBA: PEOPLE MOVERS
(must be individual, partners of a partnership, or corporation)

Trade Name, if applicable Mover

Physical Address 32817 26th ave SW Federal way 98023

Mailing Address 31527 27th ave SW Federal way 98023

Telephone Number (253) 835-3239 Fax Number () Same

UBI # 601-975-8920 Email: _____

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: None

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: We wish to provide moving ser. that leaves you with a smile by providing Experienced friendly personnel that work fast and efficiently and carefully. which keep the bill to a minimum. We care about our customers and what there needs are!

Briefly describe your experience in the transportation/household goods moving industry: Worked in California for Small moving co. for 2 yrs. Worked 2 years for 3M. moving co in Washington, 3 1/2 yrs owning PEOPLE MOVERS

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: TCC-11881

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	\$ 4000	Salaries/Wages Payable	\$
Notes Receivable	\$ 53850	Accounts Payable	\$ 50000.00
Accounts Receivable	\$	Notes Payable	\$
Investments	\$	Mortgages Payable	\$
Other Current Assets	\$	Other	\$
Prepaid Expenses	\$	TOTAL LIABILITIES	\$ 50000.00
Land and Buildings	\$	NET WORTH	
Trucks and Trailers	\$ 4000	Preferred Stock	\$
Office Furniture	\$ 2,500.00	Common Stock	\$
Other Equipment	\$ 1000	Retained Earnings	\$
Other Assets	\$	Capital	\$
TOTAL ASSETS	\$ 12,038.52	TOTAL LIABILITIES & NET WORTH	\$

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

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: Don C Risk JR 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: Don C Risk JR Position: OWNER

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: Don C Risk JR Position: OWNER

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: Don C Risk JR Position: OWNER

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: Don C Risk SR 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: Don C Risk JR 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: Don C Risk JR 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: Don C Risk Jr Position: Owner

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

Name: Don C Risk Jr 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: Don C Risk Jr 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.

Don Clement Risk Jr Don C Risk
Print name of applicant Signature of Applicant

3/2/03
Date & Place

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	
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: Don Clement Risk Jr dba. People movers

Mailing Address: 31527 27th ave SW

City/State/Zip: Federal way, wa 98023

Number of copies purchased: _____

Total tariff fees enclosed: \$ _____



STATE OF WASHINGTON

WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION

1300 S. Evergreen Park Dr. S.W., P.O. Box 47250 • Olympia, Washington 98504-7250

(360) 664-1160 • TTY (360) 586-8203

October 3, 2002

Don Risk, Jr.
d/b/a People Movers
31527 27th Ave SW
Federal Way, WA 98023

Dear Mr. Risk:

Enclosed please find your temporary Household Goods Permit which will expire on March 3, 2003. This will be the last temporary permit we will extend.

You need to submit your application for the permanent Household Goods permit with appropriate fees. If we do not receive your permanent Household Goods application before that date, your permit will be cancelled and you will have to reapply for the permanent permit and submit the total fee of \$550.00.

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

Sincerely,


Tina Leipski
Transportation Specialist

Enclosure



APPLICATION FOR TEMPORARY PERMIT AUTHORITY

Carrier ID 37893

Date 7-14-00 PERMIT

NAME Don C. Risk, Jr.
dba: People Movers

APPLICATION PENDING? Yes No

LEGAL ACTION PENDING? Yes No

Comments _____

REFER TO: Application _____

LR Initials

MOTOR CARRIER ENFORCEMENT

COMMENTS Lead Member will be assigned
to this company.

Recommendation Grant with Standard conditions

Signature/Date Mh Jolly 9-6-00

TRANSPORTATION ADMINISTRATOR

Recommendation Grant

Signature/Date Paul Currel 9/6/00

WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION

PO Box 47250
Olympia, WA 98504-7250
(360) 664-1222



Application for a
**TEMPORARY
HOUSEHOLD
GOODS PERMIT**

For Commission Use Only			
MotCar: 37893	Staff: <i>JS</i>	P- 78925	Docket: <i>YLS</i>
Support: <i>JS</i>	Insurance: <i>JS</i>	Reception #: 00964	
Fitness: <i>JS</i>	Sec. State: <i>JS</i>	111-0268-207-02 250.00	
Permits: _____	Tariff: <i>JS</i>	111-0268-202-01 20.00	
Inspection: JS	Permit Issued: _____	111-0268-013-02 1.60	
		Date Filed: 7-14-00	
		Permit Issued: <i>JCC-11881</i>	

1 - TYPE OF APPLICATION - FEE - COMPANY INFORMATION

TEMPORARY PERMIT - \$250.00

APPLICANT'S NAME: (must be individual partners of a partnership, or corporation)

Don Clement Risk Jr.

Trade Name:

People Movers

Mailing Address:

37817 26th AVE S.W. Federal way WA 98023

Physical Address of Business:

37817 26th AVE SW Federal way WA, 98023

Telephone Number:

253-835-3234

Fax Number:

Ø

USDOT#

UBI#

601-975-892

Current or previously held

WUTC permit number:

Ø

2 - TYPE OF BUSINESS STRUCTURE

Check type of business and complete the Partnership or Corporation information.

<input checked="" type="checkbox"/> Individual Proprietorship	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation	What state was the company incorporated in?*
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List the name, title, and percentage of partner's share or stock distribution for major stockholders.

NAME	TITLE	STOCK DISTRIBUTION or PERCENTAGE OF SHARES

*Note: Corporations doing business within the State of Washington must be registered with the Secretary of State's Office.

MV # 149848

3 - COMMODITY and TERRITORY

General Commodities, including Household Goods

Territory (includes service within all cities located in territory selected)

All counties in the state of Washington

The following named counties only: _____

4 - FINANCIAL STATEMENT

You may attach a Balance Sheet, Profit and Loss Statement, or business plan if available.

ASSETS		LIABILITIES	
Cash in bank		Salaries/Wages Payable	
Notes Receivable		Accounts Payable	
Accounts Receivable		Notes Payable	
Investments		Mortgages Payable	
Other Current Assets		Other	
Prepaid Expenses		TOTAL LIABILITIES	
Land and Buildings		NET WORTH	
Trucks and Trailers		Preferred Stock	
Office Furniture		Common Stock	
Other Equipment		Returned Earnings	
Other Assets		Capital	
TOTAL ASSETS		TOTAL LIABILITIES & NET WORTH	

5 - EQUIPMENT

Describe the equipment that will be used (attach additional list 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 Licensed Weight
88	G M C	79379-11	1GDJ7D1B8JV518042	

6 - JUSTIFICATION FOR AUTHORITY

State the reasons why you believe granting your application for authority is in the public interest. Be sure to address a public need for your service and how your service will increase consumer choice and encourage competition.

In addition to your statement you must attach statements from potential customers or other members of the public who support your application.

★

7 - EXPERIENCE IN THE TRANSPORTATION/MOVING INDUSTRY

Do you currently hold, or have you ever held, a permit to operate as a motor carrier of property? *NO*

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.

Do you currently operate interstate? No Yes. If yes, please indicate your federal DOT# _____, federal MC# _____, & SSRS Registration State _____.

Do you currently have, or have you ever had a legal proceeding against you in this state, or in another state?

No Yes. If yes, please describe:

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

★

8 - 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: DON C RISK JR. 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: DON C RISK JR Position: OWNER

DRIVER'S HOURS OF SERVICE (Title 49, Code of Federal Regulations Part 395)
Driver's must maintain logs and each company must maintain true and accurate hours of service records for each driver.

+ Name: DON C RISK JR 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 operate only vehicles under 26,000 gross vehicle weight rating.

+ Name: DON C RISK JR 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: DON C RISK JR Position: OWNER

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

+ Name: DON C RISK JR Position: OWNER

CARGO INSURANCE REQUIREMENTS (WAC 480-15-550) All companies must maintain cargo insurance coverage. (\$10,000 minimum coverage for each vehicle over 10,000 pounds gvwr and \$5,000 minimum coverage for vehicles 10,000 pounds gvwr or less.)

+ Name: DON C RISK JR. Positions: 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. Only those rates that are published in that tariff are to be charged.

Name: Don C Risk Jr

Position: owner

ANNUAL REPORTS and REGULATORY FEES (WAC 480-15-480)

Companies must annually file a report of their financial operations and pay regulatory fees.

Name: Don C Risk Jr

Position: owner

CONDITIONS: A temporary permit may be canceled if the company does not comply with conditions applied to a grant of temporary authority. Under provisions of WAC 480-15-300 conditions may include: Payment of outstanding penalties and/or an escrow account to be forfeited in the event of future violations of rules, cancellation of any illegal advertising, mandatory training or technical assistance, periodic compliance audits, postage paid customer service questionnaires.

Name: Don C Risk Jr

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 driver's 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 & Internal Revenue Service (taxes); and Employment Security.

Name: Don C Risk Jr

Position: owner

9 - 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. If you are not currently in compliance, please describe the areas of non compliance, and explain your efforts to come into compliance:

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.

Don Clement Risk Jr

Print Name of Applicant

Don C Risk

Signature of Applicant

Date & Place

Temporary Permits (Excerpt from 480-15 WAC)

WAC 480-15-280 When must I apply for temporary authority? (1) You must apply for temporary authority if you are a new entrant, or to provide service to meet a short-term need. If you are a new entrant, and the commission grants your application, the temporary authority will allow you 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 you have met the criteria in WAC 480-15-330 to obtain permanent authority.

(2) We will grant or deny an application for temporary authority after we have conducted a complete review of your application, any supporting statements, reports or other information necessary to determine your fitness, and determine whether granting the application is in the public interest.

(3) When determining if an applicant is fit, willing, and able to provide the proposed service we will consider any information provided by the applicant and other members of the public regarding:

(a) The applicant's experience in the industry; knowledge of safety regulations; financial resources and equipment; compliance with tax, labor, employment, business, and vehicle licensing laws and rules; and

(b) Whether the applicant has been cited for violation of state law or commission rules, has been convicted of a Class A or Class B Felony, or has previously been denied authority on the basis of fitness; or has had permit authority canceled.

(4) When determining if the proposed service is in the public interest we will consider any information provided by the applicant, shippers and other members of the public supporting the proposed service, and whether granting the temporary authority will:

(a) Enhance choices available to consumers, promote a viable yet competitive household goods industry, or fill an unmet need for service; and

(b) Allow us to more efficiently regulate the household goods industry, and provide increased consumer protection through regulation.

(5) Statements and reports from the applicant, shippers, and other members of the public, must include their full name, address, phone number, and state that the information submitted is true and accurate. They must be signed and show the place and date where/when they were signed

WAC 480-15-290 How will I know what the commission has decided? After reviewing your application, and all supporting statements and reports, the commission will issue an order to you granting or denying your application for temporary authority. An order granting temporary authority may include specific terms and conditions that you must satisfy before you begin or while operating under authority. We publish an application docket listing temporary authority we have granted or denied.

WAC 480-15-300 What conditions may be attached to my temporary authority? Based on a review of your application and supporting statements, we may impose any of the following conditions when granting temporary authority:

(1) Driver and equipment safety training;

(2) Rates and billing practices training;

(3) Surety bond, or other means to ensure compliance;

(4) Special compliance audits;

(5) Special customer notices and comment forms which evaluate your services;

(6) Other reporting as the commission may require, such as customer lists, and financial reporting;

(7) Vehicles must pass inspection and be issued a valid Commercial Vehicle Safety Alliance (CVSA) inspection decal; and

(8) Other conditions depending on the circumstances surrounding the application.

WAC 480-15-310 May I comment on a decision to grant or deny temporary authority? (1) We publish an application docket listing temporary authority we have granted or denied. We mail the docket to each applicant and, upon written request, to any other person interested in application proceedings.

(2) Anyone having an interest in an application appearing on the docket may file written comments within ten days following publication. Comments may be in the form of statements supporting or protesting the grant of authority or application. Comments must include your full name, address, telephone number, FAX number, and permit number, if applicable. Comments must state the nature of your support or protest and address the following issues: Fitness, public interest, levels of service, business practices, safety, and/or operation of equipment.

(3) We may grant or deny a protest without a hearing. We may, at our own discretion, hold a brief adjudicative proceeding on a protest. Rules governing applications and procedures for brief adjudicative proceedings are in chapter 480-09 WAC.

WAC 480-15-320 May the commission cancel a temporary permit? Yes, we may cancel a temporary permit at any time if we determine that:

(1) The permit was not issued in the public interest;

(2) The grant of temporary authority was based on fraud, misrepresentation, or erroneous information from the applicant; or

(3) We find cause to cancel the permit under the circumstances described in WAC 480-15-450.

HOUSEHOLD GOODS TARIFF
Purchase Price & Maintenance Fees

Tariff 15 names the rates, charges, and governing rules for the transportation of Household Goods between points in the State of Washington (Washington Intrastate Traffic).

Household good carriers must purchase Tariff 15 and pay annual maintenance fees. 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 application for temporary household goods permit.

Tariff 15 (Determine appropriate amount from chart below)

Month Paid	Single copy Tariff Price	Single Copy Annual Maintenance	Sales Tax	Total Due (per copy)
January - March	\$8.00	\$24.00	\$2.56	\$34.56
April - June	\$8.00	\$18.00	\$2.08	\$28.08
July - September	\$8.00	\$12.00	\$1.60	\$21.60
October - December	\$8.00	\$ 6.00	\$1.12	\$15.12

Applicant's Name: Don C. Risk Jr.

Mailing Address: _____

City, State, Zip _____

- I currently subscribe to Tariff 15 and do not need to purchase any additional copies.
- I am applying for a permit to transport household goods consisting of pianos & organs only and will be required to file an individual tariff. Contact our Operations and Compliance staff for assistance.
- I need to purchase Tariff 15 and pay for annual maintenance for copies to be displayed at my main office and any other billing offices.

Number of Copies Purchased: 1 Total Tariff Fees Enclosed: 21.60

Include this form with your application for a household goods permit and send to:

Washington Utilities & Transportation Commission
PO Box 47250
Olympia, WA 98504-7250

TEMPORARY HOUSEHOLD GOODS PERMIT APPLICATION

Statement of Support

The Washington Utilities and Transportation Commission may issue temporary permits authorizing companies to provide household goods moving services in Washington State.

Temporary permit applications must include 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 who support the applicant's request for a permit to provide those services.

Public statements may come from persons or organizations who support the applicant's request for a permit as a way to increase consumer choice and competition in the household goods moving industry.

Statements of support must be attached to the Temporary Permit Application forms that are filed by the applicant.

These forms may be copied by the applicant as needed. Additional blank copies may also be requested from the Washington Utilities and Transportation Commission at (360) 664-1222.

FOREST VILLAGE APARTMENTS

31500 33RD PLACE SW. ~ FEDERAL WAY, WA. 98023
Phone (253) 874-8835 ~ (253) 952-8198 ~ Fax (253) 661-9176


To whom it may concern,

July 11, 2000

Don Risk's moving company is "top notch" with our apartment community. He has helped several residents move into their new homes. He has also come to our rescue when other moving companies cancelled on spot.

I have also used Don's moving company for my personal household move. We could not have done the whole job by ourselves. Don truly went beyond the call of duty. His company is a true asset to our community, with so many other un reputable companies preying on customers. Far too many people have had bad moving experiences. Finally, I feel confident referring Don to my friends and customers.

Sincerely,



Sadie Hogan
Forest Village Resident Manager



The Coats
PO Box 1444
Tacoma, WA 98401-1444
Phone 253.627.2445 fax 253.627.0998
www.thecoats.net

5/24/2000

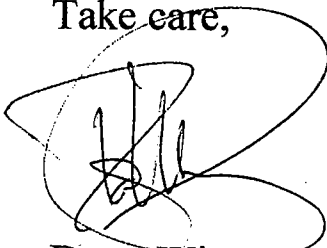
Don Risk
People Movers
32817 26th Ave SW
Federal Way, WA 98023

From: Doug Wisness
Phone: 253.627.2445

Dear Don:

I am writing you this letter to thank you for your help in moving my wife Teri and I into our new home! You did a great job and I sincerely appreciate your flexibility in helping us out. If you ever need a reference please don't hesitate to call. I would ***highly recommend*** you to anybody looking to move! Without your help the job would have been very difficult. Good luck in the people moving business and I will definitely refer anybody I know that are about to venture into moving to a new location to give you a call!

Take care,



Doug Wisness

FROM: Washington Utilities and Transportation Commission
Transportation Operations
PO Box 47250 Phone: (360) 664-1227
Olympia, WA 98504-7250 Fax: (360) 586-1118

Date: 08-10-2000 Staff: Linda Elhardt

TO: P078925
RISK, DON C., JR.
PEOPLE MOVERS
32817 - 26TH AVE. S.W.
FEDERAL WAY, WA 98023

Final Notice
Please respond
within 15 days.

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

- 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.

8/17 Don Risk called re: insurance. He is still working on getting insur. He will call me on or before the 25th to let me know about the insur.

8/22 Don Risk called again + requested to extend the time to Sept. 6th re: his insur.

FROM: Washington Utilities and Transportation Commission
Transportation Operations
PO Box 47250 Phone: (360) 664-1227
Olympia, WA 98504-7250 Fax: (360) 586-1118

Date: 07-14-2000 Staff: Linda Elhardt

TO: P078925
RISK, DON C., JR.
PEOPLE MOVERS
32817 - 26TH AVE. S.W.
FEDERAL WAY, WA 98023

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 our office 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 your UBI (Unified Business Identifier) number is listed in the trade name instead of the applicant's name.

3 - COMMODITY and TERRITORY

General Commodities, including Household Goods

Territory (includes service within all cities located in territory selected)

All counties in the state of Washington

The following named counties only: _____

4 - FINANCIAL STATEMENT

You may attach a Balance Sheet, Profit and Loss Statement, or business plan if available.

ASSETS		LIABILITIES	
Cash in bank	600.00	Salaries/Wages Payable	
Notes Receivable		Accounts Payable	
Accounts Receivable		Notes Payable	
Investments		Mortgages Payable	
Other Current Assets		Other	
Prepaid Expenses		TOTAL LIABILITIES	
Land and Buildings		NET WORTH	
Trucks and Trailers		Preferred Stock	
Office Furniture	1800.00	Common Stock	
Other Equipment	600.00	Returned Earnings	
Other Assets		Capital	
TOTAL ASSETS		TOTAL LIABILITIES & NET WORTH	

5 - EQUIPMENT

Describe the equipment that will be used (attach additional list 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 Licensed Weight
88	G M C	79379-11	1GDS7D1B8JV518042	

6 - JUSTIFICATION FOR AUTHORITY

RECEIVED

AUG 09 2009
WASHINGTON STATE
& TP COMM.

State the reasons why you believe granting your application for authority is in the public interest. Be sure to address a public need for your service and how your service will increase consumer choice and encourage competition.

In addition to your statement you must attach statements from potential customers or other members of the public who support your application.

* while working part time for a moving co. and going to school for realstate. i decided to re direct myself because the jobs i went out on the people were upset because we were late because the owner of the company was not there to open up. i would go to his house pick up the key and open up myself so everybody can get to there jobs. People seemed to like the way i do things. Since i started my bus. i have moved a few people that over ->

7 - EXPERIENCE IN THE TRANSPORTATION/MOVING INDUSTRY

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

Do you currently operate interstate? No Yes If yes, please indicate your federal DOT# _____ federal MC# _____, & SSRS Registration State _____

Do you currently have, or have you ever had a legal proceeding against you in this state, or in another state?

No Yes If yes, please describe:

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

* #1, worked part time for co. in california doing office moves
#2, worked part time for household movers in WASHINGTON
#3, I AM THAT FRIEND THAT ALL MY FRIENDS CALLED TO HELP THEM MOVE, EVEN THEN I ALWAYS SHOWED UP AND ON TIME

other company's have canceled on or didn't
show up one of which was a detective in
my city (I was there in 20 min.) you see moving
is very stressful and the public needs
someone who cares and is honest so to
ease their mind, this my friends is -
competition.

(PEOPLE HELPING PEOPLE)

Thanks
Da