



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 E	\$ 50
<input type="checkbox"/> Temporary authority (to meet a short-term need) – Complete pages 1 - 5 and Attachment A	\$ 250
<input 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 checked="" 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 B	\$ 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: \$ 550.00 auth # 145744

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): Brian Healand

Date: 11/21/03

Signature: [Signature]

Title: Owner

FOR OFFICIAL USE ONLY

Date Filed: 12/3/03

Application #: P-19239

Motorcar: 42027

Permit Issued: HG- 61165

Staff Assigned: [Signature]

Insurance: on

Inspection: _____

DOD/SOS: [Signature]

Reception #: _____

111-0268-207-02

550.00

111-0268-202-01

111-0268-013-20

0003570

PAGE 1

TV-031978

BUSINESS INFORMATION

Name of Applicant Brian Neeland, Ayman Smith
(must be individual, partners of a partnership, or corporation)

Trade Name, if applicable BRIVON MOVING SERVICE

Physical Address 116 Kensington Ave / Kent, WA. 98030

Mailing Address same

Telephone Number (253) 856-8292 Fax Number (253) 850-9781

UBI # 602 302 502 Email: Brian ^{under the} moves dude@hotmail.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
Brian C. Neeland	Partner	51%
Ayman M. Smith	Partner	49%

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 want to promote the idea of Direct Service - Getting items from point A to point B within days not weeks of pick-up. Also we want to give the elderly a fair move for their money. Good service without the charge.

Briefly describe your experience in the transportation/household goods moving industry: I, Brian Neeland, have been everything from an inexperienced lumber to a driver to learning dispatch & Op managers responsibilities. I believe in this industry and want to bring it's good name back. I want to give my experience back to my customers.

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	\$ 2,300 ⁰⁰	Salaries/Wages Payable	\$ 0
Notes Receivable	\$ 0	Accounts Payable	\$ 450 ⁰⁰
Accounts Receivable	\$ 0	Notes Payable	\$ 450 ⁰⁰
Investments	\$ 0	Mortgages Payable	\$ 0
Other Current Assets	\$ 0	Other	\$ 1,500
Prepaid Expenses	\$ 0	TOTAL LIABILITIES	\$ 2,400
Land and Buildings	\$ 0	NET WORTH	
Trucks and Trailers	\$ 13,900	Preferred Stock	\$ 0
Office Furniture	\$ 2,000	Common Stock	\$ 0
Other Equipment	\$ 5,000	Retained Earnings	\$ 0
Other Assets	\$ 0	Capital	\$ 2,300
TOTAL ASSETS	\$ 23,200	TOTAL LIABILITIES & NET WORTH	\$ 4,700

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
1996	GMC ^{TOP} PICK	A754	BV 1	26,000
		A757415		

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: BRIAN HEGLAND Position: Partner - 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: BRIAN HEGLAND Position: Partner - 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: BRIAN HEGLAND Position: Partner - 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: BRIAN HEGLAND Position: Partner - 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: BRIAN HEGLAND Position: Partner - 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: BRIAN HEGLAND Position: Partner - 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: BRIAN HEGLAND Position: Partner - 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: BRIAN HEGLAND Position: Partner - 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: BRIAN HEGLAND Position: Partner - 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.

Brian Hegland

Print name of applicant

Brian Hegland

Signature of Applicant

11/21/03 / Kent, WA

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:
Brivon moving Service

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:

Address (include street address, mailing address, city, state, zip, and county):
*12301 SE 197th
Renton WA 98058*

Phone Number:
253-856-7702

Do you currently need the services of a residential household goods moving company?
 No Yes If yes, please describe your current moving needs:

Please see Letter 

Do you anticipate a future need for the services of a residential household goods moving company?
 No Yes If yes, please describe your future moving needs:

Briefly describe how granting this company a permit to provide household goods moving services in Washington State will benefit you, your business, and/or your community:

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

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

Gene Set
Signature of Person Completing Form

Date and Location

LORNE SMITH

12301 S. E. 197TH PL.

253)856-7702

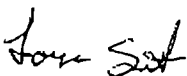
November 21, 2003

Dear Friend,

As a friend of the Brivon family I believe that the mission they are striving for towards the seniors and all customers is outstanding. There is a need for that kind of service in this area. I recently had my mother moved by another company, they were not on time and did not take my mothers concerns to heart. She was told one price then when they delivered te goods they wanted more money. I wish there was a company like this that I could have called so my mother would have had a better experlence. Please allow Brivon Moving Service to get their licenses needed to operate in the State of Washington.

Sincerely,

Signature



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HOUSEHOLD GOODS STATEMENT OF SUPPORT

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

Applicant Name:

Vonda Fowler

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:

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

*116 Kensington Ave
Kent WA 98030
King County*

Phone Number:

253-854-5458

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 plan on purchasing a house and will need a company that takes care in packing & delivering items that are important to me. I've had some bad experiences in the past with other moving companies.*

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: *Having a company ~~who~~ that has the experience and puts the customer's needs first is very important to a community. BRIVON moving service is such a company.*

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

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

Vonda Fowler

Signature of Person Completing Form

11/21/03

Date and Location

Kent WA 98030

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: Brivon Moving Service LLC

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: Spencer Court - Apartments for Seniors

Address (include street address, mailing address, city, state, zip, and county):
Spencer Court
534 Wells Ave. So.
Renton, Wash. 98055

Phone Number: 425-227-6666

Do you currently need the services of a residential household goods moving company?
 No Yes If yes, please describe your current moving needs:
As seniors are moving or leaving, it is very important to have a moving company assist the families.

Do you anticipate a future need for the services of a residential household goods moving company?
 No Yes If yes, please describe your future moving needs:

Briefly describe how granting this company a permit to provide household goods moving services in Washington State will benefit you, your business, and/or your community.
This company does a fantastic job of doing the entire moving for the tenants & it relieves the stressful procedure all the way.

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?
None, that I can think of.

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

Bonnie J. Langlois 11-21-03 Assist
Signature of Person Completing Form Date and Location Manager

Fax Cover Sheet

BRIVON MOVING SERVICE

116 Kensington Ave
Kent, Wa. 98030

FAX (253) 850-9781

Send to: W. V. T. C.	From: BRIVON MOVING SERVICE
Attention: Carolyn Cavuso	Date: 11/24/03
Office Location: Olympia, WA	Office Location: Kent, WA
Fax Number: 360) 586 - 1181	Phone Number: 253) 856 - 8292

- Urgent
- Reply ASAP
- Please comment
- Please review
- For your information

Total pages, including cover: 10

Comments:

This application also needs to meet with the insurance certificate send 11/21/03. The cert. is from Western Truck Ins. Please call me if the application needs any attention.



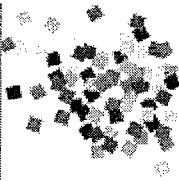
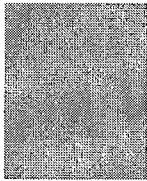
Bonnie Allen/WUTC
12/09/2003 10:36 AM

To Tina Leipski/WUTC@WUTC
cc
bcc
Subject Re: NEW HHG APPLICATION 

I have no additional information about this applicant that would suggest anything other than "grant with usual 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/WUTC



Tina Leipski/WUTC
12/03/2003 03:34 PM

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

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

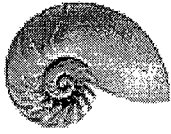
Brivon Moving Service
116 Kensington Ave
Kent, WA 98030
253-856-8292

They are registered as a Partnership with partners Brian Negland 51% and Ayman Smith 49%


COMPLIANCE: This was an illegal that was contacted by Carolyn Caruso. No other information on this company.

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

Thanks!!! Tina

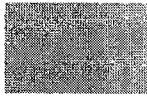


Lisa Lloyd/WUTC
12/03/2003 12:36 PM

To Tina Leipski/WUTC@WUTC
cc Records Center, Teri Wallace/WUTC@
bcc
Subject Re: DOCKET NUMBER NEEDED 

The docket number is TV-031978.

Lisa
Tina Leipski/WUTC



Tina Leipski/WUTC
12/03/03 10:22 AM

To: Records Center
cc:
Subject: DOCKET NUMBER NEEDED

Carrier Name: BRIVON MOVING SERVICE
Motcar #: 42027
Receipt date: 12/3/03
Staff Assigned: Tina
Type of App: New HHG
Application Number: P-79239

Thanks!!

UTL024M3 0040 NAT1011 Requested function key not allocated.

MASTER LICENSE SERVICE

12/01/03

INQR UTL024P1

BUSINESS ENTITY INQUIRY

14:34:10

UBI: 602 302 502 001 0001

Loc Status: A

Type: Partnership

Owner Name: BRIVON MOVING SERVICE

Firm Name : BRIVON MOVING SERVICE

Loc: 116 KENSINGTON AVE
KENT WA 98030

Mail: 116 KENSINGTON AVE
KENT WA 98030

Phone: (253) 856-8292

Registered Tradenames for this UBI? Yes

RFI: No

NSF: No

Location First Activity: 06 01 2003

RFP: No

Withhold: No

Last License Issued: 06 26 2003

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

*Need to register w/ Sec of State
Partnership does not need to*

COMPOSITE LOCATION INQUIRY
GOVERNING PERSONS LIST

12/01/03
14:34

INQR GPI207P1

UBI: 602 302 502
APPLICATION ID: 00 000 0000

BUSINESS ID: 1 LOCATION ID: 1

Page 1

MARK WITH 'S' TO SELECT GOVERNING PERSON(S)

_	HEGLAND, BRIAN CHRISTOPHE	116 KENSINGTON AVE	PTR
_	SMITH, AYMAN	4103 S 22ND PL # 303	PTR
_			
_			
_			
_			
_			
_			
_			
_			

TRANSFER: _____ * '/' Title denotes Master Application filing.
Enter-PF1---PF2---PF3---PF4---PF5---PF6---PF7---PF8---PF9---PF10--PF11--PF12---
TOP INQR MMENU