

**UTC RECEIVED**  
**HOUSEHOLD GOODS CARRIER**  
**PERMIT APPLICATION**



NOV 26 2003  
 WASH. UT. & TP. COMM.

Type of Household Goods Authority Requested – Check one	Fee Required
<input type="checkbox"/> Emergency temporary authority (to meet an urgent need for up to thirty days) - Complete pages 1 - 5 and Attachment E	\$ 50
<input checked="" 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 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: \_\_\_\_\_

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.

*Columbian Basin Movers & Storage*  
 Name (printed): Don & Janice Eng    Date: Nov 6, 03  
 Signature: Janice Eng / Don Eng    Title: Owner

**FOR OFFICIAL USE ONLY**

Date Filed: <u>12/1/03</u>	Application #: <u>P79237</u>	Motcar: <u>42013</u>	Permit Issued: HG- <u>61164</u>
Staff Assigned: <u>[Signature]</u>	Insurance: <u>[Signature]</u>	Inspection:	DOL/SOS: <u>[Signature]</u>
Reception #: 111-0268-207-02 <u>550.00</u> 111-0268-202-01    111-0268-013-20			

0003608

**BUSINESS INFORMATION**

Name of Applicant Don & Janae Eng  
(must be individual, partners of a partnership, or corporation)  
Trade Name, if applicable Columbia Basin Movers & Storage  
Physical Address 206 S. Alder Moses Lake, WA 98837  
Mailing Address \_\_\_\_\_  
Telephone Number (509) 766-7680 Fax Number (509) 766-7900  
UBI # 602340160 OR 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:

<u>Name</u>	<u>Title</u>	<u>Stock Distribution or Percentage of Shares</u>
<u>Don Eng</u>	<u>owner</u>	
<u>Janae Eng</u>	<u>owner</u>	

Choose one of the following for the territory in which you wish to operate:

All counties in the State of Washington  
 The following named counties only: Grant / Adams 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 moving within in a 50 mile radius. In the area we live there is a need for local moving services.

Briefly describe your experience in the transportation/household goods moving industry: Working with an experience mover that has been in the moving industry for 20 plus years and owns his own local moving company. He is know mentoring us in our new business.

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	\$ 10,000	Salaries/Wages Payable	\$
Notes Receivable	\$	Accounts Payable	\$
Accounts Receivable	\$	Notes Payable	\$
Investments	\$	Mortgages Payable	\$
Other Current Assets	\$	Other	\$
Prepaid Expenses	\$	<b>TOTAL LIABILITIES</b>	\$
Land and Buildings	\$	<b>NET WORTH</b>	
Trucks and Trailers	\$	Preferred Stock	\$
Office Furniture	\$	Common Stock	\$
Other Equipment	\$	Retained Earnings	\$
Other Assets	\$	Capital	\$
<b>TOTAL ASSETS</b>	\$	<b>TOTAL LIABILITIES &amp; NET WORTH</b>	\$

### 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
1988	GMC C-6000	A20777T	1GDE6D1BXJ V524090	18,200 lbs

### SAFETY AND OPERATIONS

In each of the categories shown below, list the person and position responsible for understanding and complying with the Federal Motor Carrier Safety Regulations (FMCSR) and Washington State Laws and rules. Please refer to the WAC rules, Fact Sheets, and publication "Your Guide to Achieving a Satisfactory Safety Rating" for assistance with requirements that may apply to your specific operations.

#### SAFETY RESPONSIBILITIES

**COMMERCIAL DRIVERS LICENSE (CDL) REQUIREMENTS (Title 49, Code of Federal Regulations Part 383)** Any driver who operates a vehicle that meets the definition of a commercial motor vehicle must have a valid CDL.

Name: <i>Tod Haneberg</i>	Position: <i>Manager</i>
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**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: <i>Tod Haneberg</i>	Position: <i>Manager</i>
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**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: <i>Tod Haneberg</i>	Position: <i>Manager</i>
---------------------------	--------------------------

**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: <i>Tod Haneberg</i>	Position: <i>Manager</i>
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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: <i>Tod Haneberg</i>	Position: <i>Manager</i>
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**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: <i>Tod Haneberg</i>	Position: <i>Manager</i>
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**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: <i>Tod Haneberg</i>	Position: <i>Manager</i>
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**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: Tod Haneberg Position: Manager

**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: Janue Eng 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 Eng                      Don Eng                      11-15-03 / WA. <sup>Moses Lake</sup>  
 Print name of applicant                      Signature of Applicant                      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:

*Don & Janae Eng*

### 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):

*5071 PAINTED HILLS DR N.E.  
EPHRATA, WA.  
98823*

Phone Number:

*509-754-5778*

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

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

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

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

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

*IT would be a LOCAL, INDEPENDENT MOVING COMPANY. CONVENIENT FOR RESIDENCE & business.*

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

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

*[Signature]*  
Signature of Person Completing Form

*11/17/03 MOSES LAKE*  
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: Don & Janae Eng

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: JOE FARMER

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

4022 Rd. 13.5 N.W.  
Ephrata, WA. 98823  
USA

Phone Number: 509/754/5550

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

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

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

It would give me or my company more choices for moving services in this area.

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

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

Signature of Person Completing Form

11/17/03 MOSES LAKE, 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:

*Don & Janae Eng*

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

Name, Title, and Business Name:

*Cheeryl Lampe*

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

*938 E. Hill  
Moses Lake - WA 98837*

Phone Number:

*760-7256*

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:

*Help with large items*

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:

*Help with moving -- as I am a single person*

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

*NO*

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

*Cheeryl Lampe*  
Signature of Person Completing Form

*11-17-03 - Moses Lake*  
Date and Location



MASTER LICENSE SERVICE  
BUSINESS ENTITY INQUIRY

12/09/03  
14:35:14

INQR UTL024P1

UBI: 602 340 160 001 0001  
Type: Sole Proprietor

Loc Status: A

Owner Name: JANAE ENG  
Spouse Name: ENG, DON

Firm Name : COLUMBIA BASIN MOVERS & STORAGE

Loc: 206 S ALDER

MOSES LAKE WA 98837

Mail: 206 S ALDER

MOSES LAKE WA 98837

Phone: (509) 760-7680

Registered Tradenames for this UBI? Yes

RFI: No

NSF: No

Location First Activity: 11 01 2003

RFP: No

Withhold: No

Last License Issued: 11 27 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



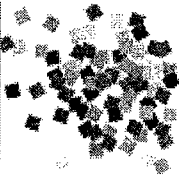
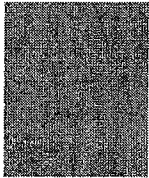
Bonnie Allen/WUTC  
12/09/2003 10:36 AM

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 04:13 PM

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

*One last one!!!*

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

Don & Janae Eng  
D/b/a Columbia Basin Movers & Storage  
206 S. Alder  
Moses Lake, WA 98837  
509-760-7680

**This company wants to operate in Grant and Adams Counties only.**

**COMPLIANCE:** No compliance information was found on this company.

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

Thanks!!! Tina

# NEW HOUSEHOLD GOODS PERMIT CHECKLIST

Name of Applicant: Don & Janae Eng  
D/B/A Columbia Basin Movers  
P#: 79237 Estg  
Motcar#: 42013  
Docket #: TV-031979  
HG#: 61164

- Statement of Support
- Dept of Revenue/Dept of Licensing
- Secretary of State, if Corporation
- Compliance – Consumer complaints resolved
- FMCSA, if applicable
- E-mail to get ok – LS, BP, Trans Special Investigators, Bonnie
- Insurance
- ~~Inspection of vehicle~~
- Issue permit & order 12/15
- Send to RC for docketing & filing
- Upload/download authority
- Declaration



# Customer Survey Questionnaire



**Janae & Don Eng, d/b/a Columbia Basin Movers & Storage P-79237** provides household goods moving services under a permit granted by the Washington Utilities and Transportation Commission (WUTC). As a condition of this carrier's permit authority, it must provide its customers with an opportunity to comment to us about the quality of services you received. We will use this information as we evaluate the mover's ability to prove that it provides quality service to the citizens of our state. Please complete the following questionnaire and return it to us. If you have questions, or have a complaint about the service you received from this mover, please feel free to contact us at (360) 664-1222. Thank you for helping regulate the customer service provided by this industry.

Your name \_\_\_\_\_ Your address \_\_\_\_\_ Your phone number \_\_\_\_\_

Moved from \_\_\_\_\_ Moved to \_\_\_\_\_ Bill of lading number \_\_\_\_\_ Date you moved \_\_\_\_\_

### Estimates:

- Did you request the mover provide an estimate?.....
- Were you provided with a written estimate?.....
- Was the estimate clear and understandable? .....
- Did the mover fully explain any areas you questioned?.....
- Did the final cost exceed the estimated cost?.....  
If so, by how much \$ \_\_\_\_\_

Yes	No

### Information to Shippers:

- Did the mover give you written information about your rights and responsibilities as a moving customer prior to or at the beginning of your move?.....
- Did the mover explain its limited liability for loss and damage?
- Did the mover explain how you could obtain higher liability limits by paying additional fees?.....


### Loss and Damage:

- Did the mover damage your goods or residence?.....
- If yes, were you given information on how to file a claim?.....
- Were your questions on loss and damage answered fully?.....
- Did you file a claim for loss or damage?.....
- Was the claim resolved to your satisfaction?.....


### Quality of Service:

- Were mover's staff (office/sales) courteous and professional?...
- Did the moving crew arrive at your residence on time?.....
- Was the moving crew courteous and professional?.....
- Was the moving crew responsive to your wishes/directions?...
- If any problems occurred were they brought to your attention so that you had a choice in how to resolve them?.....
- Were you satisfied with the manner in which your goods were handled?.....
- Did the movers have all necessary equipment (dollies, pads, packing materials, etc.) available to complete your move?.....
- Did the movers complete their duties in a reasonable time?.....
- Did the mover's truck(s) appear to be in good repair and suitable for transporting your household goods?.....

Yes	No

### Overall Comments:

- Were you satisfied with the overall service provided?.....
- Would you use this company again on future moves?.....
- Would you recommend this company to others?.....


Please feel free to add comments regarding your move (you may attach additional sheets as necessary) Then fold this document along the dotted lines shown on the back, seal with a piece of tape and mail to the address shown. Thank you.

-----  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip \_\_\_\_\_

\_\_\_\_\_  
Affix  
First  
Class  
Postage  
\_\_\_\_\_

Washington Utilities and Transportation Commission  
Attn: Operations Division  
P O Box 47250  
Olympia, WA 98504-7250

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