



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 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: 10/05 Amount: 550.00 auth # 015808

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): RAY TANNER Date: 4-13-04

Signature: [Signature] Title: PRESIDENT

Date Filed: <u>4/13/04</u>	Application #: <u>P-29275</u>	Motorcar: <u>24156</u>	Permit Issued: HG- <u>61656</u>
Staff Assigned: <u>[Signature]</u>	Insurance: <u>[Signature]</u>	Inspection:	DOL/SOS: <u>[Signature]</u>
Reception #: <u>550.00</u>		111-0268-202-01	111-0268-013-20

0006519

PAGE 1

TV-040672

BUSINESS INFORMATION

Name of Applicant T E S TRANSPORTATION AND INSTALLATION INC.
(must be individual, partners of a partnership, or corporation)

Trade Name, if applicable _____

Physical Address 11527 CYRUS WAY #3 MUKILTEO, WA. 98225

Mailing Address PO. BOX 5644 EVERETT, WA. 98206

Telephone Number (425) 349 3922 Fax Number (425) 349 3734

UBI # 602-468-434 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:

Name	Title	Stock Distribution or Percentage of Shares
<u>RAY TANNER</u>	<u>PRE</u>	<u>100%</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: _____

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 AND INTRASTATE MOVING SERVICES
CUSTOMERS THAT HAVE USED OUR QUALITY SERVICES FOR OTHER RESIDENTIAL
MOVES WILL BE ABLE TO UTILIZE US TO MEET THEIR LOCAL AND
INTRASTATE NEEDS.

Briefly describe your experience in the transportation/household goods moving industry:
I HAVE WORKED IN THE INDUSTRY FOR 29 YEARS. I HAVE OWNED
AND OPERATED T E S FOR THE LAST 13 YEARS. WE ARE A
DDO APPROVED FACILITY.

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: CC-54370 TRC-11585

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? GLOBAL VAN LINES

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

See attached

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	\$	Retained Earnings	\$
Other Assets	\$	Capital	\$
TOTAL ASSETS	\$	TOTAL LIABILITIES & NET WORTH	\$

10:09 AM
04/12/04
Accrual Basis

T & S Transportation & Installation Inc.
Balance Sheet
As of April 7, 2004

	Apr 7, 04
ASSETS	
Current Assets	
Checking/Savings	
Cascade Bank (Checking)	1,698.17
Cascade Bank Savings)	774.15
Other Savings	4,000.00
Other Savings 2	135.88
Total Checking/Savings	6,608.20
Accounts Receivable	
Accounts Receivable	42,250.14
Total Accounts Receivable	42,250.14
Other Current Assets	
Petty Expense Fund	-4,276.25
Employee Advances	-3,564.61
Total Other Current Assets	-7,840.86
Total Current Assets	41,017.48
Fixed Assets	
Fixed Assets	
Prop 1	149,957.74
Charter Equipment	29,722.15
Prop 2	25,000.00
Trucks & Vehicles	114,530.52
Fixed Assets - Other	-15,000.00
Total Fixed Assets	304,210.41
Total Fixed Assets	304,210.41
Other Assets	
Stock	8,910.75
Total Other Assets	8,910.75
TOTAL ASSETS	354,138.64
LIABILITIES & EQUITY	
Liabilities	
Current Liabilities	
Other Current Liabilities	
Payroll Liabilities	
DSHS	
Employee	233.06
Total DSHS	233.06
Federal Withholding	
FICA	
Company	1,201.70
Employee	1,172.93
Total FICA	2,374.63
FUTA	
Medicare	
Company	295.96
Employee	289.23
Total Medicare	585.19
SDI	
Company	75.10
Total SDI	75.10
SUIWA	
Company	184.17
Total SUIWA	184.17

10:09 AM
04/12/04
Accrual Basis

T & S Transportation & Installation Inc.
Balance Sheet
As of April 7, 2004

	Apr 7, 04
Payroll Liabilities - Other	1,210.74
Total Payroll Liabilities	7,617.90
Total Other Current Liabilities	7,617.90
Total Current Liabilities	7,617.90
Long Term Liabilities	
Prop 1	48,130.82
Loan Payable	22,000.00
Total Long Term Liabilities	70,130.82
Total Liabilities	77,748.72
Equity	
Opening Bal Equity	29,989.21
Retained Earnings	259,796.19
Net Income	-13,395.48
Total Equity	276,389.92
TOTAL LIABILITIES & EQUITY	<u>354,138.64</u>

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
92	GMC	A 088475	1G06701B2CV56	1112 24000
97	ISUZU	G 615324	46TJ7C129VJ6	00033 26000
89	GMC	A 20776T	1G0E601B5KV50	2063 16000

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: RAY TANNER

Position: PLS

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: RAY TANNER

Position: PLS.

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: RAY TANNER

Position: PLS.

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: RAY TANNER

Position: PLS

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: RAY TANNER

Position: PLS.

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: RAY TANNER

Position: PLS

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: RAY TANNER

Position: PLS.

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: RAY TANNER

Position: PRES.

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: RAY TANNER

Position: PRES.

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.

RAY TANNER
Print name of applicant

Ray Tanner
Signature of Applicant

4/3/04 ANKUTS, 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: T+S TRANSPORTATION AND INSTALLATION INC

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: RAY TANNER - PRESIDENT - T+S TRANSPORTATION AND INSTALLATION INC.

Address (include street address, mailing address, city, state, zip, and county):
STREET - 11527 CYRUS WAY #3
INKKILTEO, WA. 98225
MAIL - P.O. BOX 5644
EVERETT, WA. 98206

Phone Number: 425-349-3922

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: Residential move.

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: Great Company - provided great service in the past, and I am sure they will provide good local service in the future.

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit? T+S is a quality service.

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

Ray Tanner
Signature of Person Completing Form

4-2-04
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: T & S TRANSPORTATION AND INSTALLATION INC

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: RAY TANNER - PRESIDENT - T & S TRANSPORTATION AND INSTALLATION INC

Address (include street address, mailing address, city, state, zip, and county):
STREET - 11527 CYRUS WAY #3
EVERETT, WA. 98225
MAIL - P.O. BOX 5644
EVERETT, WA. 98206

Phone Number: 425-349-3922

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: Residential moving

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:
I can have them store and deliver my household goods locally
They have always provided good service.

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

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

Shirley Rose
Signature of Person Completing Form

4-6-04
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: T & S TRANSPORTATION AND INSTALLATION INC

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: RAY TANNER - PRESIDENT - T & S TRANSPORTATION AND INSTALLATION INC

Address (include street address, mailing address, city, state, zip, and county):
STREET - 11527 CYRUS WAY #3
MUKILTEO, WA. 98225
MAIL - P.O. BOX 5644
EVERETT, WA. 98206

Phone Number: 425-349-3922

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: HOUSEHOLD MOVE

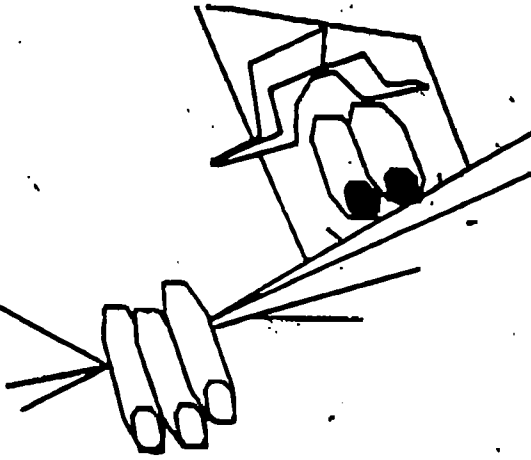
Briefly describe how granting this company a permit to provide household goods moving services in Washington State will benefit you, your business, and/or your community: I CAN UTILIZE THEM FOR MY MOVING NEEDS. THEY HAVE QUALITY PEOPLE THAT GIVE QUALITY SERVICE.

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit? NICE COMPANY TO DEAL WITH.

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

Richard P. [Signature]
Signature of Person Completing Form

4/6/04
Date and Location



T & S Transportation & Installation Inc.

11527 Cyrus Way #3
P. O. Box 5644
Everett, WA 98206
Fax: (425) 349-3734
Phone: (425) 349-3922

FAX COVER SHEET

To: *TINA LEIPSKI*

Company Name:

Fax Number: *360-586-1181*

From: *PAT TANNEY*

Description: *PER REQUEST*

Number of pages (including cover): *8*

Date sent: *7-9-04*

If there are any problems receiving this please call (425) 349-3922

7/9/2004

Tina Leipski, WUTC,

Per the attached Final notice, I have attached copies of the support statements that were sent previously as well as a copy of the Insurance Certificate that should have been received by your office also. The support statements were headed up with the company information for the supporter and then the individual supporters filled in their statements of support filling out the balance of the form. If you would like I can take these back to the supporters and have them initial the heading info.

Our UBI # is 601 300 863 000 and I have attached a copy of our last Quarterly Unemployment filing illustrating our ES reference #, our Federal ID # as well as our UBI#.

If there is anything else you would like please advise.

Thank You

Ray Tanner

<employer copy, KEEP for your records; please DO NOT MAIL to the Employment Security Department>

Quarterly Tax Summary

Printed on April 30, 2004

**Washington State Unemployment Insurance Report
UIFastTax™ Version 3.1.49****Quarter 1 of 2004, Tax Summary for:**T & S Transportation &
PO Box 5644
Everett, WA 98206ES Reference: 716910 00 3
Federal ID: 91-1512752
UBI: 601 300 863 000 ✓
Confirmation: F&NFV-2WUTQ**Prepared by:**Ray Tanner
(425) 349-3922
(425) 349-3734
ray@tnstrans.com

Exempt Corporate Officer's Earnings this Quarter	\$ 5,180.00						
Number of Exempt Corporate Officers this Quarter	1						
Number of employees of all types who were paid wages during the payroll period that includes the 12th day of the month	<table> <tr> <td>January</td> <td>11</td> </tr> <tr> <td>February</td> <td>10</td> </tr> <tr> <td>March</td> <td>10</td> </tr> </table>	January	11	February	10	March	10
January	11						
February	10						
March	10						
Number of employees of all types who were paid wages this quarter (corresponds to the number of wage detail lines)	13						

Total Gross Wages	\$ 27,159.48
Total Excess Wages (2004 Annual Taxable Wage Base: \$ 30,200.00)	\$ 0.00
Taxable Wages	\$ 27,159.48
Unemployment Insurance (UI) Tax Due this Quarter (UI Tax Rate: 3.62%)	\$ 983.17
Employment Administration Fund (EAF) Due this Quarter (EAF Rate: 0.03%)	\$ 8.15
Sum of UI Tax and EAF due this Quarter	\$ 991.32
Late Payment Penalty	\$ 0.00
Late Payment Interest	\$ 0.00
Late Report Penalty	\$ 0.00
Prior Balance	\$ 0.00
Amount Due	\$ 991.32

<employer copy, KEEP for your records; please DO NOT MAIL to the Employment Security Department>

INQR UTL024P1 MASTER LICENSE SERVICE 02/02/05
 BUSINESS ENTITY INQUIRY 09:30:37

UBI: 602 468 434 001 State of Inc: WA Loc Status: A
Type: PROFIT CORPORATION Date of Inc: 01 31 2005 Corp Status: A

Owner Name: T&S TRANSPORTATION & INSTALLATION, INC.

Reg. Agent: RAY TANNER
Reg. Address: 11527 CYRUS WAY #3 Exp. Date: 01 31 2006
 MUKILTEO WA 98275 Total Shares authzd:
 Total Shares issued:

Firm Name :
Loc: Mail:

Phone: Registered Tradenames for this UBI? No
RFI: No NSF: No Location First Activity:
RFP: No Withhold: No Last License Issue:
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

INQR UTL024P1 MASTER LICENSE SERVICE 02/02/05
BUSINESS ENTITY INQUIRY 09:30:46

UBI: 602 468 434 001 Loc Status: A
Type: PROFIT CORPORATION

Owner Name: T&S TRANSPORTATION & INSTALLATION, INC.

Firm Name :

Page: 1

Endorsements	Unit	Account #	Stat	Date	Expires
PROFIT CORPORATION		30808331	A	01 31 2005	01 31 2006

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

[HOME](#)[CORPORATIONS MENU](#)**CORPORATIONS DIVISION - REGISTRATION DATA SEARCH****T&S TRANSPORTATION & INSTALLATION, INC.**

UBI Number	602 468 434
Category	Regular Corporation
Profit/Nonprofit	Profit
Active/Inactive	Active
State of Incorporation	WA
Date of Incorporation	01/31/2005
License Expiration Date	01/31/2006
Registered Agent Information	
Agent Name	RAY TANNER
Address	11527 CYRUS WAY #3
City	MUKILTEO
State	WA
ZIP	98275
Special Address Information	
Address	PO BOX 5644
City	EVERETT
State	WA
Zip	98206

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Washington Secretary of State
Legislative Building
PO BOX 40220, OLYMPIA WA 98504-0220
(360) 753-7115