



# 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											
<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): \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

FOR OFFICIAL USE ONLY			
Date Filed: 7/12/04	Application #: P79291	Motcar: 42931	Permit Issued: HG- 61432
Staff Assigned: [Signature]	Insurance: 0007836	Inspection: [Signature]	DOL/SOS [Signature]
Reception #: 111-0268-207-02	550.00	111-0268-202-01	111-0268-013-20

TV-041236

**BUSINESS INFORMATION**

Name of Applicant Clara Marlene Franz  
(must be individual, partners of a partnership, or corporation)

Trade Name, if applicable Progressive Movers

Physical Address 3515 M. St Vancouver WA 98663

Mailing Address 3515 M. St Vancouver WA 98663

Telephone Number (360) 566-1161 Fax Number ( ) none

UBI # 602 303 285 Email: marlene.franz@progressivemovers.org

**TYPE OF BUSINESS STRUCTURE**

- Individual AM     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>n/a</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: household goods moving services

Briefly describe your experience in the transportation/household goods moving industry:  
I have 2 years experience in household goods moving. The first year was spent with my operating manager, who has 30 years exp) developing a system that is unique, and binding with my clients. It is working well.

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: Small claims  
scratch on buffet.

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 on hand	\$ 1105 <sup>00</sup>	Salaries/Wages Payable	\$ 0
Notes Receivable	\$ 0	Accounts Payable	\$ 0
Accounts Receivable	\$ 0	Notes Payable	\$ 0
Investments	\$ 0	Mortgages Payable	\$ 0
Other Current Assets	\$ 0	Other	\$ 0
Prepaid Expenses	\$ 0	<b>TOTAL LIABILITIES</b>	\$ 0
Land and Buildings	\$ 0	NET WORTH	
Trucks and Trailers	\$ 1477 <sup>00</sup>	Preferred Stock	\$ 0
Office Furniture	\$ 900 <sup>00</sup>	Common Stock	\$ 0
Other Equipment	\$ 1046 <sup>00</sup>	Retained Earnings	\$ 0
Other Assets	\$ 1050 <sup>00</sup>	Capital	\$ 0
<b>TOTAL ASSETS</b>	\$ 5578 <sup>00</sup>	<b>TOTAL LIABILITIES &amp; NET WORTH</b>	\$ 0

## 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
1972	INTERNATIONAL	PC 1292	106720 H 26476	24,500

### 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: *n/a* Position: *n/a*

**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: *Clara Marlene Franz* 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: *Clara Marlene Franz* 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: *n/a* Position: *n/a*

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: *Clara Marlene Franz* 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: *Clara Marlene Franz* 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: *Clara Marlene Franz* Position: *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: Clara Marlene Franz 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: Clara Marlene Franz 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.*

Clara Marlene Franz      Clara Marlene Franz      7/9/04  
Print name of applicant      Signature of Applicant      Date & Place

Yes, for as long as we have been working hand in hand with progressive movers, we have had nothing but thanks and complements for putting people in touch with them. Their people are professional and reliable. I know for a fact that this company has had many rave reviews from customers that we have sent to them as I am certain they would provide you written proof of that. Please feel free to contact me personally if there are any questions in your mind preventing you from proceeding with granting this permit. I will make myself available to you for any questions you may have.

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

*Jerry Reed*

*6-27-04 VANCOUVER, WA*

*Signature of Person Completing Form*

*Date and Location*

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

**Name, Title, and Business Name:**

**Jerry Read, Manager**

**Shurgard Storage Centers**

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

9421 NE Fourth Plain

Vancouver, WA 98662

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

No \_\_\_\_\_ Yes \_\_\_ **X** \_\_\_ If yes, please describe your current moving needs:

Our store refers our customers to Progressive Movers for their help in moving customers in and out of our facility, plus with their in town and out of town moves.

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

No \_\_\_\_\_ Yes \_\_\_ **X** \_\_\_ If yes, please describe your future moving needs:

Same reason as above

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

We have come to depend on Progressive Movers for their quality service and customer service to our customers. We have found that other companies in our area are either not reliable and way too expensive and do not offer the wide array of personalized service that Progressive Movers does. We have moving companies in our area that will either not show up or call the customer at the last minute to cancel because they got a job that pays more, plus a lot of them will always have additional surprise charges added on at the end of the move. And we can not refer customers to them as it is a reflection on us as a company.

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

**ATTACHMENT A**  
**Household Good Statement of Support for Progressive Movers**

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

**Name, Title, and Business Name:**

Mike Northam General Manager  
Fourth Plain U- Haul  
360-693-0994

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

3315 E. Fouth Plain  
Vancouver, Washington 98661 (Clark County)

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

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

Not only do our customers need good movers to load and unload trucks that we provide for moving, there are many inquiries for household goods movers that are trusted and fairly priced to handle their entire move from beginning to end. As well as a need for someone to assist them in transferring their good to other areas of the state and beyond.

**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:

Our location has grown 150 % in the last year and is continuing to grow. Our customers' needs for professional assistance for the "do it your selfer" is continuing to rise.

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

Being able to rent our trucks to relocate our clients throughout the State of Washington would be beneficial not only to us but our clients as well.

Several requests come from the elderly whom do not have the physical strength and or health concerns that may prevent them from being able to perform their own relocation with in a limited budget. Progressive Movers also provides many services that other companies do not; especially for the elderly i.e. the maid service, help in settling into their new home, dispersing of estates when a loved



one has been lost, and many more. They also link small businesses in the community in order to provide all of the resources the client may need during to process of their relocation.

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

Yes, Progressive Movers has a very personable staff that truly cares about their clients needs. In addition they provide so many additional services that make them a single resource for moving.

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



7-12-2004

Signature of Person Completing Form

Date and Location

**ATTACHMENT A**  
**Household Good Statement of Support**

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

**Name, Title, and Business Name:**

SALMON CREEK MINI STORAGE INC.

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

1905 NE 117th St.

Vancouver, Wa. 98686 - Clark County

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

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

We rent storage units to many individuals who need assistance loading and/or unloading, into and out of our storage facility. Many of our tenants are from outside the immediate area, and count on us to recommend a moving company to assist them.

**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:

The storage business appears to be growing, based on the number of new storage facilities in this area over the past eight years.

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

This company has provided their services at our facility on several occasions in the past two years, and we have received from our tenants, favorable comments about their services. Some of the other similar companies have not received the same favorable comments. We like to provide the best.

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

This company started out a few years ago with a commitment to provide a professional, reasonably priced service to individuals who need help planning and moving their goods.  
I certify (or declare) under penalty of perjury under the law of the State of Washington that the foregoing is true and correct.

\_\_\_\_\_  
Signature of Person Completing Form

\_\_\_\_\_  
Date and Location

*Barry Wheeler - Mgt.*

SALMON CREEK MINI STORAGE  
1905 NE 117th St.  
Vancouver, WA 98686-4633  
(360) 573-8267

INQR UTL024P1                    MASTER LICENSE SERVICE                    07/12/04  
                                  BUSINESS ENTITY INQUIRY                    15:49:25

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UBI: 602 303 285 001 0001                    Loc Status: A  
Type: Sole Proprietor  
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. Owner Name: CLARA M FRANZ

Firm Name : PROGRESSVIE MOVERS

Loc: 3515 M ST  
VANCOUVER WA 98663

Mail: 3515 M ST  
VANCOUVER WA 98663

Phone: (360) 566-1161                    Registered Tradenames for this UBI? Yes

RFI: No                    NSF: No                    Location First Activity: 06 01 2003  
RFP: No                    Withhold: No                    Last License Issued:                    07 03 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

INQR UTL024P1                    MASTER LICENSE SERVICE                    07/12/04  
                                         BUSINESS ENTITY INQUIRY                    15:49:40

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UBI: 602 303 285 001 0001                    Loc Status: A  
Type: Sole Proprietor  
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Owner Name: CLARA M FRANZ  
Firm Name : PROGRESSVIE MOVERS  
Page: 1

Endorsements	Unit	Account #	Stat	Date	Expires
TAX REGISTRATION			A	06 26 2003	
No Unemployment Insurance					
No Industrial Insurance					

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