



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

RECEIVED

AUG 04 2004

WASH. UT. & TP. COMM.

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.

Name (printed): GUANYING LIN Date: 7/27/04

Signature: [Signature] Title: OWNER

FOR OFFICIAL USE ONLY

Date Filed: 8-10-04 Application #: P-79297 Motocar: 43033 Permit Issued: HG- 61558

Staff Assigned: [Signature] Insurance: [Signature] Inspection: _____ DOL/SOS: [Signature]

Reception #: 111-0268-207-02 550.00 111-0268-202-01 111-0268-013-20

0008086

TV-041419

BUSINESS INFORMATION

Name of Applicant Wings' Professional Moving & Home Service Co., LTD
(must be individual, partners of a partnership, or corporation)

Trade Name, if applicable WING'S PROFESSIONAL Moving & HOME SERVICE.

Physical Address 2215 S. ORCAS ST. Seattle, WA 98108

Mailing Address 2926 S. Webster St. Seattle, WA 98108

Telephone Number 206) 334-8288 Fax Number () _____

UBI # 602 123 157 Email: _____

TYPE OF BUSINESS STRUCTURE

Individual Partnership Corporation ^{OR} 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
GUANYING LIN	Owner	50%
ZHIHENG LIN	Owner	50%

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: My father ZHI & me are the owner, but we also the workers, too. So we'll take really good care for customer's goods. Since this is a family business so we can charge cheaper but still can compete with others.

Briefly describe your experience in the transportation/household goods moving industry: We started our company three years ago, we performed lots moves, apartments, houses etc. Over the years we never had any complaints, so we're one of the best moving company in the chinese community.
 right now

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	\$ 1,500	Salaries/Wages Payable	\$ 1,680
Notes Receivable	\$	Accounts Payable	\$
Accounts Receivable	\$	Notes Payable	\$
Investments	\$	Mortgages Payable	\$
Other Current Assets	\$	Other	\$
Prepaid Expenses	\$	TOTAL LIABILITIES	\$ 1,680
Land and Buildings	\$	NET WORTH	
Trucks and Trailers	\$ 18,000	Preferred Stock	\$
Office Furniture	\$	Common Stock	\$
Other Equipment	\$ 1,500	Retained Earnings	\$
Other Assets	\$	Capital	\$
TOTAL ASSETS	\$ 21,000	TOTAL LIABILITIES & NET WORTH	\$ 1,680

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
98	GMC	A66339C		12,000

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: Guanying Lin 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: Guanying Lin 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: Guanying Lin 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: Guanying Lin 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: Guanying Lin 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: Guanying Lin 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: Guanying Lin 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: Guanying Lin 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: Guanying Lin 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.

GUANYING LIN
Print name of applicant

Guanying Lin
Signature of Applicant

7/27/04
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.

Wings Professional Moving & Home Service Co., Ltd

Applicant Name:

GUANYING LON

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:

NEPPES WONG

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

6732 152nd ST SE, SNOHOMISH, WA 98296 / SNOHOMISH.

Phone Number:

425-424-0393

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

[X] 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 [X] Yes If yes, please describe your future moving needs: Maybe moving with house.

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:

Very reliable, & honest.

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

They are very good & professional.

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

8/1/02 Seattle Date and Location

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Wingo Professional Moving &

Applicant Name: GUANYING LIN Home Service Co., LTD

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:

CHI KONG / CHINA HOUSE RESTAURANT

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

414 91ST AVE. NE. SUDBURY, WA 98205 / SNOHOMISH.

Phone Number:

(425) 334-8744

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

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

TO MOVE FURNITURE & KITCHEN APPLIANCES.

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:

ALWAYS ON TIME & DO QUALITY WORK.

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

HONEST & HARD WORKING COMPANY.

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

Chi Kong Signature of Person Completing Form

7/30/14. SUDBURY 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.

Wing Professional Moving & Home Service Co., LTD

Applicant Name:

GUANYANG LIN

Home Service Co., LTD

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:

LIN, QIANG

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

2215 S. ORCAS ST.
Seattle, WA 98108

Phone Number:

206 295 3027

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:

maybe moving to a senior home.

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:

They can speak my own language, I don't need to worry.

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

No, they are good.

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

QIANG LIN

Signature of Person Completing Form

7/31/04 Seattle

Date and Location

INQR UTL024P1 MASTER LICENSE SERVICE 08/11/04
 BUSINESS ENTITY INQUIRY 08:57:10

UBI: 602 123 157 001 0001 Loc Status: A
Type: PROFIT CORPORATION

Owner Name: WINGS PROFESSIONAL MOVING & HOME SERVICE CO., LTD
Firm Name : WINGS PROFESSIONAL MOVING & HOME SERVICE CO., LTD
Page: 1

Endorsements	Unit	Account #	Stat	Date	Expires
TAX REGISTRATION			A	09 11 2001	
UNEMPLOYMENT INSURANCE			A	01 31 2002	
INDUSTRIAL INSURANCE			A	01 31 2002	

TRANSFER: _____ End of Endorsement List

Enter-PF1---PF2---PF3---PF4---PF5---PF6---PF7---PF8---PF9---PF10--PF11--PF12---
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Corporations

Corporations Division - Registration Data Search

WINGS PROFESSIONAL MOVING & HOME SERVICE CO., LTD

UBI Number 602 123 157
Category Regular Corporation
Profit/Nonprofit Profit
Active/Inactive Active
State of Incorporation WA
Date of Incorporation 04/24/2001
License Expiration Date 04/30/2005

Registered Agent Information

Agent Name GUAN YING LIN
Address 2926 S WEBSTER ST
City SEATTLE
State WA
ZIP 98108

Special Address Information

Address
City
State
Zip

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Disclaimer

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