



**HOUSEHOLD GOODS CARRIER  
PERMIT APPLICATION**

TV-041460



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 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 checked="" 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.

Name (printed): \_\_\_\_\_ Date: \_\_\_\_\_

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

**FOR OFFICIAL USE ONLY**

Date Filed: 8/12/04	Application #: P-79300	Motcar: 43040	Permit Issued: HG 11856
Staff Assigned: [Signature]	Insurance: [Signature]	Inspection:	DOL/SOS: [Signature]

Reception #: 111-0268-207-02    250.00    111-0268-202-01    111-0268-013-20

0008132

**BUSINESS INFORMATION**

Name of Applicant BRIE PALM Affordable Moving Services Inc  
(must be individual, partners of a partnership, or corporation)

Trade Name, if applicable N/A AFFORDABLE MOVING SERVICES, INC.

Physical Address 10522 MULLEN RD. SE, OLYMPIA, WA. 98513

Mailing Address SAME

Telephone Number (360) 456-0269 Fax Number (360) 455-0703

UBI # 602-263-310 WA 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>BRIE PALM</u>	<u>PRESIDENT</u>	<u>100% WA</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: FULL SERVICE AND LOAD UNLOAD SERVICES.

Briefly describe your experience in the transportation/household goods moving industry:  
20 YRS EXPERIENCE AS OF MAY 2006

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: HG-1856

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	\$	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>\$</b>	<b>TOTAL LIABILITIES &amp; NET WORTH</b>	<b>\$</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
96'	INTERNATIONAL			26,000

### 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: N/A Position: \_\_\_\_\_

**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: BRUCE PALM Position: SUPERVISOR

**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: BRUCE PALM Position: SUPERVISOR

**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: BRUCE PALM Position: SUPERVISOR

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: BRUCE PALM Position: SUPERVISOR

**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: BRUCE PALM Position: SUPERVISOR

**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: BRUCE PALM Position: SUPERVISOR

**ATTACHMENT B**

**Transfer or Acquisition of Control**

Applicant is seeking one of the following - please check one:

Transfer  Acquisition of Control

Affordable Moving Services LLC  
Current Name on Permit (Seller)

PO Box 5275 Lacey, WA 98509-5275  
Current Trade Name on Permit (Seller)

11856 11856  
Address (Seller) HG- Permit Number Phone Number (Seller)

Does the transfer of this permit fall under the provisions of WAC 480-15-260?  No  Yes If yes, please complete Attachment C.

Have all fines and/or penalties been paid?  No  Yes

Has the closing annual report been filed with the Commission?  No  Yes

A customer may file a loss or damage claim for up to nine months following a move, and up to two years for a lawsuit. Who will be responsible for handling claims filed by customers for loss and/or damage that occurred on moves taking place prior to the sale and transfer or acquisition?

**RELEASE OF AUTHORITY**

I, the seller, have sold or otherwise released interest in my household goods permit number HG-11856 to the following:

AFFORDABLE MOVING SERVICES INC.  
Name of Buyer  
STONE  
Trade Name of Buyer

**We, as applicants, hereby jointly declare and affirm that all information is true to the best of our knowledge.**

[Signature]  
Seller's Signature

8-11-04  
Date & Location

[Signature]  
Buyer's Signature

8-11-04  
Date & Location

## ATTACHMENT C

### TRANSFER OR ACQUISITION OF PERMANENT HOUSEHOLD GOODS AUTHORITY UNDER EXCEPTIONS IN WAC 480-15-260

1. The Commission will grant an application for permanent authority without public notice or comment if the applicant is fit, willing, and able to provide service and the application is filed to transfer or acquire control of permanent authority for one of the following reasons (check one, if applicable):
- A partnership has dissolved due to the death, bankruptcy, or withdrawal of a partner, and that partner's interest is being transferred to one or more of the remaining partners or a spouse;
  - A shareholder in a corporation has died and that shareholder's interest is being transferred to a surviving spouse or one or more surviving shareholders;
  - A sole proprietor has died and the interest is being transferred as property of the estate;
  - An individual has incorporated, and the same individual remains the majority shareholder;
  - An individual has added a partner, but the same individual remains the majority partner;
  - A corporation has dissolved and the interest is being transferred to the majority shareholder;
  - A partnership has dissolved and the interest is being transferred to the majority partner;
  - A partnership has incorporated and the partners are the majority shareholders; or
  - Ownership is being transferred from one corporation to another corporation when both are wholly owned by the same shareholders.

\*\*\*NOTE\*\*\* Documentation must be included with your application. Documentation may be in the form of a corporate resolution, partnership agreement, court order, death certificate, will or other proof of right to inherit, estate executor's statement, community property agreement or other such documentation that may support your request.

2. The Commission will grant an application for permanent authority without temporary permit operations following public notice or comment if the applicant is fit, willing, and able to provide service and the application is filed to transfer or acquire control of permanent authority for the following reason (check box, if applicable):
- Ownership or control of a permit is being transferred to any shareholder, partner, family member, employee, or other person familiar with the company's operations and the household goods moving services provided. If you check this option, please complete the following:
    - a. Has the permit been actively used by the current owner to provide household goods moving services during the last twelve-month period?     No     Yes
    - b. Explain why the transfer of ownership or control is necessary to ensure the company's economic viability:  
  /    
\_\_\_\_\_
    - c. Describe the steps taken by the applicant and the current owner to ensure that safe operations and continuity of service to the customers are maintained: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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: BRIELLE PALM

Position: SUPERVISOR

**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: BRIELLE PALM

Position: SUPERVISOR

**DECLARATION OF APPLICANT:**

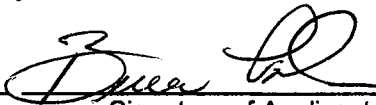
*I understand that filing this application **does not** in itself constitute authority to operate as a household goods mover.*

*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.*

BRIELLE PALM  
Print name of applicant

  
Signature of Applicant

8-11-04  
Date & Place

Permit Number

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# WUTC Receipt

Applicant's Name

**AFFORDABLE MOVING SERVICES**

Receipt No.      Employee No.      Month-Day-Year      Method of Payment **INC**

<b>M 00113</b>	<b>3951</b>	<b>8-11-04</b>	<input type="checkbox"/> Cash (Date _____ Initials _____)	<input checked="" type="checkbox"/> Check	<input type="checkbox"/> Money Order
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HHG Transfer	111	268	200	08	....	\$ _____	Single State Registration Fee-Washington State
	111	268	013	99	....	\$ _____	Single State Registration Fee-All Other States
	111	268	200	08	....	\$ _____	Interstate Exempt Registration Fee
	111	268	205	02	....	\$ _____	Intrastate Application Fee - General Commodities
	111	268	202	01	....	\$ <u>350</u>	Household Goods <del>Tax</del>
	111	268	013	20	....	\$ _____	Sales Tax
	111	268	*_	01	....	\$ _____	Regulatory Fee
	111	268	*_	02	....	\$ _____	Application Fee
			*_	_	....	\$ _____	Other _____
						<b>\$ <u>350</u></b>	<b>Total Paid</b>

140	* Electric	207	Household Goods	223	Petroleum Pipeline
150	Natural Gas	210	Railroad	227	Solid Waste
160	Water	216	Commercial Ferries	230	Certificated Buses
170	Telecommunications	219	LowLevel Radioactive Waste	231	Non-Profit Buses
				232	Charter/Excursion Buses

By: [Signature]  
Agent

By: [Signature]  
Applicant



INQR UTL024P1                    MASTER LICENSE SERVICE                    08/12/04  
   BUSINESS ENTITY INQUIRY                    10:45:29

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UBI: 602 263 310 001 0001                    State of Inc: WA                    Loc Status: A  
Type: PROFIT CORPORATION                    Date of Inc: 01 17 2003 Corp Status: A  
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Owner Name: AFFORDABLE MOVING SERVICES INC.

Reg. Agent: BRUCE PALM  
Reg. Address: 10522 MULLEN DR SE                    Exp. Date: 01 31 2005  
   OLYMPIA WA 98513                    Total Shares authzd:  
                      Total Shares issued:

Firm Name : AFFORDABLE MOVING SERVICES INC.  
Loc: 10522 MULLEN DR SE                    Mail: 10522 MULLEN DR SE  
   OLYMPIA WA 98513                    OLYMPIA WA 98513

Phone: (360) 456-0969                    Registered Tradenames for this UBI? No  
RFI: No            NSF: No                    Location First Activity: 03 01 2004  
RFP: No            Withhold: No                    Last License Issue:            03 23 2004  
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

MASTER LICENSE SERVICE 08/12/04  
BUSINESS ENTITY INQUIRY 10:45:39  
-INQR UTL024P1

-----  
UBI: 602 263 310 001 0001 Loc Status: A  
Type: PROFIT CORPORATION  
-----

Owner Name: AFFORDABLE MOVING SERVICES INC.  
Firm Name : AFFORDABLE MOVING SERVICES INC.  
Page: 1

Endorsements	Unit	Account #	Stat	Date	Expires
TAX REGISTRATION			A	03 09 2004	
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



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**Corporations**

Corporations Division - Registration Data Search

**AFFORDABLE MOVING SERVICES INC.**

**UBI Number** 602 263 310  
**Category** Regular Corporation  
**Profit/Nonprofit** Profit  
**Active/Inactive** Active  
**State of Incorporation** WA  
**Date of Incorporation** 01/17/2003  
**License Expiration Date** 01/31/2005

**Registered Agent Information**

**Agent Name** BRUCE PALM  
**Address** 10522 MULLEN DR SE  
**City** OLYMPIA  
**State** WA  
**ZIP** 98513

**Special Address Information**

**Address**  
**City**  
**State**  
**Zip**

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**Disclaimer**

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