



# 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 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 <u>transfer</u> 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 checked="" 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: 9/20/04   
 Application #: 79307   
 Motcar: 43178   
 Permit Issued: HG- 11873

Staff Assigned: [Signature]   
 Insurance: OK   
 Inspection: \_\_\_\_\_   
 DOL/SOS: OK

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

0008489

TV 041715

**BUSINESS INFORMATION**

Name of Applicant CLASSIC MOVERS NORTHWEST, INC.  
(must be individual, partners of a partnership, or corporation)

Trade Name, if applicable \_\_\_\_\_

Physical Address 712 145<sup>TH</sup> ST SW LYNNWOOD WA 98037

Mailing Address 712 145<sup>TH</sup> ST SW LYNNWOOD WA 98037

Telephone Number (425) 343 8889 Fax Number (425) 787 3491

UBI # 602-410 547 Email: SAM.RICKARD@VERIZON.NET

**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>SAMUEL V. RICKARD</u>	<u>PRESIDENT</u>	<u>51.00%</u>
<u>DAVID KINGSHOTT</u>	<u>VICE PRESIDENT</u>	<u>24.00%</u>
<u>SAUDRA KINGSHOTT</u>	<u>SECRETARY</u>	<u>25.00%</u>
<del><u>SAMUEL RICKARD</u></del>	<del><u>PRESIDENT</u></del>	<del><u>25.00%</u></del>

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: \_\_\_\_\_

PLEASE SEE ATTACHED EXPLANATION

Briefly describe your experience in the transportation/household goods moving industry: \_\_\_\_\_

PLEASE SEE ATTACHED EXPLANATION

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 11873

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# 950 428 MC# 407264 Single State Registration Base State WA

WILL TERMINATE 30 SEP.

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: DEPT OF LABOR & INDUSTRIES

ASSESSMENT.

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	\$ 6,000.00	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	<b>NET WORTH</b>	
Trucks and Trailers	\$ 9,000.00	Preferred Stock	\$ 0
Office Furniture	\$ 450.00	Common Stock	\$ 2,000.00
Other Equipment	\$ 1,200.00	Retained Earnings	\$ 0
Other Assets	\$ 750.00	Capital	\$ 0
<b>TOTAL ASSETS</b>	\$ 12,400.00	<b>TOTAL LIABILITIES &amp; NET WORTH</b>	\$ 2,000.00

## 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
1989	GMC 7000	A 31696 L	16DJ7D132KV 500766	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: DAVID KINGSHOTT Position: VICE PRESIDENT

**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: DAVID KINGSHOTT Position: VICE PRES.

**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: DAVID KINGSHOTT Position: VICE PRES

**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: SAMUEL RICKARD Position: PRES.

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: DAVID KINGSHOTT Position: VICE PRESIDENT

**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: SAMUEL RICKARD Position: PRESIDENT

**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: SAMUEL RICKARD Position: PRESIDENT

**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: SAMUEL RICKARD

Position: PRESIDENT

**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: SAMUEL RICKARD

Position: PRESIDENT

**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.*

SAMUEL RICKARD

Print name of applicant

S. Rickard Pres.

Signature of Applicant

155p04 Lynnwood WA

Date & Place

EXPLANATION TO APPLICATION:

Page 2: Describe services you wish to provide.

As Classic Movers we have been a moving company since 2000. Classic Movers Northwest, Inc. will continue to provide this service with emphasis on customer service. There is a need for this service in our area as our track record indicates.

Page 2: Experience.

Samuel Rickard have been the partner of Classic Movers since its inception from March 2000 to present. Susan Rickard, has been an integral part of this business. David Kingshott has been in the moving business for the last 30 years. Sandra Kingshott has a vast knowledge of business and money management.

ATTACHMENT C:


1. The partnership has dissolved and transferred to me (see attached Partnership Dissolution). I have decided to Incorporate and continue operations with a new working staff.

2a. The permit has been in use under Classic Movers and has not been used for Classic Movers Northwest, Inc.

2b. The transfer is necessary as my previous partner (Clifton A. Spillman) refused to work and perform his duties as outlined in original application.

2c. As stated in paragraph 2b. He refused to make necessary vehicle repairs and maintain the equipment. This created a burden on the company as I was required to rent vehicles. This caused Classic Movers to increase the rates to the high range outlined in tariff 15-A. Classic Movers has an outstanding record and we will continue to stress customer satisfaction and safety under Classic Movers Northwest, Inc.

Respectfully Submitted,

  
Samuel Rickard, President  
Classic Movers Northwest, Inc.

# 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:  
PLEASE SEE ATTACHED EXPLANATION
- 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:  
PLEASE SEE ATTACHED EXPLANATION

**ATTACHMENT D**

**CHANGE OF CORPORATE/INDIVIDUAL NAME  
(WAC 480-15-400)**

This application is for name change only and must not involve a change in ownership, management, or control of the household goods operating authority.

A company must file a name change application to:

- Change a corporation's name
- Change an individual's name  
(may be sole proprietor or individual in a partnership)
- Change or add a trade name

NOTE: You **may not** advertise to operate under the changed name until a permit is issued in the new name.

SAMUEL V. RICKARD & CLIFTON A. SPILLMAN  
Current Name on Permit

CLASSIC MOVERS  
Current Trade Name on Permit

712 145TH ST SW LYNNWOOD WA 98037  
Address

425 343 8889 425 787 3491  
Phone Number Fax Number

SAM. RICKARD @ VERIZON .NET  
Email Address

If a corporation, list names, titles, stock distribution, or major stockholders under the current name:

I request the name on household goods permit HG- 11873 be changed to:

CLASSIC MOVERS NORTHWEST, INC.  
New Name UBI Number

\_\_\_\_\_  
New Trade Name (if applicable)

\_\_\_\_\_  
Address (if changed)

If a corporation, list names, titles, stock distribution, or major stockholders under the new name:

SAMUEL RICKARD PRESIDENT 510 2570  
DAVID KINGSHOTT VICE PRESIDENT 24 2570 per Sam 9/17/04  
SANDRA KINGSHOTT SECRETARY 25 257  
SUZAN RICKARDS TREASURER 85 98

I certify that this information is true and correct, that I am authorized to execute and file this document on behalf of the applicant, and that all information is current and valid.

S. V. Rickard President 15 Sep 04 LYNNWOOD WA 98037  
Signature & Title of Applicant Date & Location



WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION

**For the Operation of Motor Propelled Vehicles**

pursuant to the provisions of Chapter 81 RCW

THIS IS TO CERTIFY that authority is granted to operate as a MOTOR CARRIER in the transportation of the commodities and in the territory described herein to

SAMUEL V. RICKARD & CLIFTON A. SPILLMAN  
D/B/A CLASSIC MOVERS  
712 145TH STREET SW  
LYNNWOOD, WA 98037

PERMIT NO.  
HG-11873

Household Goods and General Commodities (excluding hazardous materials and armored car service) in the State of Washington.

M. V. NO. 150765

12-19-01



WASHINGTON UTILITIES AND TRANSPORTATION  
COMMISSION

By

*Carole J. Shashkin*

# Partnership Dissolution

Classic Movers, a general partnership between Samuel V. Rickard III and Clifton A. Spillman will terminate as of 8 September 2004. WA UBI # 602,017 483; TIN # 91-202 2283.

**Assets, debt and terms will be distributed as follows:**

**Clifton Spillman shall receive or be liable for:**

- Peterbuilt Tractor with Kentucky Trailer, 1966 International 24' Van and 1970 International van 18'
- Half of Labor & Industries Debt (approx. \$5,500.00)\*\*\*
- Nelson Petroleum Debt (approx. \$3,000.00)\*\*\*
- Monies from trip settlements performed through Bekins NW (an Atlas Van Line Agent) from 1 July through 6 September 2004, will be used to pay off some outstanding debts and overdrafts, remainder to be split 50/50. An Atlas trip settlement, gross minus legitimate expenses will be used for determination of funds.
- Fifty percent of Labor & Industries and B/O Taxes for the months of July and August (due end of September 2004).

**Samuel Rickard shall receive or be liable for:**

- All credit card debt (approx. \$35,000.00)
- Personal loans from Susan Rickard (approx. \$20,000)
- Half of Labor & Industries Debt (approx. \$5,500.00)
- Les Schwab charge account (approx. \$250.00)
- 1978 Chevy passenger Van
- Monies from trip settlements performed through Bekins NW (an Atlas Van Line Agent) from 1 July through 6 September 2004, will be used to pay off some outstanding debts and overdrafts, remainder to be split 50/50. An Atlas trip settlement, gross minus legitimate expenses will be used for determination of funds.
- Fifty percent of Labor & Industries and B/O Taxes for the months of July and August (due end of September 2004).
- All pads and equipment purchased after inception (except as noted above)
- Customer accounts and referral services
- Everything related to Classic Movers administratively, including but not limited to: use of name; telephones and numbers; WUTC and USDOT registration numbers; bank account (CityBank); web/internet advertising and all rights associated with Classic Movers.

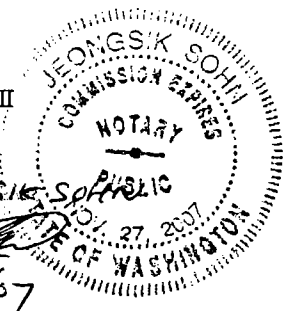
Each party shall indemnify the other in case of default of payment or any act in violation of this agreement. (\*\*\*) Attached contact list for payment on Labor & Industries and Nelson Petroleum). If this agreement is referred to court for resolution, the non-prevailing party shall be responsible for payment of reasonable attorney fees and court costs. Vehicle Title transfers will be completed **after** the trip settlements are final.

**I accept the terms and conditions outlined above:**

 Clifton A. Spillman

 Samuel V Rickard III

Notary Public: JEONG SIK SOHN  
Exp. Date: 11/27/07



## Contact List

\*\*\* Elaine Bruins (\$ 275.00 Must Be Paid by the 26<sup>th</sup> of each month.)  
Everett Office  
729 100<sup>th</sup> St SE  
Everett WA 98208  
Tel: 425 290 9731

\*\*\* Nelson Petroleum (account blocked until past payment is received)  
1125 80<sup>th</sup> St SW  
Everett WA  
Tel: 425 353 9701

Cf: Luce, Lombino & Riggio PS, Olympia WA.  
Elaine Bruins, WA Dept Labor & Industries



STATE OF  
WASHINGTON

MASTER LICENSE SERVICE  
PO Box 9034 • Olympia, WA 98507-9034 • (360) 664-1400  
**REGISTRATIONS AND LICENSES**

DOMESTIC PROFIT CORPORATION

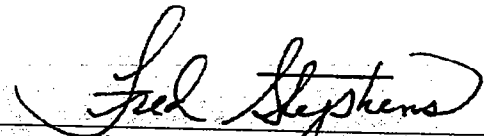
Unified Business ID #: 602 410 547  
Business ID #: 1  
Location: 1

CLASSIC MOVERS NORTHWEST INC  
712 145TH ST SW  
LYNNWOOD WA 98037

TAX REGISTRATION  
INDUSTRIAL INSURANCE

UNEMPLOYMENT INSURANCE

The licensee named above has been issued the business registrations or licenses listed. By accepting this document the licensee certifies the information provided on the application for these licenses was complete, true, and accurate to the best of his or her knowledge, and that business will be conducted in compliance with all applicable Washington state, county, and city regulations.

  
Director, Department of Licensing

UNITED STATES OF AMERICA

The State of



Washington

Secretary of State

I, **SAM REED**, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

**CERTIFICATE OF INCORPORATION**

to

**CLASSIC MOVERS NORTHWEST INC**

a/an WA Profit Corporation. Charter documents are effective on the date indicated below.

Date: 7/15/2004

UBI Number: 602-410-547

APPID: 120240



Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

A handwritten signature in cursive script that reads "Sam Reed".

Sam Reed, Secretary of State

Permit Number

HG11873

**WUTC Receipt**

Applicant's Name

CLASSIC MOVERS NORTHWEST INC

Receipt No.

Employee No.

Month-Day-Year

Method of Payment

M 00116

3951

9-17-04

Cash (Date \_\_\_\_\_ Initials \_\_\_\_\_)  Check  Money Order

Comments:

H111G  
acc of  
control

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	....	\$ _____	Household Goods Tariff
111	268	013	20	....	\$ _____	Sales Tax
111	268	*	01	....	\$ _____	Regulatory Fee
111	268	*	02	....	\$ _____	Application Fee
		*		....	\$ _____	Other _____

\$ 250 Total Paid

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

## MEMORANDUM

DATE: September 29, 2004

TO: File

FROM: Tina Leipski

RE: HG-11873--CLASSIC MOVERS NORTHWEST, INC.

The above household goods authority was transferred from Samuel V. Rickard & Clifton A. Spillman, d/b/a Classic Movers to Classic Movers Northwest, Inc., on 9/27/04, under the exceptions WAC 480-15-260(1). The partnership was dissolved due to withdrawal of partner, Clifton A. Spillman. Samuel V. Rickard incorporated and remained the majority shareholder.

The application did not go on the public docket. Docket number is TV-041715.