

WASHINGTON



UTILITIES AND TRANSPORTATION COMMISSION

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 # 052196

Check Money Order Amex Discover Mastercard Visa

Expiration Date: 05-05 Amount: 550.00

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): ILONA ALLARD Date: 9-15-04
 Signature: [Signature] Title: Ms

FOR OFFICIAL USE ONLY

Date Filed: <u>9/15/04</u>	Application #: <u>P-79308</u>	Motcar: <u>43189</u>	Permit Issued: HG- <u>61635</u>
Staff Assigned: <u>[Signature]</u>	Insurance: <u>[Signature]</u>	Inspection:	DOL/SOS: <u>[Signature]</u>
Reception #: <u>550.00</u>	111-0268-207-02	111-0268-202-01	111-0268-013-20

0008480

PAGE 1

BUSINESS INFORMATION

Name of Applicant THOMAS WARD
(must be individual, partners of a partnership, or corporation)

Trade Name, if applicable AWARD MOVING

Physical Address 8312 226 TH ST SW

Mailing Address Edmond's WA. 98026

Telephone Number 425-771-8257 Fax Number 425-771-8846

UBI # 601571885 Email: AWARDMOVING@HOTMAIL.COM

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:

<u>Name</u>	<u>Title</u>	<u>Stock Distribution or Percentage of Shares</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 moving service, AS A INDEPENDENT, I CAN ~~PRO~~ PROVIDE QUALITY SERVICE, AT A RATE THAT WILL PROMOTE COMPETITION, AND PROVIDE A NEED FOR MY SERVICE

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

10 yrs + Experience AS DRIVER/MOVER

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	\$ 1,000	Salaries/Wages Payable	\$/500/hr?/t
Notes Receivable	\$	Accounts Payable	\$
Accounts Receivable	\$	Notes Payable	\$
Investments	\$	Mortgages Payable	\$
Other Current Assets	\$	Other	\$ 1,500 ⁰⁰
Prepaid Expenses	\$	TOTAL LIABILITIES	\$
Land and Buildings	\$	NET WORTH	
Trucks and Trailers	\$ 7,500	Preferred Stock	\$
Office Furniture	\$ 1,500	Common Stock	\$
Other Equipment	\$ 1,500	Retained Earnings	\$
Other Assets	\$ 500	Capital	\$
TOTAL ASSETS	\$ 12,000	TOTAL LIABILITIES & NET WORTH	\$ 1,000 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
92'	GMC	A59914C	(EDJ6HIPONJ308438)	16,360

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:	Position:
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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:	Position:
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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:	Position:
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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:	Position:
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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:	Position:
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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:	Position:
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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:	Position:
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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: _____ Position: _____

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: Thomas Ward Position: owner/operator

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.

THOMAS WARD
Print name of applicant

Thomas Ward
Signature of Applicant

9-1-04
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.

Applicant Name: Thomas Ward

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: John Carlson President Carlson Construction Remodel

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

33506 SE 126 ST
Issaquah W.A. 98027

Phone Number: 425 222 - 6622

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

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

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:
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:

Quality moving

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

no

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

John Carlson
Signature of Person Completing Form

9-11-04
Date and Location

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Applicant Name: Thomas Ward

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: Eric Miles

Address (include street address, mailing address, city, state, zip, and county):
3450 38th Ave. SW
SeaTac WA 98125

Phone Number: 206-932-6623

Do you currently need the services of a residential household goods moving company?
 No Yes If yes, please describe your current moving needs:
Basic household furniture appliances etc.

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:
all household contents

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 will get me moved at my convenience
will help friends on referrals

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?
on time, polite workers, proper handling

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

Eric Miles
Signature of Person Completing Form

9/9/04 West Seattle
Date and Location

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Applicant Name: Thomas Ward

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: Janie Parker, Truck driver, AMA long haul

Address (include street address, mailing address, city, state, zip, and county):
2625 Bennet Ave #102
Everett, WA 98201 Snohomish

Phone Number: (206) 782-8212

Do you currently need the services of a residential household goods moving company?
 No Yes If yes, please describe your current moving needs:
After accident, cannot partake in physical labor.

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:
So many people moving out, we need somebody like ^{Tom} Ward who is a solid professional

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:
By being honest, hard working and to help our people move forward.

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit? no

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

Janie Parker
Signature of Person Completing Form

09/10/04 Everett
Date and Location

MASTER LICENSE SERVICE
BUSINESS ENTITY INQUIRY

09/22/04
10:10:40

.INQR UTL024P1

UBI: 601 571 885 001 0001
Type: Sole Proprietor

Loc Status: A

Owner Name: THOMAS W WARD

Firm Name : T.W. TRUCKING

Loc: 8312 226TH ST SW
EDMONDS WA 98020

Mail: 8312 226TH ST SW
EDMONDS WA 98020

Phone: (425) 327-4948

Registered Tradenames for this UBI? Yes

RFI: No

NSF: No

Location First Activity: 09 01 1994

RFP: No

Withhold: No

Last License Issued: 03 16 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 LICENSING SYSTEM
Trade Name by UBI Search

09/22/2004
10:11

TRDU TRD351P1

UBI: 601 571 885
Sole Proprietor: WARD, THOMAS, W

Busn Mail Addr : 8312 226TH ST SW
EDMONDS WA 980200000

SEL	TRADE_NAME(S)	REGSTRD	CANCELED
-	1) AWARDMOVING	03/11/2004	
-	2) T.W. TRUCKING	09/08/1994	
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PAGE : 01

TRANSFER: ***** END OF DATA *****

Enter-PF1---PF2---PF3---PF4---PF5---PF6---PF7---PF8---PF9---PF10--PF11--PF12---
Locns Cmpl BusLs TrdN TrdW Top InqR Menu MMenu

FROM: Washington Utilities and Transportation Commission
Transportation Operations
PO Box 47250 Phone: (360) 664-1222
Olympia, WA 98504-7250 Fax: (360) 586-1181

Date: 01-06-2005 Staff: Tina Leipski

P079308
WARD, THOMAS
AWARD MOVING
8312 226TH STREET SW
EDMONDS, WA 98026

Return this document with the completed/corrected items listed below for prompt processing of your application for operating authority.

- X Your application will be subject to dismissal if the items requested in this letter are not satisfied within 30 days.
- X Obtain a Uniform Motor Carrier Certificate of Insurance (Form E) from your insurance company. The insurance must show your name EXACTLY as it is shown above.
- X Please have your insurance agent fax us a copy of your Form E insurance filing before 2/6/05 or your application will be subject to dismissal and you will need to start from the beginning. Give me a call if you have questions or concerns.
Thanks! Tina

FROM: Washington Utilities and Transportation Commission
Transportation Operations
PO Box 47250 Phone: (360) 664-1222
Olympia, WA 98504-7250 Fax: (360) 586-1181

Date: 09-22-2004 Staff: Tina Leipski

TO: P079308
WARD, THOMAS
AWARD MOVING
8312 226TH STREET SW
EDMONDS, WA 98026

Return this document with the completed/corrected items listed below for prompt processing of your application for operating authority.

- X Obtain a Uniform Motor Carrier Certificate of Insurance (Form E) from your insurance company. The insurance must show your name EXACTLY as it is shown above.
- X The application was not completed. In order to continue processing, please complete the highlighted areas on the application that is enclosed and return to me as soon as possible. If you have any questions, I can be reached at (360) 664-1170. Thanks! Tina