



**HOUSEHOLD GOODS CARRIER  
APPLICATION**

**PERMIT**



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** #1110824

Check   
  Money Order   
  Amex   
  Discover   
  Mastercard   
  Visa

Expiration Date: 08-08      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): ARTHUR LUKE      Date: 10-6-04

Signature: Arthur A. Luke      Title: PARTNER

**FOR OFFICIAL USE ONLY**

Date Filed: <u>10/6/04</u>	Application #: <u>P-79312</u>	Motcar: <u>43252</u>	Permit Issued: HG- <u>61529</u>
Staff Assigned: <u>[Signature]</u>	Insurance: <u>Underwritten</u>	Inspection:	DOL/SOS: <u>[Signature]</u>
Reception #: <u>111-0268-207-02</u>	<u>550.00</u>	<u>111-0268-202-01</u>	<u>111-0268-013-20</u>

**0008659**

TV-041819

**BUSINESS INFORMATION**

Name of Applicant ARTHUR LUKE + LAWRENCE BLAKELY  
(must be individual, partners of a partnership, or corporation)

Trade Name, if applicable SEATTLE TACOMA MOVING

Physical Address 6275 So. 143<sup>RD</sup> PL #A, TUKWILA, WA 98168

Mailing Address 6275 So. 143<sup>RD</sup> PL #A, TUKWILA WA 98168

Telephone Number (206) 441-5418 Fax Number (206) 957-0738

UBI # 602 349 588 Email: seattacmoving@isp.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:

Name	Title	Stock Distribution or Percentage of Shares
ARTHUR LUKE	PARTNER	50%
LAWRENCE BLAKELY	PARTNER	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: TO BE ABLE TO MOVE HOUSE HOLD GOODS, ALLOWING GREATER CUSTOMER CHOICE, COMPETITION AND SATISFYING CUSTOMER SATISFACTION.

Briefly describe your experience in the transportation/household goods moving industry: PARTNERS HAVE BEEN IN THE HOUSEHOLD GOODS INDUSTRY FOR MANY YEARS, ONE IN ADMINISTRATION, COMPLIANCE ETC. THE OTHER IN SALES, CUSTOMER SERVICE AND ACTUAL MOVING HOUSE HOLD GOODS.

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	\$	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>TOTAL LIABILITIES &amp; NET WORTH</b>	\$

*See attachment*

**Seattle Tacoma Moving**  
**Balance Sheet**  
 As of October 5, 2004

9:26 AM  
 10/05/04  
 Cash Basis

	Oct 5, 04
<b>ASSETS</b>	
<b>Current Assets</b>	
Checking/Savings	
Bank of America	2,152.66
Savings	6,616.95
Time Deposit Frontier Bank	6,000.00
Washington Mutual Fuel Account	468.44
<b>Total Checking/Savings</b>	<b>15,238.05</b>
<b>Other Current Assets</b>	
Security Deposit	1,240.00
Truck Equipment	583.44
Undeposited Funds	6,824.79
<b>Total Other Current Assets</b>	<b>8,648.23</b>
<b>Total Current Assets</b>	<b>23,886.28</b>
<b>Fixed Assets</b>	
Motor Vehicle	
Original Cost	8,666.52
<b>Total Motor Vehicle</b>	<b>8,666.52</b>
Office Furniture and Equipment	1,750.00
Warehouse Equipment	250.00
<b>Total Fixed Assets</b>	<b>10,666.52</b>
<b>TOTAL ASSETS</b>	<b>34,552.80</b>
<b>LIABILITIES &amp; EQUITY</b>	
<b>Liabilities</b>	
<b>Current Liabilities</b>	
<b>Other Current Liabilities</b>	
Payroll Liabilities	
940 Tax (FUTA)	80.55
941 Tax (Fed W/H & FICA)	2,886.90
Labor and Industries	1,632.40
State Unemployment	378.08
<b>Total Payroll Liabilities</b>	<b>4,977.91</b>
<b>Total Other Current Liabilities</b>	<b>4,977.91</b>
<b>Total Current Liabilities</b>	<b>4,977.91</b>
<b>Total Liabilities</b>	<b>4,977.91</b>
<b>Equity</b>	
Arthur Luke	
Cash Introduced	10,013.13
Drawings	-9,534.42
<b>Total Arthur Luke</b>	<b>478.71</b>
Lawrence Blakely	
Drawings	-12,037.24
<b>Total Lawrence Blakely</b>	<b>-12,037.24</b>
Net Income	41,133.42
<b>Total Equity</b>	<b>29,574.89</b>
<b>TOTAL LIABILITIES &amp; EQUITY</b>	<b>34,552.80</b>

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**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
1986	TRUCK	A 82510 S	WILLY 114 B4650R 5213	26000
1986	INTERNATIONAL	A 94743 J	INTELEX 552HAW 7247	26000

**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: Lawrence Stakely Position: Operations mgr

**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: Lawrence Stakely Position: OPS mgr

**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: OPS Lawrence Stakely Position: OPS mgr

**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: Lawrence Stakely Position: OPS mgr

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: LAWRENCE STAKELY Position: OPS mgr.

**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: ARTHUR LUKE Position: PARTNER

**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: ARTHUR LUKE Position: PARTNER.

**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: ARTHUR LUKS Position: PARTNER

**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: ARTHUR LUKS Position: PARTNER

**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.*

Arthur Luk (ARTHUR LUKS)  
Print name of applicant

Arthur Luk  
Signature of Applicant

10-6-04 - Tukwila Wa  
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:  
*Seattle Tacoma Moving*

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

Name, Title, and Business Name:  
*LYNDA SADLER*

Address (include street address, mailing address, city, state, zip, and county):  
*4323 S-PUGET SOUND AVE.  
TACOMA, WA 98409*

Phone Number:  
*253-279-0191*

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:  
*I plan on combining 2 households into 1 in the next 24 mo.*

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: *PROVIDES COMPETITION IN THE MOVING INDUSTRY - PROMOTES SMALL INDEPENDENT BUSINESS, ECONOMIC GROWTH, PROVIDES EMPLOYMENT.*

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit? *IT IS TO THE STATE AND LOCAL COMMUNITY'S FINANCIAL BENEFIT.*

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

*Sandra Sadler*

10/6/04 Tacoma

Signature of Person Completing Form

Date and Location



**ATTACHMENT A**

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Applicant Name: SEATTLE TACOMA MOVING.

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

Name, Title, and Business Name: TONY MONTANA

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

1419 SW 160<sup>th</sup> St #21  
Burien WA 98146.

Phone Number: 206.853-7157

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

Local move

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: LOCAL move; Storage.

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 believe in the Right of Free ENTERPRIZE

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit? Arthur LUKE ; LARRY SLAKY  
Are Great Guys.

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

Tony [Signature]

Signature of Person Completing Form

Date and Location 10-4-04  
Seattle

**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: Seattle Tacoma moving.

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

Name, Title, and Business Name: Kevin Wineman

Address (include street address, mailing address, city, state, zip, and county):  
PMB110 10842 S.E. 208th St  
Kent WA 98031

Phone Number: 206 769 4052

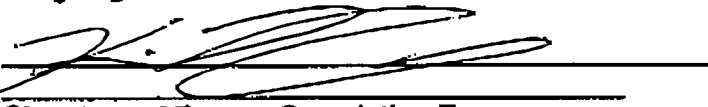
Do you currently need the services of a residential household goods moving company?  
 No  Yes If yes, please describe your current moving needs:  
I AM moving on the first of November to another apt.

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:  
Don't know really for sure, but next time I move

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 believe that having more moving companies will increase competition leading to more competitive pricing

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?  
I've known Larry and Arthur and think they are respectable business men.

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

10-4-04

Date and Location

Seattle

SEATTLE TACOMA MOVING.

10-6-04.

RE: FORM E.

FILING WILL BE FORWARDED FROM INSURANCE COMPANY.

BERKSHIRE HATHAWAY INS. CO. - OUR AGENT STATES

THIS NORMALLY TAKE 10-14 DAYS.

THANK YOU.

SEATTLE TACOMA MOVING.

ARTHUR LUKE.

PARTNER.

# Seattle Tacoma Moving

206-441-5418

1-800-592-4226 (nationwide)

## Fax Cover Sheet

Fax # (206) 957-0738

<b>ATTENTION:</b> W.J.T.C. STAFF.	<b>FAX #:</b> 360-526-1181.
<b>FROM:</b> ARTHUR LUKE.	<b>DATE:</b> 10-6-04
<b>RE:</b> APPLICATION	<b>PAGES:</b> 15

URGENT     FOR REVIEW     PLEASE REPLY

PLEASE COMMENT     PLEASE RECYCLE

### NOTES:

RE - HOUSE HOLD GOODS CARRIER APPLICATION

INQR UTL024P1 MASTER LICENSE SERVICE 10/07/04  
BUSINESS ENTITY INQUIRY 15:22:05

-----  
UBI: 602 349 588 001 0001 Loc Status: A  
Type: Partnership  
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Owner Name: SEATTLE TACOMA MOVING

Firm Name : SEATTLE TACOMA MOVING

Loc: 425 TACOMA AVE NE  
TACOMA WA 98403

Mail: 425 TACOMA AVE NE  
TACOMA WA 98403

Phone: (253) 732-0387

Registered Tradenames for this UBI? No

RFI: Yes  
RFP: No

NSF: No  
Withhold: No

Location First Activity:  
Last License Issued:

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 10/07/04  
BUSINESS ENTITY INQUIRY 15:22:12

-----  
UBI: 602 349 588 001 0001 Loc Status: A  
Type: Partnership  
-----

Owner Name: SEATTLE TACOMA MOVING  
Firm Name : SEATTLE TACOMA MOVING  
Page: 1

Endorsements	Unit	Account #	Stat	Date	Expires
TAX REGISTRATION			A	12 18 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



COMPOSITE LOCATION INQUIRY  
GOVERNING PERSONS LIST

10/07/04  
15:22

INQR GPI207P1

UBI: 602 349 588  
APPLICATION ID: 00 000 0000

BUSINESS ID: 1

LOCATION ID: 1

Page 1

MARK WITH 'S' TO SELECT GOVERNING PERSON(S)

LUKE, ARTHUR A	425 TACOMA AVE NE	PTR
BLAKELY, LAWRENCE W	149 SW 160TH ST # 21	PTR
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TRANSFER: \_\_\_\_\_ \* '/' Title denotes Master Application filing.  
Enter-PF1---PF2---PF3---PF4---PF5---PF6---PF7---PF8---PF9---PF10---PF11---PF12---  
TOP INQR MMENU