

RECEIVED  
 HOUSEHOLD GOODS CARRIER 2004  
 PERMIT APPLICATION  
 WASH. UT. & TP. COMM.

RECEIVED  
 OCT 14 2004  
 WASH. UT. & TP. COMM.

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											
<input checked="" type="checkbox"/> Check	<input type="checkbox"/> Money Order	<input type="checkbox"/> Amex	<input type="checkbox"/> Discover	<input type="checkbox"/> Mastercard	<input type="checkbox"/> 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: 10/14/04	Application #: P-19314	Motcar: 38925	Permit Issued: HG- 61530								
Staff Assigned: [Signature]	Insurance: [Signature]	Inspection:	DOL/SOS: [Signature]								
Reception #: 111-0268-207-02	550.00	111-0268-202-01	111-0268-013-20								

0008709

PAGE 1

TV-041837

**BUSINESS INFORMATION**

Name of Applicant GreenWay Packers, Inc.  
(must be individual, partners of a partnership, or corporation)

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

Physical Address 14319 Wallingford Ave. N.

Mailing Address Seattle, WA 98133

Telephone Number ( 206 ) 227-2169 Fax Number ( 206 ) 763-3514

UBI # 602 087 650 DP Email: gw2pack@comcast.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
Gerard Coyle	President	50%
Ellen Coyle	Vice President	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: We want to expand into the moving business to complement our delivery services

Briefly describe your experience in the transportation/household goods moving industry:  
15+ years in transportation and household moving – 6 in WA State, 9 in NY State

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: COMMON CARRIER No. cc-60285

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: \_\_\_\_\_

<b>FINANCIAL STATEMENT</b>			
You may attach a Balance Sheet, Profit and Loss Statement, or business plan if available			
<b>ASSETS</b>		<b>LIABILITIES</b>	
Cash in Bank	\$ 17122.52	Salaries/Wages Payable	\$5069.43
Notes Receivable	\$ 0	Accounts Payable	\$ 2833.30
Accounts Receivable	\$ 35753.62	Notes Payable	\$0
Investments	\$0	Mortgages Payable	\$0
Other Current Assets	\$0	Other	\$12042.25
Prepaid Expenses	\$0	<b>TOTAL LIABILITIES</b>	<b>\$19944.98</b>
Land and Buildings	\$0	<b>NET WORTH</b>	
Trucks and Trailers	\$0	Preferred Stock	\$ 0
Office Furniture	\$3000.00	Common Stock	\$200.00
Other Equipment	\$1000.00	Retained Earnings	\$1677.50
Other Assets	\$ 0	Capital	\$35053.66
<b>TOTAL ASSETS</b>	<b>\$56876.14</b>	<b>TOTAL LIABILITIES &amp; NET WORTH</b>	<b>\$59876.14</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
1992	Ford	A22102U	1ftee14yonhb09404	8000 lbs
1994	Ford	A10235g	1fdke37g8rha56390	14000 lbs
1996	International	772217	1htscabm4th230851	26000 lbs

### 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: Gerard Coyle	Position: 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: Gerard Coyle	Position: President
--------------------	---------------------

**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: Gerard Coyle	Position: President
--------------------	---------------------

**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: Ellen Coyle	Position: Vice President
-------------------	--------------------------

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: Gerard Coyle	Position: 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: Ellen Coyle	Position: Vice 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: Ellen Coyle	Position: Vice 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: Ellen Coyle

Position: Vice 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: Ellen Coyle

Position: Vice President

**DECLARATION OF APPLICANT:**

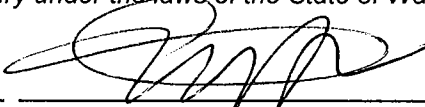
*I understand that filing this application **does not** in itself constitute authority to operate as a household goods mover.*

*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.*

Ellen Coyle V.P.



9.17.04

Print name of applicant

Signature of Applicant

Date & Place

September 29, 2004

To Whom It May Concern:

It is with pleasure that I recommend Gerry Covic and his staff at Green Way Packers for household moving. We have been working with the company for the past five years and have a great working relationship with Gerry and his staff. They are always very professional, attentive to the needs of the customers and do very well delivering product into difficult situations with flying colors.

Gerry and his staff are always very professional when they arrive at CAPERS to pick up deliveries. They communicate well with my staff and are very prompt at pickups and deliveries. Many customers ask for their service for future deliveries if they have had their service in the past.

Gerry and his staff provide White Glove service to customers with a smile. They are flexible with delivery times, very considerate of client wishes, and take care to unwrap and position a piece to the customer's liking. Many times they are faced with difficult delivery situations [steep stairs, small entrances etc.] and will always problem solve to get the piece in the home.

Again, I highly recommend and his staff. Their service is a great asset to our growing furniture business. They make the delivery portion of our business a breeze to deal with.

Sincerely,

*[Handwritten signature of Lisa Myers]*

Lisa Myers  
President



4521 CALIFORNIA AVENUE SW

SEATTLE

WASHINGTON

98116

P 206.932.0371

F 206.932.2570

E CAPERSHOME@ATTBI.COM

**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: *GREENWAY PACKERS.*

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

Name, Title, and Business Name: *LISA MIERS PRESIDENT, CAPERS HOME*

Address (include street address, mailing address, city, state, zip, and county):  
*4521 Calf Ave SW  
SEA WA 98146*

Phone Number: *206 932 0371*

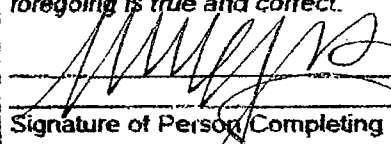
Do you currently need the services of a residential household goods moving company?  
 No  Yes If yes, please describe your current moving needs:

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:

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:  
*WE WOULD INDIRECTLY BENEFIT FROM GREENWAY PACKERS expanding their company as it would insure their viability and our being able to continue to work with them.*

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?  
*Please see the attached reference letter.*

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

9/29/04  
\_\_\_\_\_  
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.

Applicant Name: Greenway Packers Inc

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

Name, Title, and Business Name: JOHN E. KEANE

Address (include street address, mailing address, city, state, zip, and county):  
5819 ST ANDREWS DR  
MUKILTEO WA 98275

Phone Number: 425-290-7839

Do you currently need the services of a residential household goods moving company?  
 No  Yes If yes, please describe your current moving needs:  
MY SON IS MOVING OUT OF OUR HOME TO  
A RENTAL HOME

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:  
WE (MY WIFE + I) ANTICIPATE SELLING OUR HOME AND  
MOVING IN THE SEATTLE METRO AREA

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:  
AS A WELL KNOWN MEMBER OF THE IRISH COMMUNITY  
IN SEATTLE, GREENWAY PACKERS IS A TRUSTED & VALUABLE FRIEND

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 A. Keane  
Signature of Person Completing Form

8/23/04 Mukilteo  
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.

Applicant Name:

Greenway Packers, Inc

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

Name, Title, and Business Name:

RICHARD BLEAD, INTERIOR DESIGNER.

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

7432 SE 27TH. ST.  
MERKER ISLAND, WA 98040

Phone Number:

206. 275. 3738

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

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

MOST OF MY WORK IS DELIVERY, BUT SOME CLIENTS REQUEST RELOCATION SERVICES.

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:

WOULD BE GOOD TO DO ONE SUP SHOPPING SO TO SPEAK.

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

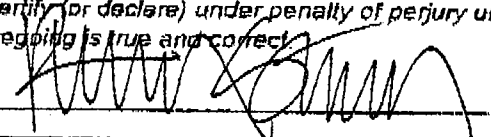
SEE ATTACHED.

SEP 22, 2004 10:01 GREENWAY PACKERS INC

2067633514

Page 2

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

X  \_\_\_\_\_

Signature of Person Completing Form

22 Sept. 2004

Date and Location X  
 Mercer Island, WA.

98040

I have worked with GreenWay Packers Inc. for over four years. During that time I have always found professional, reliable, obliging, and excellent at what they do.

My business demands the highest level of customer service. Working in people's homes, it is imperative that I use a company that is dependable and can get the work done quickly and efficiently.

My clients often ask me to recommend a moving company for household moves, and I would be very happy to refer them to GreenWay.

A handwritten signature in black ink, appearing to read "Randy O'Malley". The signature is fluid and cursive, with a large initial "R" and a stylized "O" for the middle name.

**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:

*Greenway Packers, Inc*

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

Name, Title, and Business Name:

*GREG LINDSCOTT, OWNER OLYMPIC STEEL DOOR*

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

*317 LEE ST  
SEATTLE WA, 98109*

Phone Number:

*206-762-5640*

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

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

*HOUSEHOLD GOODS TO STORAGE*

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:

*SELLING HOME IN SPRING 05, LOCAL MOVE*

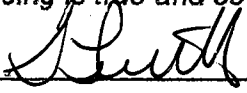
Briefly describe how granting this company a permit to provide household goods moving services in Washington State will benefit you, your business, and/or your community:

*GOOD REPUTABLE COMPANY*

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

*Please see attached*

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

9-20-2004

7900 7th SO.  
Date and Location

# Olympic

STEEL DOOR, INC.

7800 7th Avenue South  
Seattle, Washington 98108  
Seattle (206) 762-5640 • Fax (206) 763-1241

September 15, 2004

To whom it may concern:

This letter is written to support the application of Gerry Coyle of GreenWay Packers Inc for a permit to do household moving.

At all times I have found Gerry to be dependable, reliable, hard-working, conscientious, and honest. He runs his business with the highest degree of ethics and is constantly striving to improve and develop his current business.

I'm happy to provide further information if required.

Sincerely,



Greg Liscott

**Steelcraft**<sup>®</sup>

Hollow Metal • Doors & Frames • Finish Hardware • Wood Doors  
Contractors # OLYMPSD140CA

LAW OFFICE OF ELIZABETH J. BERNS, P.S.

October 12, 2004

Washington Utilities and Transportation Commission  
1300 S. Evergreen Park Drive S.W.  
P.O. Box 47250  
Olympia, Washington 98504 – 7250

**RECEIVED**  
OCT 14 2004  
WASH. UT. & TP. COMM.

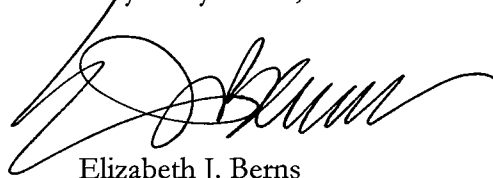
Re: GreenWay Packers, Inc. Household Goods Carrier Permit Application.

Dear Washington Utilities and Transportation Commission:

I am corporate counsel for GreenWay Packers, Inc. On behalf of my client, I am submitting the "Household Goods Carrier Permit Application" and an application fee of \$550 for your review and approval.

If you have any questions regarding GreenWay Packers, Inc. or this application, please contact me directly at 425.223.4251 or at the below noted email address.

Very Truly Yours,



Elizabeth J. Berns

Enclosures  
cc: GreenWay Packers, Inc.



INQR UTL024P1                    MASTER LICENSE SERVICE                    10/14/04  
                                  BUSINESS ENTITY INQUIRY                    16:28:24

-----  
UBI: 602 087 650 001 0001                    State of Inc: WA                    Loc Status: A  
Type: PROFIT CORPORATION                    Date of Inc: 01 02 2001 Corp Status: A  
-----

Owner Name: GREENWAY PACKERS, INC.

Reg. Agent:     ELIZABETH J BERNS  
Reg. Address: 620 KIRKLAND WAY #200                    Exp. Date: 01 31 2005  
                  PO BOX 908                    Total Shares authzd:  
                  KIRKLAND WA 98083 0908                    Total Shares issued:

Firm Name : GREENWAY PACKERS, INC.

Loc: 14319 WALLINGFORD N                    Mail: 14319 WALLINGFORD N  
     SEATTLE WA 98133                    SEATTLE WA 98133

Phone: (206) 362-4428                    Registered Tradenames for this UBI? No  
RFI: No     NSF: No                    Location First Activity: 01 01 2001  
RFP: No     Withhold: No                    Last License Issue:     03 22 2001

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                    10/14/04  
   BUSINESS ENTITY INQUIRY                    16:28:31

-----  
UBI: 602 087 650 001 0001                    Loc Status: A  
Type: PROFIT CORPORATION  
-----

Owner Name: GREENWAY PACKERS, INC.  
Firm Name : GREENWAY PACKERS, INC.  
Page: 1

Endorsements	Unit	Account #	Stat	Date	Expires
TAX REGISTRATION			A	03 13 2001	
UNEMPLOYMENT INSURANCE			A	03 13 2001	
INDUSTRIAL INSURANCE			A	03 13 2001	

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

[HOME](#)[CORPORATIONS MENU](#)**CORPORATIONS DIVISION - REGISTRATION DATA SEARCH****GREENWAY PACKERS, INC.**

<b>UBI Number</b>	602 087 650
<b>Category</b>	Regular Corporation
<b>Profit/Nonprofit</b>	Profit
<b>Active/Inactive</b>	Active
<b>State of Incorporation</b>	WA
<b>Date of Incorporation</b>	01/02/2001
<b>License Expiration Date</b>	01/31/2005

**Registered Agent Information**

<b>Agent Name</b>	ELIZABETH J BERNS
<b>Address</b>	620 KIRKLAND WAY #200 PO BOX 908
<b>City</b>	KIRKLAND
<b>State</b>	WA
<b>ZIP</b>	980830908

**Special Address Information**

<b>Address</b>
<b>City</b>
<b>State</b>
<b>Zip</b>

[« Return to Search List](#)**Disclaimer**

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