

WASHINGTON



UTILITIES AND TRANSPORTATION COMMISSION

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 #022101

Check
 Money Order
 Amex
 Discover
 Mastercard
 Visa

Expiration Date: 12/05 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): Robert N. Perez Date: 10/21/04

Signature: [Signature] Title: President

FOR OFFICIAL USE ONLY			
Date Filed: <u>10/26/04</u>	Application #: <u>P-19318</u>	Motcar: <u>43311</u>	Permit Issued: HG- <u>61547</u>
Staff Assigned: <u>[Signature]</u>	Insurance: <u>OK</u>	Inspection: <u>OK</u>	DOL/SOS: <u>OK</u>
Reception #: <u>550.00</u> 111-0268-207-02 111-0268-202-01 111-0268-013-20			

0008820

TV-041892

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# 79656 Single State Registration Base State IN

Do you operate interstate as an agent of another company? No Yes If yes, what is the name of the company? DEVRIES MOVING AGENTS FOR ATLAS VAN LINES

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 - SEE ATTACHED			
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	\$	TOTAL LIABILITIES	\$
Land and Buildings	\$	NET WORTH	
Trucks and Trailers	\$	Preferred Stock	\$
Office Furniture	\$	Common Stock	\$
Other Equipment	\$	Retained Earnings	\$
Other Assets	\$	Capital	\$
TOTAL ASSETS	\$	TOTAL LIABILITIES & NET WORTH	\$

PEREZ MOVE MANAGEMENT DBA

Balance Sheet

July 31, 2004

ASSETS

Current Assets		
Petty Cash Account	\$	600.00
Checking Account		(16,050.20)
Acct Receivable Trade		34,324.88
Paid Atlas to Reconcile		(6,625.56)
Service Charges		15.59
Total Current Assets		12,264.71
Property and Equipment		
Furniture & Office Equip		10,880.00
Vehicles		16,320.00
Warehouse Equipment		81,600.00
Total Property and Equipment		108,800.00
Other Assets		
Non-compete agreement		10,000.00
Goodwill		71,200.00
Total Other Assets		81,200.00
Total Assets	\$	202,264.71

LIABILITIES AND CAPITAL

Current Liabilities		
Accts Payable - Vendors	\$	8,948.26
EE- Federal Withholding		1,030.95
EE- DSHS		96.04
EE- Other		(25.00)
EE - FICA		1,854.40
EE-State DL&I		208.56
er-FUTA (Fed Unemployment)		97.44
er-WA SUJ (St Unemployment)		370.27
Total Current Liabilities		12,580.92
Long-Term Liabilities		
Shareholder loan		185,000.00
Total Long-Term Liabilities		185,000.00
Total Liabilities		197,580.92
Capital		
Common Stock		10,000.00
Net Income		(5,316.21)
Total Capital		4,683.79
Total Liabilities & Capital	\$	202,264.71

Unaudited - For Management Purposes Only

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
1987	Volvo	WA 27698PR	YB3U6A7A1HB402705	28000

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: Dean Neff | Position: Operations Manager

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: Dean Neff | Position: Operations Manager

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: Dean Neff | Position: Operations Manager

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: Dean Neff | Position: Operations Manager

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: Bob Perez | 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: Bob Perez | 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: Bob Perez | 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: Bob Perez

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: Bob Perez

Position: President

DECLARATION OF APPLICANT:

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

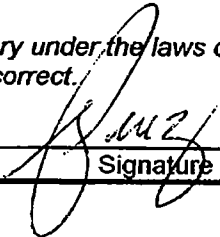
As the applicant for a household goods permit, I understand the responsibilities of a motor carrier, and I am in compliance with all local, state, and federal regulations governing businesses, including household goods movers, in the state of Washington.

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.

Robert N. Perez

Print name of applicant



Signature of Applicant

August 20, 2004, Auburn, WA

Date & Place

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:
PEREZ MOVE MANAGEMENT, INC. dba DEVRIES MOVING

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:
Caroline Rosellini
Sales Associate
Windermere Real Estate/Whatcom Inc.

Address (include street address, mailing address, city, state, zip, and county):
515 West Bakerview
Bellingham, WA 98226
Whatcom County

Phone Number: 360 319 2183

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

When we purchase a new home we need a moving service to move our furniture.

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:

As I purchase new furniture or household items I'll need a residential moving company to relocate those items.

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:

Competition is good and there are too few quality moving companies to choose from. The company would be beneficial for personal use as well as for my clients who would be buying or selling their homes.

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

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

Date and Location 09/10/04
Bellingham, Wa.

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:
PEREZ MOVE MANAGEMENT, INC. dba DEVRIES MOVING

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:

Patricia Smith

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

14523 116th Ave SE.
Puyallup WA 98374

Phone Number:

253 446-0918

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

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

my father's belongings in Spokane will need to be moved to Auburn for 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:

When a person's residence is found, I will need to have his belongings move there.

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:

the personal touch I received with the estimate & cost effectiveness was beneficial

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

good ethics.

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

Patricia Smith

Signature of Person Completing Form

4/9/04 Puyallup Washington

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:
PEREZ MOVE MANAGEMENT, INC. dba DEVRIES MOVING

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:
KATHLEEN MARES

Address (include street address, mailing address, city, state, zip, and county):
4205 AUBURN WAY S.
AUBURN, WA 98092

Phone Number: 206-730-4719

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 IN THE PROCESS OF MOVING OUT OF MY RESIDENCE TO A CONDOMINIUM IN KENT, WA. BEFORE YEAR END

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 HAVE PRESENTLY IN STORAGE WOULD TO BE MOVED TO MY PERMANENT RESIDENCE AFTER I COMPLETE MY INITIAL 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: COST, AVAILABILITY AND ACCOMMODATION MY SCHEDULE IS IMPORTANT TO MEET MY NEEDS AND OF COURSE ANYONE ELSE WITH THIS SAME NEED

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

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

Date and Location 10/22/04
Auburn, WA

Bob Perez

From: Sandy_Gross@ajg.com
Sent: Friday, October 22, 2004 8:06 AM
To: becprev@atlasworldgroup.com
Subject: Prez - Filing

Per Zurich, this was sent to WA Utilities Commission on 10/15/04. I have requested a copy and will forward to you when received.

Sandy Gross
Arthur J. Gallagher & Co. (St. Louis)
12444 Powerscourt Drive
St. Louis, MO 63131
Phone: (314) 965-4346
Fax: (314) 965-5425
E-Mail: sandy_gross@ajg

UNIFORM MOTOR CARRIER BIPD CERTIFICATE OF INS.
SENT 10/15/04 VIA cert. mail.

R

PEREZ MOVE MANAGEMENT, INC
DBA DEVRIES MOVING

FACSIMILE TRANSMITTAL SHEET

TO: Household Goods Carrier Permit	FROM: Bob Perez
COMPANY: Washington UTC	DATE: 10/22/2004
FAX NUMBER: 360 586 1181	TOTAL NO. OF PAGES INCLUDING COVER: 2
PHONE NUMBER:	SENDER'S REFERENCE NUMBER: Perez Move Management Application
RE: Perez Move Management Form E	YOUR REFERENCE NUMBER: Form E

- URGENT
 FOR REVIEW
 PLEASE COMMENT
 PLEASE REPLY
 PLEASE RECYCLE

NOTES/COMMENTS:

Per instructions we faxed our application because we paid by credit card. I wanted to make sure you had a copy of the Form E so I am sending it over again.

If someone could please confirm application has been received we would greatly appreciate it.

Phone 253 735 6161 Fax 253 735 9374 E Mail hobp@devriesmoving.com

Thank you

BOB PEREZ

INQR UTL024P1 MASTER LICENSE SERVICE 10/26/04
 BUSINESS ENTITY INQUIRY 15:28:52

UBI: 602 399 691 001 0001 State of Inc: WA Loc Status: A
Type: PROFIT CORPORATION Date of Inc: 05 28 2004 Corp Status: A

Owner Name: PEREZ MOVE MANAGEMENT, INC.

Reg. Agent: ROBERT PEREZ
Reg. Address: 1215 W HOLLY ST Exp. Date: 05 31 2005
 BELLINGHAM WA 98225 Total Shares authzd:
 Total Shares issued:

Firm Name : DE VRIES MOVING
Loc: 2302 W VALLEY HWY # 500 Mail: 2302 W VALLEY HWY # 500
 AUBURN WA 98001 AUBURN WA 98001

Phone: (253) 735-6161 Registered Tradenames for this UBI? Yes
RFI: No NSF: No Location First Activity: 07 01 2004
RFP: No Withhold: No Last License Issue: 10 05 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

INQR UTL024P1 MASTER LICENSE SERVICE 10/26/04
 BUSINESS ENTITY INQUIRY 15:29:03

UBI: 602 399 691 001 0001 Loc Status: A
Type: PROFIT CORPORATION

Owner Name: PEREZ MOVE MANAGEMENT, INC.
Firm Name : DE VRIES MOVING
Page: 1

Endorsements	Unit	Account #	Stat	Date	Expires
TAX REGISTRATION			A	09 28 2004	
UNEMPLOYMENT INSURANCE			A	09 28 2004	
INDUSTRIAL INSURANCE			A	09 28 2004	

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****PEREZ MOVE MANAGEMENT, INC.**

UBI Number	602 399 691
Category	Regular Corporation
Profit/Nonprofit	Profit
Active/Inactive	Active
State of Incorporation	WA
Date of Incorporation	05/28/2004
License Expiration Date	05/31/2005

Registered Agent Information

Agent Name	ROBERT PEREZ
Address	1215 W HOLLY ST
City	BELLINGHAM
State	WA
ZIP	98225

Special Address Information

Address
City
State
Zip

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

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UNIFORM DRIVER/VEHICLE INSPECTION REPORT

1175734

PERSONNEL NO. 5531 DIST / DET

LEVEL: 1 ___ 2 ___ 3 ___ 4 ___ 5 X

GENERAL				HAZARDOUS MATERIALS			
DATE <u>10.26.04</u>	TIME (MILITARY) BEGUN <u>0910</u>	TIME (MILITARY) FINISHED <u>0930</u>	HAZARD CLASS / DIVISION NO.	REPORTABLE QTY? Y N	HAZARDOUS WASTE? Y N	PLACARD REQUIRED? Y N	CARGO TANKS? Y N
LOCATION: SR/MP <u>Auburn Terminal</u>		SCALEHOUSE NO.	CNTY CODE <u>17</u>				

CARRIER 253-735-6161

CARRIER NAME (Include DBA when applicable)
PEREZ MOVE Management, Inc.

ADDRESS
2303 West Valley Hwy Suite 500

CITY AUBURN STATE WA ZIP CODE 98001 INTERSTATE YES NO DOT NO. ICC NO.

DRIVER

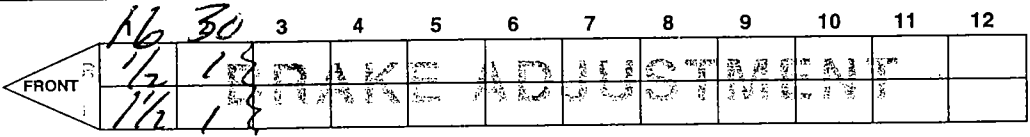
DRIVER NAME LICENSE NO. STATE EXP. YEAR

DATE OF BIRTH MED. CERT. Y N SHIPPER NAME SHIPPING NO.
WAIVER Y N

VEHICLE

REGISTERED OWNER NAME/ADDRESS Jim's Transport Inc G.V.W. 28,000 PBT RATE

UNIT	TYPE	YEAR/MAKE	CO. UNIT NO.	LICENSE NO. / VIN NO.	STATE
1	TR	87 Volvo	831	27698 PR	WA
2					
3					
4					



CFR	VIOLATIONS	D	1	2	3	4	Unit #s O/S	Complied
393.9	Left Front turn signal inoperative		W					
393.9	Left Front Flasher inoperative		W					
393.9	(Center ID) lamp inoperative on front of truck.		W					
	(Ensure correct name is on registration)							
303.207A	loose bushings on rear torsion arm		W					

CVSA DECALS UNIT 1 UNIT 2 UNIT 3 UNIT 4 NOIC NO.

DRIVER SIGNATURE _____

OFFICER SIGNATURE T. My Ang

Vehicle may not be operated until O/S defects noted above are repaired.
Driver may not drive until in compliance.