

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

#100051

TYPE OF PAYMENT

Check Money Order Amex Discover Mastercard Visa

Expiration Date: 01/08 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): Jon Calvin Date: 10/27/04
Signature: [Signature] Title: President

FOR OFFICIAL USE ONLY			
Date Filed: <u>10/29/04</u>	Application #: <u>7-79320</u>	Motcar: <u>73322</u>	Permit Issued: HG- <u>6156</u>
Staff Assigned: <u>[Signature]</u>	Insurance: <u>[Signature]</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>

0008858

TV-041904

BUSINESS INFORMATION

Name of Applicant Willamette Express Ltd.
(must be individual, partners of a partnership, or corporation)

Trade Name, if applicable _____

Physical Address 2505 SE STUBB ST Milwaukie, OR

Mailing Address _____ 97227

Telephone Number (503) 513-5118 Fax Number (503) 513-5124

UBI # 602-441-897 Email: Jon Calvin @ Willamette Express.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>
<u>Jon Calvin</u>	<u>President</u>	<u>100</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: Willamette is in process of bidding on contracts throughout wa. and all Bidders must hold a WAIC Authority

Briefly describe your experience in the transportation/household goods moving industry: 20 years personal MFG. Moving, 1950 Authority Granted in Oregon currently moving 1500 MFG moves a year in Oregon

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: 51817 000T

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# 1080376 MC# 448995 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? STEVEN'S WORLD WIDE 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

You may attach a Balance Sheet, Profit and Loss Statement, or business plan if available

Attachment

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	\$
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PAGE 3

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
1998	FRHT LNR.	T550159	IFV6HFACHWH886014	26,000
1998	FRHT Lnr.	T550158	IFV6HFAL9WH886011	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: Jon Calvin 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: Jon Calvin 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: Jon Calvin 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: Jon Calvin Position: 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: Jon Calvin 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: Jon Calvin 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: Jon Calvin Position: President

PK-11

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: *Jon Calvin*

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: *Jon W. Calvin*

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.

Jon Calvin

Print name of applicant

Jon Calvin

Signature of Applicant

Date & Place

Willamette Express Ltd
Balance Sheet
October 31, 2004

ASSETS

Current Assets		
Cash in Bank Willamette Expres	\$	55,273.99
Payroll Account		1,082.28
Accounts Receivable - Trade		27,653.84
Accounts Receivable - Employee		218.00
Underpayment of Fed tax		2,418.65
		<hr/>
Total Current Assets		86,646.76
Property and Equipment		
Auto & Equipment		36,687.00
Accumulated Depreciation		(20,277.00)
		<hr/>
Total Property and Equipment		16,410.00
Other Assets		
Willamette Group		1,200.00
Deposits		6,070.00
Office Furniture & Equipment		2,000.00
		<hr/>
Total Other Assets		9,270.00
		<hr/>
Total Assets	\$	<u>112,326.76</u>

LIABILITIES AND CAPITAL

Current Liabilities		
Accounts Payable	\$	26,296.49
A/P Last Year 2002		1,887.72
FUTA Tax Payable		53.57
State Payroll Tax Payable		2,878.00
SUTA Tax Payable		1,142.19
Tri-Met Tax Payable		348.81
Workers Comp Payable		193.41
		<hr/>
Total Current Liabilities		32,800.19
Long-Term Liabilities		
Notes Payable		23,271.00
		<hr/>
Total Long-Term Liabilities		23,271.00
		<hr/>
Total Liabilities		56,071.19
Capital		
Capitol Stock		12,774.80
Paid In Capitol		229,251.73
Stock Holders Distribution		(96,810.00)
Retained Earnings		(256,555.81)
Net Income		167,594.85
		<hr/>

Unaudited - For Management Purposes Only

Willamette Express Ltd
Balance Sheet
October 31, 2004

Total Capital		<u>56,255.57</u>
Total Liabilities & Capital	\$	<u><u>112,326.76</u></u>

Unaudited - For Management Purposes Only

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: Willamette Express Ltd.

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: Robert McDemid

Address (include street address, mailing address, city, state, zip, and county):
8000 NE 163rd Ave
VANCOUVER WA 98682 - CLARK county

Phone Number: 360-604-9847

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 AM CURRENTLY LOOKING FOR A LARGER HOME AND HAVE PLANS OF UTILIZING A PROFESSIONAL MOVER TO PACK AND MOVE MY HOUSEHOLD GOODS.

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:
WILLAMETTE EXPRESS IS AN EXCELLENT COMPANY THAT PROVIDES OUTSTANDING SERVICE AND WOULD BENEFIT MY COMMUNITY BY PROVIDING A MOVING COMPANY THAT WOULD GIVE THAT EXTRA EFFORT IN CUSTOMER SATISFACTION

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?
WILLAMETTE EXPRESS PROVIDES OUTSTANDING MOVING SERVICES IN THE PORTLAND MARKET AND IS THE PREFERRED MOVER OF SUCH ENTITIES AS; MULTNOMAH COUNTY LAKE OSWEGO SCHOOL DISTRICT, PORTLAND PUBLIC SCHOOLS, AND MANY OTHERS.

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

Robert McDemid
Signature of Person Completing Form

10-28-04 / VANCOUVER WA
Date and Location

ATTACHMENT A

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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: Willamette Express Ltd.

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: PAT BECKETT EXECUTIVE DIRECTOR CHILDREN'S CENTER

Address (include street address, mailing address, city, state, zip, and county):
415 W. 117th ST.
P.O. Bx 484
VANCOUVER, WA 98666

Phone Number: (360) 699-2244

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:
move office equipment + furniture FROM one building TO A NEW BUILDING.

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: Willamette Express provider highly professional, timely, cost-effective service with a focus on customer satisfaction. Much attention to details is given.

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?
Highly reliable + easy to work with. I would recommend this company to family, friends, + business associates without any hesitation.

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

Pat Beckett
Signature of Person Completing Form

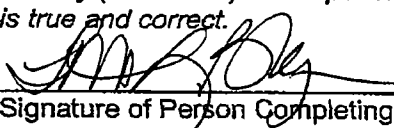
8/4/03 VANCOUVER, WA
Clark County
Date and Location

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: Willamette Express Ltd.

The following must be completed by the Supporter of the applicant	
Name, Title, and Business Name: <u>Tomi Blackledge</u>	
Address (include street address, mailing address, city, state, zip, and county): <u>18409 SE 44th Lane</u> <u>Vancouver, WA 98683</u> <u>Clark County</u>	
Phone Number: <u>360 253 4974</u>	
Do you currently need the services of a residential household goods moving company? <input checked="" type="checkbox"/> No <input type="checkbox"/> 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? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If yes, please describe your future moving needs: <u>Move personal items + furniture from one residence to a new residence.</u>	
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: <u>This company has past experience in moving furniture + other items. The company has proven itself to be reliable, timely, and pleasant to work with.</u>	
Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit? <u>This company is highly professional. I would recommend this company to my friends or acquaintances with moving needs.</u>	
I certify (or declare) under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.	
<u></u> Signature of Person Completing Form	<u>8/11/03 Clark County</u> Date and Location

[HOME](#)[CORPORATIONS MENU](#)**CORPORATIONS DIVISION - REGISTRATION DATA SEARCH****WILLAMETTE EXPRESS LTD.**

UBI Number	602 441 897
Category	Regular Corporation
Profit/Nonprofit	Profit
Active/Inactive	Active
State of Incorporation	WA
Date of Incorporation	10/28/2004
License Expiration Date	10/31/2005
Registered Agent Information	
Agent Name	JON CALVIN
Address	8000 NE 163RD AVE
City	VANCOUVER
State	WA
ZIP	98682
Special Address Information	
Address	
City	
State	
Zip	

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Washington Secretary of State
520 Union Avenue SE, PO BOX 40220, OLYMPIA WA 98504-0220
(360) 753-7115



Menu



Motor Carrier Details

US DOT:	1080376	Docket Number:	MC448995	
Legal Name:	WILLAMETTE EXPRESS LTD.			
Doing-Business-As Name:				
Business Address	Business Telephone and Fax	Mail Address	Mail Telephone and Fax	Undeliverable Mail
2505 SE STUBB ST MILWAUKIE OR 97222	(503) 513-5118	2505 SE STUBB ST MILWAUKIE OR 97222		NO
Authority Type	Authority Status	Application Pending		
Common	ACTIVE	NO		
Contract	NONE	NO		
Broker	NONE	NO		
Property	Passenger	Household Goods		
NO	NO	YES		
Insurance Type	Insurance Required	Insurance on File		
BIPD	\$300,000	\$750,000		
Cargo	YES	YES		
Bond	NO	NO		

BOC-3: YES

Blanket Company: EVILSIZOR TRANSPORTATION SERVICES

| [Active/Pending Insurance](#) | [Rejected Insurance](#) | [Insurance History](#) | [Authority History](#) | [Pending Application](#) | [Revocation](#) |

Friday , November 05, 2004 at 11:08:41

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United States Department of Transportation - Federal Motor Carrier Safety Administration

INQR UTL024P1 MASTER LICENSE SERVICE 11/04/04
BUSINESS ENTITY INQUIRY 14:40:43

UBI: 602 441 897 001 0001 State of Inc: WA Loc Status: A
Type: PROFIT CORPORATION Date of Inc: 10 28 2004 Corp Status: A

Owner Name: WILLAMETTE EXPRESS LTD.

Reg. Agent: JON CALVIN
Reg. Address: 8000 NE 163RD AVE Exp. Date: 10 31 2005
VANCOUVER WA 98682 Total Shares authzd:
Total Shares issued:

Firm Name : WILLAMETTE EXPRESS LTD. MOVING & STORAGE
Loc: 2505 SE STUBB ST Mail: 2505 SE STUBB ST
MILWAUKIE OR 97222 MILWAUKIE OR 97222

Phone: (503) 513-5118 Registered Tradenames for this UBI? Yes
RFI: No NSF: No Location First Activity: 12 01 2004
RFP: No Withhold: No Last License Issue: 11 02 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 11/04/04
BUSINESS ENTITY INQUIRY 14:40:53

UBI: 602 441 897 001 0001 Loc Status: A
Type: PROFIT CORPORATION

Owner Name: WILLAMETTE EXPRESS LTD.
Firm Name : WILLAMETTE EXPRESS LTD. MOVING & STORAGE
Page: 1

Endorsements	Unit	Account #	Stat	Date	Expires
TAX REGISTRATION			A	10 28 2004	
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