

# HOUSEHOLD GOODS CARRIER PERMIT APPLICATION



WASH. UT. & TP. COMM

	Type of Household Goods Authority Requested – Check one	Fee Required
	Emergency temporary authority (to meet an urgent need for up to thirty days) - Complete pages 1 - 5 and Attachment E	\$ 50
٥	Temporary authority (to meet a short-term need) – Complete pages 1 - 5 and Attachment A	\$ 250
×	Permanent authority (at least six months must be served on a temporary provisional basis) – Complete pages 1 - 5 and Attachment A	\$ 550
0	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
	Permanent authority to transfer or acquire control under the exceptions in WAC 480-15-260 – Complete pages 1 - 5 and Attachments B & C	\$ 250
٥	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
	Name Change – Complete page 1 and Attachment D	\$ 35
0	Extension of authority – Complete pages 1 - 5 and Attachment A	\$ 550

TYPE OF PAYMENT													
🛭 Check	☐ Money Order		□ Am	☐ Amex ☐ ☐		scover 🗆			Mastercard			Visa	1
·	<del></del>	<del> </del>			<del></del>							,	
Expiration Date:					·	Amo	unt:	55	OS	<u>e</u> +	<del></del>		
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):/	Name (printed): Richard Watson Date: 1/2/04												
Signature:													
<b>2</b> 46	FOR OFFICIAL USE ONLY												
Date Filed:	Apr	olication#3	13 Moto	car:	334	) P	ermi	Issu	ed: H0	G- (	15	$\bigcirc$	
Staff Assigned!	Ins	urbace.	UU Insp	ection:		C	OH/S	SOS:	M	سل	<i>)</i>		
Reception #: 111-0268-207-02	550	.00	111-0268-2	202-01				_111-	0268-0	13-20_			

0008894

PAGE 1

711-041948

BUSINESS INFORMATION
- Richard Watson
Name of Applicant Integrity Movers   Bad WakeField (must be individual, partners of a partnership, or corporation)
Trade Name, if applicable Integrity moves
Physical Address 4900 NE 104 St Vancouver WA. 98686
Mailing AddressSAme
Telephone Number (360) 518-6694 (971) 563-428 Fax Number (360) 258-0595
UBI# 602435477 Email: BHWakeField DMSN.com
602-435-47 PPE OF BUSINESS STRUCTURE
155 per 00 L
☐ Individual
List the name, title, and percentage of partner's share or stock distribution for major stockholders:
Name Stock Distribution or Percentage of Shares
Richard Watson Co-owner 50%
Brad Wakefield Co-owner 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 will be providing Integrity with Excellent Service.
Briefly describe your experience in the transportation/household goods moving industry: When I was younger I worked as a mover for about 1/z year

Do you currently hold, or    No □ Yes If yes	have you ever h , please indicate	neld, a permit to operate as a motor carr e your permit number:	rier of property?				
Have you ever applied fo	, please explain	ed a permit to operate as a motor carrie	er of property?				
Do you currently operate	interstate?	No □ Yes If yes, please indicate y Single State Registration Bas	our: e State				
Do you operate interstate name of the company? _	as an agent of	another company?	If yes, what is the				
or in any other state?	No ☐ Yes	iness related legal proceeding against y If yes, please explain:					
		AorBFelony? <u>X</u> No □ Yes Ifye					
Have you been cited for v		laws or Commission rules? 🌠 No □	·				
	FINAN	NCIAL STATEMENT					
You may attach a Ba	alance Sheet, Pro	fit and Loss Statement, or business plan if	available				
ASSETS		LIABILITIES					
Cash in Bank	\$5,000	Salaries/Wages Payable	\$				
Notes Receivable	\$ 1	Accounts Payable	\$ /1 / 1				
Accounts Receivable	\$ // /	Notes Payable	\$ / /				
Investments	\$ / / 7	Mortgages Payable	\$/ \//				
Other Current Assets	\$ /	Other	\$				
Prepaid Expenses	\$	TOTAL LIABILITIES	\$ (				
Land and Buildings	\$	NET WORTH					
Trucks and Trailers	\$7,500	Preferred Stock	\$				
Office Furniture	\$ 1	Common Stock	\$				
Other Equipment	\$ 800	Retained Earnings	\$				
Other Assets	\$	Capital	\$ 5,000				
TOTAL ASSETS	\$18.800	TOTAL LIABILITIES & NET WORTH	\$ 5,000				

PAGE 3

				1				
		EQUIPME	NT LIST	· · · · · · · · · · · · · · · · · · ·				
Descri	Describe the equipment that will be used (attach additional sheets if necessary). Vehicles must							
			al Vehicle Safety Alliar					
	your application ma		ar vernere earety / imar	······································				
Year	Make	License Number	Vehicle ID	Gross Vehicle Weight				
l cai	mane	License Number	Number	Oloss Vehicle Weight				
60	0 11 1 1 100			77 000				
88	9mc C 600		19 De6 D1B6JV51017	22,000				
		SAFETY AND (	PERATIONS					
				e for understanding and				
				ashington State Laws and				
			nd publication "Your Guid					
Satisfac	ctory Safety Rating" fo			your specific operations.				
		SAFETY RESPO						
		, ,	•	of Federal Regulations				
		rates a vehicle that mee	ts the definition of a com	mercial motor vehicle				
	ve a valid CDL.	····	A7 A					
	'NA.		Position: NA.					
			9, Code of Federal Reg					
			ts and each company mu	ust maintain driver				
	ation files for each driv							
	Richard Wat		Position: 60-0w					
			ederal Regulations Pa					
	n logs and each comp	any must maintain true a	and accurate hours of se	rvice records for each				
driver.	<i>P.</i> 1 1	1-0	Desition de se					
Name:		71 32 -	Position: Co-owl					
			TING (Title 49, Code of					
	· · ·		rcial motor vehicle requir	•				
	ed Substance and Aid CFR Part 40.	onor resung program in	at complies with the Fivil	CSR in 49 CFR Part 382				
Name:	<u>Μ/Λ</u>		Position: N/A.					
	mnany will have in pla			an alaskal and asptralled				
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:  Srack Wake Fie   Position: Co - Owner  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: Richard Watson Position: Co-owner								
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)								
	~							

PAGE 4

Watson

Position: Co-ovner

#### **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, <u>but not limited to</u>: 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: Blad Wake F

Position: Co-owner

#### **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.

Print name of applicant

Signature of Applicant

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: Integrity Movers
The following must be completed by the Supporter of the applicant
Name, Title, and Business Name: Law Office of Lindas taples, RS
Address (include street address, mailing address, city, state, zip, and county):
2101 NE1294St Swite 219
Vancouver WA 98686
Phone Number: 360-816-8494
Do you currently need the services of a residential household goods moving company?  If No. IT Yes, please describe your current moving needs:
On the near future June be
moung my residence.
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:
Us, Splease Schabille
Briefly describe how granting this company a permit to provide household goods moving services in Washington State will benefit your business and/or your purposes and/or your purposes.
Washington State will benefit you, your business, and/or your community: There applies in to be a Sturtage in Vancou un washing the basic
on my prior experience.
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.
Anda Houses 10.22.04
Signature of Person Completing Form  Date and Location  VanCOUVO A
) / who is not in

## Law Office of Linda Staples, PS Attorney at Law

2101 N.E. 129th Street, Suite 219 • Vancouver, WA 98686 360-816-8494 • Fax 360-816-8495 • lindastaples@msn.com October 22, 2004

#### To Whom It May Concern:

Recently I moved my law office from downtown Vancouver to Salmon Creek area in Vancouver, Washington. Although I had lined out movers ahead of time, the company called several times and moved our time further and further into the day. Based on this, we were forced to go to the Yellow Pages to find someone at the last minute. There is a definite need in the area for another reputable moving company in the area.

In addition, I will be moving my residence in the next year or two. I would definitely hire Integrity Movers to move my belongings at that time based on my past experiences with Brad Wakefield who is one of the co-owners.

If you need any further information, please contact me at (360)-816-8494.

Sincerely,

Linda Staples Attorney at Law

## **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.

needed.
Applicant Name: Integrity Movers
The following must be completed by the Supporter of the applicant
Name, Title, and Business Name: Kurt Vandervort + Shawn Jarwio
Address (include street address, mailing address, city, state, zip, and county):
14704 SE Oatfield Road
Milwaukie, OR. 97267
Phone Number: 503-805-4753
Do you currently need the services of a residential household goods moving company?  □ No ② Yes If yes, please describe your current moving needs:
We will be needing a moving company to move our household goods to our new stome being built in Vancouver.
Do you anticipate a future need for the services of a residential household goods moving company?  □ No ሺ Yes If yes, please describe your future moving needs:
su abre
Briefly describe how granting this company a permit to provide household goods moving services in
vvasiington State wiii benefit you, your business, and/or your community.
Based on the 30 you relationship with the co-owner Brad Wakefield we
Know him to be viry houst, trustworthy and reliable to move our househeld.
Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit? It would be bunching to the
Community to have this was done ding by him is be considered to the
very lew moves to ciroux from that give you piece of mind.
certify (or declare) under penalty of perjury under the laws of the state of Washington that the foregoing
is true and correct.
full Carlowed TShawam wins 10/24/04 Milwankit, of
Signature of Person Completing Form Date and Location

Kurt Vandervort & Shawn Jarvis 14704 SE Oatfield Road Milwaukie, OR 97267 503-805-6753 snk22097@comcast.net

October 24, 2004

To Whom It May Concern:

In the past we have done several household moves where you either do it yourself or you try finding a reputable mover locally to do it for you. It has been our experience that good movers are very hard to find. There are very few in the phone book to choose from in the area that comes with good recommendations.

Based on the 30 -year relationship with the co-owner Brad Wakefield we know him to be very honest, reliable and trustworthy. We will be moving our household at the end of 2004 to our new home being built in Vancouver and are very excited to know that we would be able to hire Integrity Movers to move our things. Peace of mind plays a huge role in our decision knowing that a dependable and reputable company will take care of our things.

/Shawn M. Jawis

Please contact us at 503-805-6753 with any further questions if needed.

Thank you,

Kurt Vandervort & Shawn Jarvis

## 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 services. 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: Integrity Movers	П	
The following must be completed by the Suppor	H	of the applicant
Name, Title, and Business Name: Maxcess Internator	ha	
Address (include street address, mailing address, city, state, zip, and	de	ounty):
16900 SE 26th Drive		
Vancouver WA 28683		
	$\coprod$	
Phone Number: 360-326-3201		
Do you currently need the services of a residential household goods	ho	ving company?
To No II Yes if yes, please describe your current moving needs:	$\  \ $	• •
Do you anticipate a future need for the services of a residential house Do you articipate a future need for the services of a residential house Do you future moving needs:	aho	ld goods moving company?
		5 1/2 mm
I am planning on building new ho	14	ie in the next
	$\coprod$	
Briefly describe how granting this company a permit to provide house Washington State will benefit you, your business, and/or your commu		fi i
Its Stated in my letter those to a now	1Y	for repudable
moves that Will provide excellent are		mer Service -
is more anything else the Commission should consider when making	5 6	stermination about this
company's application for a household goods permit?		
	$\  \ $	
l certify (or declare) under penalty of parjury under the laws of the states is true and correct.	90	Washington that the foregoing
Signature of Person Completing Form	14	Vancouver WA
		nd Location

Jay Kopetka Maxcess International District Sales Manager 16900 SE 26<sup>th</sup> Drive Vancouver, WA 98683 360-326-3201

#### To whom it may concern:

Nine months ago I moved my home and home office to a new location. I first entertained the idea hiring a local moving company. After looking in the telephone book I found most of the companies were associated with long haul moves and even though they would, they made sure that scheduling would be a headache. Other companies were limited for their equipment and availability.

Based on Clark County continual growth over the past 10 years and the manufacturing newer upscale homes. There is a need for reputable movers that will provide customer service, labor, equipment and expertise with customer satisfaction.

I believe Integrity Movers will provide this void in our community.

Sincerely,

Jay Kopetka

Maxcess International
District Sales Manager

Page: 1 Document Name: untitled

MASTER LICENSE SERVICE

11/05/04

INQR UTL024P1

BUSINESS ENTITY INQUIRY

\_\_\_\_\_\_

11:29:05

UBI: 602 435 470 001 0001

Loc Status: A

Type: Partnership

Owner Name: WATSON RICHARD AARON

Firm Name : INTEGRITY MOVERS

Loc: 4900 NE 104TH ST

VANCOUVER WA 98686

Mail: 4900 NE 104TH ST

VANCOUVER WA 98686

Phone: (360) 258-0591 Registered Tradenames for this UBI? Yes

RFI: No NSF: No Location First Activity: 11 01 2004 RFP: No Withhold: No Last License Issued: 11 02 2004

TRANSFER: \_\_\_\_ {Press < ENTER> for Endorsements List}

Enter-PF1---PF3---PF3---PF5---PF6---PF7---PF8---PF9---PF10--PF11--PF12---

GLIST APLST UBIQ SERV TRDU INQA

INQR MMENU

Date: 11/5/2004 Time: 11:29:09 AM

Page: 1 Document Name: untitled

MASTER LICENSE SERVICE 11/05/04
INQR UTL024P1 BUSINESS ENTITY INQUIRY 11:29:11
UBI: 602 435 470 001 0001 Loc Status: A

Type: Partnership

\_\_\_\_\_

Owner Name: WATSON RICHARD AARON Firm Name: INTEGRITY MOVERS

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

Date: 11/5/2004 Time: 11:29:14 AM

INQR GPI207P1	COMPOSITE LOCATION :		11/05/04 11:29
UBI: 602 435 470 APPLICATION ID: 00 000 0000	BUSINESS ID: 1	LOCATION ID: 1	Page 1
MARK WITH 'S' TO SELECT GOVER	NING PERSON(S)		
_ WATSON, LESLIE RENEE _ WAKEFIELD, BRAD HAROLD _ *WATSON, RICHARD A _	4810 NE 104TH ST	PTR PTR M/PTR	
	·		
TRANSFER: Enter-PF1PF2PF3PF4	* '/' Title denote PF5PF6PF7PF8	3PF9PF10P	_

Date: 11/5/2004 Time: 11:29:46 AM