

BUSINESS INFORMATION

Name of Applicant Frederick J. Jenkins III
(must be individual, partners or a partnership, or corporation)

Trade Name, if applicable Mini Mighty Movers

Physical Address 1737 Foxtail Circle Weyland, WA 98074

Mailing Address Same as above

Telephone Number (206) 225-9966 Fax Number ()

UBI # 602-328-275 Email: fjenkins@adelphia.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:

<u>Name</u>	<u>Title</u>	<u>Stock Distribution or Percentage of Shares</u>
<u>N/A</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:

My Service mainly will serve the retirement community. I am a owner operator with a small truck so I am only looking for small jobs, moving families that are unable to help them selfs!

Briefly describe your experience in the transportation/household goods moving industry:

I have been delivery furniture for several different furniture companies for over 7 years. My main customers seemed to be retired folks I have learned that these people need special care for moving so I have recieved lots of request to start a small moving service just for them! So I did. But I didnt realize how much grief you had to go through to move people. It seemed to think my little truck was taking all the business.

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	\$ 1000. ⁰⁰	Salaries/Wages Payable	\$ 400. ⁰⁰
Notes Receivable	\$ 0	Accounts Payable	\$ 0
Accounts Receivable	\$ 0	Notes Payable	\$ 0
Investments	\$ 0	Mortgages Payable	\$ 0
Other Current Assets	\$ 12,000. ⁰⁰	Other - Rent 1 Road / Elec. Work	\$ 1,600
Prepaid Expenses	\$ 0	TOTAL LIABILITIES	\$ 2,000.⁰⁰
Land and Buildings	\$ 0	NET WORTH	
Trucks and Trailers	\$ 5000. ⁰⁰	Preferred Stock	\$ 0
Office Furniture	\$ 0	Common Stock	\$ 0
Other Equipment	\$ 500. ⁰⁰	Retained Earnings	\$ 0
Other Assets	\$ 0	Capital	\$ 0
TOTAL ASSETS	\$ 18,500	TOTAL LIABILITIES & NET WORTH	\$ 0

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
92	Chev	A66748J	2G-BHG-31M7C414 2185	6,000

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: *Fred Jensen* Position: *Owner*

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: *Fred Jensen* Position: *Owner*

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: *Fred Jensen* Position: *Owner*

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: *Fred Jensen* Position: *Owner*

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: *Fred Jensen* Position: *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: *Fred Jensen* Position: *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)

Name: *Fred Jensen* Position: *Owner*

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: *Fred Jensen*

Position: *Owner*

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: *Fred Jensen*

Position: *Owner*

DECLARATION OF APPLICANT:

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

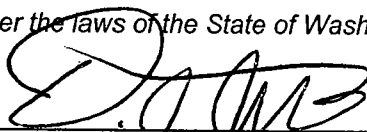
As the applicant for a household goods permit, I understand the responsibilities of a motor carrier, and I am in compliance with all local, state, and federal regulations governing businesses, including household goods movers, in the state of Washington.

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.

Fred Jensen

Print name of applicant



Signature of Applicant

11/9/04 Woodlawn

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: Fred Jenkins (Mini Mighty Movers)

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:

Brad Buchanan, Service Mgr, America Group Inc.

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

9700 NE 126th Ave.
Vancouver, WA 98682

Clark Co.

Phone Number:

(360) 816-0167

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

[] No [X] Yes If yes, please describe your current moving needs: Sometimes we have requests from our customers to move their bed from one residence to another.

Do you anticipate a future need for the services of a residential household goods moving company?

[] No [X] Yes If yes, please describe your future moving needs: We will continue to have customers requesting their beds moved from one residence to another.

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:

Mini Mighty Movers has moved furniture for us for 3 years and done a great job for us. We will continue to use them in the future.

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

11/16/04 Vancouver, WA
Date and Location

ATTACHMENT A

HOUSEHOLD GOODS STATEMENT OF SUPPORT

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Applicant Name: Fred Jenkins (Mini Mighty Movers)

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: Clinton R. BROADWAY, DSM AstraZeneca Pharmaceuticals

Address (include street address, mailing address, city, state, zip, and county): 5700 NE 82nd Ave # G36 Vancouver, WA 98662 (502) 716-3452 cell

Phone Number: (502) 716-3452 cell 360 885 1322 thm

Do you currently need the services of a residential household goods moving company? [X] 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 [X] Yes If yes, please describe your future moving needs: Moving Goods From My Storage Unit To My Residence.

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: Will benefit me by giving me an alternative and choice of who to trust moving my household goods. This will also benefit the community and my business by giving us a choice when moving services are required. Safe & Affordable

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit? Customer service is the foundation this company is built on and by providing a alternative that is a family business that is part of our community helps keep the economy rolling in Washington and the money stay here. Economic benefit to WA State!!

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 (Handwritten signature)

Date and Location: 11/10/2004 Vancouver, WA

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: Fred Jenkins (Mini Mighty Movers)

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:

RICHARD BOWNE

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

555 WEST 8TH ST - #333
VANCOUVER, WA 98660 (CLARK COUNTY)

Phone Number:

360-693-1669

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

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

WE HAVE USED THE SERVICE OF THIS COMPANY AND WAS VERY PLEASED WITH THEIR WORK

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:

IF WE DID, WE WOULD USE THEM AGAIN.

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:

THEY WERE VERY CAREFUL IN PACKING AND MOVING ALL THE FURNITURE HOUSEHOLD ITEMS IN A PROFESSIONAL WAY

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

NOTHING, AS ALL WORK WAS DONE TO OUR SATISFACTION.


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

Richard P. Bowne
Signature of Person Completing Form

NOV. 11, 2004
Date and Location



Mike Sommerville/WUTC
11/19/2004 01:56 PM

To Tina Leipski/WUTC@WUTC
cc Records Center
bcc
Subject Re: DOCKET NUMBER NEEDED 

Your docket number is TV-042055.
Tina Leipski/WUTC



Tina Leipski/WUTC
11/19/04 11:56 AM

To: Records Center
cc:
Subject: DOCKET NUMBER NEEDED

Carrier Name: Frederick John Jenkins III
d/b/a Mini Mighty Movers

Motcar #: 43371

Receipt date: 11/19/04

Staff Assigned: Tina

Type of App: New HHG

Application Number: P79328

Thanks!!