



**HOUSEHOLD GOODS CARRIER
PERMIT APPLICATION**

RECEIVED
DEC 01 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 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 checked="" 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

Check Money Order Amex Discover Mastercard 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): ERIC MARTINSON Date: 11/29/04

Signature: [Signature] Title: OWNER

FOR OFFICIAL USE ONLY

Date Filed: 12/1/04 Application #: P-19332 Motcar: 43389 Permit Issued: HG- 46262

Staff Assigned: [Signature] Insurance: [Signature] Inspection: _____ DOL/SOS: [Signature]

Reception #: 111-0268-207-02 250.00 111-0268-202-01 111-0268-013-20

0009035

PAGE 1 TV-042099

BUSINESS INFORMATION


Name of Applicant Eric Martinson / Martinson Piano Moving LLC
(must be individual, partners of a partnership, or corporation)

Trade Name, if applicable _____

Physical Address 2915 Pine Street

Mailing Address Everett, WA 98201

Telephone Number (425) 252-5000 / 425-870-6068 ^{cell #} Fax Number (425) 259-0741

UBI # 602 197 9240  Email: _____

TYPE OF BUSINESS STRUCTURE

- Individual Partnership Corporation Other LLC
(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
<u>Eric Martinson</u>	<u>owner</u>	<u>50% 51%</u>
<u>Gigi Martinson</u>	<u>owner</u>	<u>50% 49%</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: Mainly King - Snohomish & Pierce

Describe the services you wish to provide. Explain how your services will enhance customer choice, promote competition, or fill an unmet need for service: Piano moving. We've been moving pianos in the area for many years and have a dedicated customer base that is expanding every year.

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

I've had a moving license with the state since 1988

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: H9646262 *OK*

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	\$ <u>3500</u>	Salaries/Wages Payable	\$ <u>63,746</u> ⁴⁸ <i>2003</i>
Notes Receivable	\$	Accounts Payable	\$ <u>72,000</u> <i>expenses for 2003 + wages</i>
Accounts Receivable	\$ <u>900</u> ⁰²	Notes Payable	\$
Investments	\$	Mortgages Payable	\$ <u>2,700</u> ⁰² <i>including warehouse & home/mnth</i>
Other Current Assets	\$	Other	\$ <u>2600</u> ⁰² <i>prop. by hwp - 2003</i>
Prepaid Expenses	\$	TOTAL LIABILITIES	\$
Land and Buildings	\$ <u>350,000</u> ⁰²	NET WORTH	
Trucks and Trailers	\$ <u>70,000</u> ⁰²	Preferred Stock	\$
Office Furniture	\$ <u>200</u> ⁰²	Common Stock	\$
Other Equipment	\$ <u>8,500</u> ⁰²	Retained Earnings	\$ <u>234,000</u> ⁰² <i>gross income 2003</i>
Other Assets	\$	Capital	\$
TOTAL ASSETS	\$ <u>433,100</u> ⁰²	TOTAL LIABILITIES & NET WORTH	\$

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: Eric Martinson

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: Eric Martinson

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.

Eric Martinson
Print name of applicant

[Signature]
Signature of Applicant

11/10/04 / residence
Date & Place

ATTACHMENT B

Transfer or Acquisition of Control

Applicant is seeking one of the following - please check one:

Transfer Acquisition of Control

Current Name on Permit (Seller)

Eric Martinson

Current Trade Name on Permit (Seller)

Martinson Piano Moving

Address (Seller)

HG-046262

425-870-6068

Permit Number

Phone Number (Seller)

Does the transfer of this permit fall under the provisions of WAC 480-15-260? No Yes If yes, please complete Attachment C.

Have all fines and/or penalties been paid? No Yes

Has the closing annual report been filed with the Commission? No Yes

A customer may file a loss or damage claim for up to nine months following a move, and up to two years for a lawsuit. Who will be responsible for handling claims filed by customers for loss and/or damage that occurred on moves taking place prior to the sale and transfer or acquisition?

RELEASE OF AUTHORITY

I, the seller, have sold or otherwise released interest in my household goods permit number HG-046262 to the following:

Martinson Piano Moving LLC - Eric Martinson

Name of Buyer

Martinson Piano Moving LLC

Trade Name of Buyer

We, as applicants, hereby jointly declare and affirm that all information is true to the best of our knowledge.

Eric Martinson

Seller's Signature

11/28/04 - Home

Date & Location

Eric Martinson

Buyer's Signature

11/28/04 Home

Date & Location

ATTACHMENT C

TRANSFER OR ACQUISITION OF PERMANENT HOUSEHOLD GOODS AUTHORITY UNDER EXCEPTIONS IN WAC 480-15-260

1. The Commission will grant an application for permanent authority without public notice or comment if the applicant is fit, willing, and able to provide service and the application is filed to transfer or acquire control of permanent authority for one of the following reasons (check one, if applicable):
- A partnership has dissolved due to the death, bankruptcy, or withdrawal of a partner, and that partner's interest is being transferred to one or more of the remaining partners or a spouse;
 - A shareholder in a corporation has died and that shareholder's interest is being transferred to a surviving spouse or one or more surviving shareholders;
 - A sole proprietor has died and the interest is being transferred as property of the estate;
 - An individual has incorporated, and the same individual remains the majority shareholder;
 - An individual has added a partner, but the same individual remains the majority partner;
 - A corporation has dissolved and the interest is being transferred to the majority shareholder;
 - A partnership has dissolved and the interest is being transferred to the majority partner;
 - A partnership has incorporated and the partners are the majority shareholders; or
 - Ownership is being transferred from one corporation to another corporation when both are wholly owned by the same shareholders.

NOTE Documentation must be included with your application. Documentation may be in the form of a corporate resolution, partnership agreement, court order, death certificate, will or other proof of right to inherit, estate executor's statement, community property agreement or other such documentation that may support your request.

2. The Commission will grant an application for permanent authority without temporary permit operations following public notice or comment if the applicant is fit, willing, and able to provide service and the application is filed to transfer or acquire control of permanent authority for the following reason (check box, if applicable):
- Ownership or control of a permit is being transferred to any shareholder, partner, family member, employee, or other person familiar with the company's operations and the household goods moving services provided. If you check this option, please complete the following:
 - a. Has the permit been actively used by the current owner to provide household goods moving services during the last twelve-month period? No Yes
 - b. Explain why the transfer of ownership or control is necessary to ensure the company's economic viability:

 - c. Describe the steps taken by the applicant and the current owner to ensure that safe operations and continuity of service to the customers are maintained: _____



STATE OF
WASHINGTON

MASTER LICENSE SERVICE
PO Box 9034 • Olympia, WA 98507-9034 • (360) 664-1400
REGISTRATIONS AND LICENSES

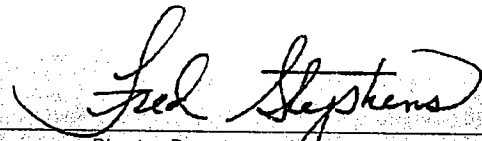
Unified Business ID #: 602 137 924
Business ID #: 1

Expires: 07-31-2005

MARTINSON PIANO MOVING, LLC
2915 PINE STREET
EVERETT WA 98201

DOMESTIC LIMITED LIABILITY COMPANY
Renewed by Authority of Secretary of State

The licensee named above has been issued the business registrations or licenses listed. By accepting this document the licensee certifies the information provided on the application for these licenses was complete, true, and accurate to the best of his or her knowledge, and that business will be conducted in compliance with all applicable Washington state, county, and city regulations.


Director, Department of Licensing

INQR UTL024P1 MASTER LICENSE SERVICE 05/12/04
BUSINESS ENTITY INQUIRY 13:13:29

UBI: 602 137 924 001 0001 State of Inc: WA Loc Status: A
Type: LIMITED LIABILITY COMPANY Date of Inc: 07 27 2001 Corp Status: A

Owner Name: MARTINSON PIANO MOVING, LLC

Reg. Agent: ERIC MARTINSON
Reg. Address: 2915 PINE STREET Exp. Date: 07 31 2004
EVERETT WA 98201 Total Shares authzd:
Total Shares issued:

Firm Name : MARTINSON PIANO MOVING, LLC
Loc: 23725 71ST DR SE Mail: 23725 71ST DR SE
WOODINVILLE WA 98072 WOODINVILLE WA 98072

Phone: (425) 462-4767 Registered Tradenames for this UBI? No
RFI: No NSF: No Location First Activity: 09 01 2001
RFP: No Withhold: No Last License Issue: 10 04 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 05/12/04
 BUSINESS ENTITY INQUIRY 13:15:03

UBI: 602 137 924 001 0001 Loc Status: A
Type: LIMITED LIABILITY COMPANY

Owner Name: MARTINSON PIANO MOVING, LLC
Firm Name : MARTINSON PIANO MOVING, LLC
Page: 1

Endorsements	Unit	Account #	Stat	Date	Expires
TAX REGISTRATION			A	09 14 2001	
UNEMPLOYMENT INSURANCE			A	09 14 2001	
INDUSTRIAL INSURANCE			A	09 14 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

FROM: Washington Utilities and Transportation Commission
Transportation Operations
PO Box 47250 Phone: (360) 664-1222
Olympia, WA 98504-7250 Fax: (360) 586-1181

Date: 12-01-2004 Staff: Tina Leipski

P079332
MARTINSON PIANO MOVING, LLC
2915 PINE STREET
EVERETT, WA 98201

Return this document with the completed/corrected items listed below for prompt processing of your application for operating authority.

X Obtain a Uniform Motor Carrier Certificate of Insurance (Form E) from your insurance company. The insurance must show your name EXACTLY as it is shown above.



Lisa Lloyd/WUTC
12/01/2004 04:32 PM

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

The docket number is TV-042099.

Lisa
Tina Leipski/WUTC



Tina Leipski/WUTC
12/01/04 01:53 PM

To: Records Center
cc:
Subject: DOCKET NUMBER NEEDED

Carrier Name: MARTINSON PIANO MOVING,
LLC
Motcar #: 43389
Receipt date: 12/1/04
Staff Assigned: TINA
Type of App: NAME CHANGE HG-46262 from
Eric Martinson
Application Number: P-79332

Thanks!!