



## HOUSEHOLD GOODS CARRIER PERMIT APPLICATION



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**

Check    
  Money Order    
  Amex    
  Discover    
  Mastercard    
  Visa

Expiration Date: 02/05    
 Amount: \$550    
 #1010253

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): Mike Tracey    
 Date: 11/19/04  
 Signature: Mike Tracey    
 Title: President

FOR OFFICIAL USE ONLY			
Date Filed: <u>11/24/04</u>	Application #: <u>P-79334</u>	Motorcar: <u>43391</u>	Permit Issued: HG- <u>61609</u>
Staff Assigned: <u>[Signature]</u>	Insurance: <u>[Signature]</u>	Inspection: <u>[Signature]</u>	DOL/SOS: <u>[Signature]</u>
Reception #: <u>111-0268-207-02</u> <u>550.00</u> <u>0008991</u> 111-0268-202-01               111-0268-013-20			

PAGE 1     TV-042107

**BUSINESS INFORMATION**

Name of Applicant Budget Moving, Inc.  
(must be individual, partners of a partnership, or corporation)

Trade Name, if applicable \_\_\_\_\_

Physical Address 6910 Roosevelt Way NE Suite 106 Seattle, wa. 98115

Mailing Address 6910 Roosevelt Way NE Suite 106 Seattle, wa 98115

Telephone Number (206) 522-0600 Fax Number ( ) \_\_\_\_\_

UBI # 602-313-472 JD Email: Budgetmoving@Hotmail.com (not advertised)

**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:

Name	Title	Stock Distribution or Percentage of Shares
<u>Mike Tracey</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: I plan on providing moving services with a very high level of customer service. I will provide highly trained employees as well as an involvement by myself which would be considered uncommon with most moving companies. This will be an enjoyable experience for customers and will keep competition intact in this industry.

Briefly describe your experience in the transportation/household goods moving industry: I have over 10 years of experience in this field. I have experience in all aspects, from providing estimates, to facilitating moves, working on logistics of a job from small to large, to working on actual moves, loading & unloading trucks, as well as packing of goods into containers.

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	\$ 45,000.00	Salaries/Wages Payable	\$
Notes Receivable	\$	Accounts Payable	\$
Accounts Receivable	\$	Notes Payable	\$
Investments	\$	Mortgages Payable	\$
Other Current Assets	\$	Other	\$
Prepaid Expenses	\$	<b>TOTAL LIABILITIES</b>	\$
Land and Buildings	\$	<b>NET WORTH</b>	
Trucks and Trailers	\$ 15,000.00	Preferred Stock	\$
Office Furniture	\$	Common Stock	\$
Other Equipment	\$	Retained Earnings	\$
Other Assets	\$	Capital	\$
<b>TOTAL ASSETS</b>	\$ 60,000.00	<b>TOTAL LIABILITIES &amp; NET WORTH</b>	\$

### 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
1988	Ford	790-32W	#3	26,000
1986	Ford	A46654E	#2	24,000

### 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: Mike Tracey 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: Mike Tracey 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: Mike Tracey 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: Mike Tracey 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: Mike Tracey 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: Mike Tracey 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: Mike Tracey 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: Mike Tracey

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: Mike Tracey

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.*

Mike Tracey

Print name of applicant

Mike Tracey

Signature of Applicant

11/19/04 Seattle, Wa.

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.

MICHAEL TRACEY - BUDGET Moving Inc.  
Applicant Name:

**The following must be completed by the Supporter of the applicant**

Name, Title, and Business Name:  
MONICA EMENT REALTOR WINDERMERE

Address (include street address, mailing address, city, state, zip, and county):  
301 NE 100<sup>th</sup> # 200  
SEATTLE WA 98125

Phone Number: 206-650-0570

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 REFER BUDGET MOVING TO MY CLIENTS & MY CLIENTS TO BUDGET MOVING & HAVE ALWAYS GOTTEN POSITIVE FEED BACK

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: THIS COMPANY IS RELIABLE, ON TIME & HARD WORKING - MANY IN THIS BUSINESS ARE NOT REPUTABLE - BUDGET IS AN HONEST COMPANY.

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?  
NO

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

Monica Ement  
Signature of Person Completing Form

10/24/04 Seattle  
Date and Location

**ATTACHMENT A**

**HOUSEHOLD GOODS STATEMENT OF SUPPORT**

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Applicant Name: Mike Tracey / Budget Moving Inc.

**The following must be completed by the Supporter of the applicant**

Name, Title, and Business Name:

Mary Malby

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

11428 82nd Pl. S.  
Seattle, WA 98178

Phone Number:

206-772-6397

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

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

move furniture from one location to another

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:

may move household residence within five to ten years

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:

When future moving needs arise, I would enlist this company's services

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

I have used this company before for a household move and they were responsible & conscientious

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

M. Malby  
Signature of Person Completing Form

11/8/04 Seattle, WA  
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:

*Mike Tracey / Budget Moving Inc.*

**The following must be completed by the Supporter of the applicant**

Name, Title, and Business Name:

*SARA M. WILSON - Coldwell Banker Bain - Escrow*

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

*12721 Bel Red Rd #2  
Bellevue WA 98102*

*CLOSE R*

Phone Number:

*(425) 467 4131 - direct*

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

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

*I use Budget Moving as a referral in my business*

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 plan to purchase a home within the next year and would want to use Budget Moving. I have many friends & co-workers also in the market to buy.*

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:

*It will benefit agents and home buyers a service much needed in Seattle. Budget Moving has been a great referral tool for me.*

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.

*Sara Wilson*  
Signature of Person Completing Form

*10/19/14 Seattle, WA*  
Date and Location



INQR UTL024P1 MASTER LICENSE SERVICE 12/02/04  
BUSINESS ENTITY INQUIRY 10:37:28

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UBI: 602 313 472 001 0001 State of Inc: WA Loc Status: A  
Type: PROFIT CORPORATION Date of Inc: 07 14 2003 Corp Status: A  
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Owner Name: BUDGET MOVING INC.

Reg. Agent: MIKE TRACEY  
Reg. Address: 6244 VASSAR AVE NE Exp. Date: 07 31 2005  
SEATTLE WA 98115 Total Shares authzd:  
Total Shares issued:

Firm Name : BUDGET MOVING INC.  
Loc: 6910 ROOSEVELT WAY NE # 106 Mail: 6910 ROOSEVELT WAY NE # 106  
SEATTLE WA 98115 SEATTLE WA 98115

Phone: (206) 522-0600 Registered Tradenames for this UBI? Yes  
RFI: No NSF: No Location First Activity: 11 01 1993  
RFP: No Withhold: No Last License Issue:

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 12/02/04  
BUSINESS ENTITY INQUIRY 10:37:37

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UBI: 602 313 472 001 0001 Loc Status: A  
Type: PROFIT CORPORATION  
-----

Owner Name: BUDGET MOVING INC.  
Firm Name : BUDGET MOVING INC.  
Page: 1

Endorsements	Unit	Account #	Stat	Date	Expires
TAX REGISTRATION			A	12 02 2004	
UNEMPLOYMENT INSURANCE			A	12 02 2004	
INDUSTRIAL INSURANCE			A	12 02 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**

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**BUDGET MOVING INC.**

<b>UBI Number</b>	602 313 472
<b>Category</b>	Regular Corporation
<b>Profit/Nonprofit</b>	Profit
<b>Active/Inactive</b>	Active
<b>State of Incorporation</b>	WA
<b>Date of Incorporation</b>	07/14/2003
<b>License Expiration Date</b>	07/31/2005
<b>Registered Agent Information</b>	
<b>Agent Name</b>	MIKE TRACEY
<b>Address</b>	6244 VASSAR AVE NE
<b>City</b>	SEATTLE
<b>State</b>	WA
<b>ZIP</b>	98115
<b>Special Address Information</b>	
<b>Address</b>	
<b>City</b>	
<b>State</b>	
<b>Zip</b>	

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