

**HOUSEHOLD GOODS CARRIER
 PERMIT APPLICATION**

RECEIVED
 JUN - 6 2005
 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 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 *Appr # 055329*

Check Money Order Amex Mastercard Visa *Ret 4760*

Expiration Date: 03/08 Amount: 550⁰⁰

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): Cynthia L. Miller Date: 6-2-05
 Signature: Cynthia L. Miller Title: owner

FOR OFFICIAL USE ONLY

Date Filed: <u>6/7/05</u>	Application #: <u>P-19380</u>	Motcar: <u>43740</u>	Permit Issued: HG- <u>62029</u>
Staff Assigned: <u>[Signature]</u>	Insurance: <u>OK</u>	Inspection:	DOL/SOS: <u>OK/OK</u>
Reception #: <u>0010535</u>			

111-0268-207-02 550.00 111-0268-202-01 111-0268-013-20

TV-050873

BUSINESS INFORMATION

Name of Applicant Cynthia L. Miller Empire Movers LLC
(must be individual, partners of a partnership, or corporation)

Trade Name, if applicable Empire Movers L.L.C.

Physical Address 9202 N. Londale Dr. Spokane, WA 99208

Mailing Address P.O. Box 48476 Spokane, WA 99228

Telephone Number (509) 468-5010 Fax Number (509) 468-1790

UBI # 602-495-807 JK Email: EmpireMovers@comcast.net.

TYPE OF BUSINESS STRUCTURE

- Individual
- Partnership
- Corporation
- Other L.L.C.
(LP, LLP, LLC)

List the name, title, and percentage of partner's share or stock distribution for major stockholders:

Name	NO STOCK	Title	Stock Distribution or Percentage of Shares
<i>All Attachment</i>			

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: Services - to move office and/or household goods from one place to another, efficiently and with a wonderful Christian attitude.

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

Husband Darrin worked for a local moving company. Along with his brother.

EP8020-VT

BUSINESS INFORMATION

Name of Applicant Cynthia L. Miller, Darrin D. Miller
(must be individual, partners of a partnership, or corporation)

Trade Name, if applicable Empire Movers L.L.C.

Physical Address 9202 N. Londale Dr. Spokane, WA 99208

Mailing Address P.O. Box 48476, Spokane, WA 99228

Telephone Number (509) 468-5010 Fax Number (509) 468-1790

UBI # 1602-495-807 Email: EmpireMovers@comcast.net

TYPE OF BUSINESS STRUCTURE

- Individual
- Partnership
- Corporation
- Other L.L.C.
(LP, LLP, LLC)

List the name, title, and percentage of partner's share or stock distribution for major stockholders:

NO STOCK		
Name	Title	Stock Distribution or Percentage of Shares
Darrin D. Miller	Pres.	50%
Cynthia L. Miller	Vice. Pres.	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: Services - to move office and/or household goods from one place to another, efficiently and with a wonderful Christian attitude.

Briefly describe your experience in the transportation/household goods moving industry: Husband Darrin worked for a local moving company along with his brother.

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	\$ 550.00	Salaries/Wages Payable	\$
Notes Receivable	\$	Accounts Payable	\$
Accounts Receivable	\$	Notes Payable	\$
Investments	\$	Mortgages Payable	\$ 75,000.00
Other Current Assets	\$	Other <i>cell phones, phone, internet</i>	\$ 350.00 (with)
Prepaid Expenses	\$	TOTAL LIABILITIES	\$
Land and Buildings	\$	NET WORTH	
Trucks and Trailers ⁽¹⁾	\$ 21,500.00	Preferred Stock	\$
Office Furniture	\$ 1,000.00	Common Stock	\$
Other Equipment _{comp.}	\$ 2,000.00	Retained Earnings	\$
Other Assets	\$	Capital	\$
TOTAL ASSETS	\$ 25,050.00	TOTAL LIABILITIES & NET WORTH	\$ 75,350.00

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
2000	International	in the process of transferring title to us.		26,000

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: Lindy & Darrin Miller | Position: owners

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: Lindy & Darrin Miller | Position: owners

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: Lindy & Darrin Miller | Position: owners

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: Lindy & Darrin Miller | Position: owners

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: Lindy & Darrin Miller | Position: owners

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: Lindy & Darrin Miller | Position: owners

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: Lindy & Darrin Miller | Position: owners.

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: Cindy & Danni Miller | Position: owners

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: Cindy & Danni Miller | Position: owners

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.

Cynthia L. Miller

Print name of applicant

Cynthia L. Miller 6-1-05

Signature of Applicant

Date & Place

I believe everything needed is enclosed, we
can be reached at 509-984-1542. Please call
us if anymore information is needed. Thank you,

Cindy Miller.

RECEIVED

JUN - 6 2005

WASH. UT. & TR. COMM

6-17-05

Attn: Tina LEIPSKI

From: Cindy

Empire Movers
Spokane, Wa

509-468-5010

Support Statement
FAX 509 468 1790

Following is some of the
paperwork requested.

The Form E should have been
sent last Friday June 10,
from progressive Inc.

Regarding the Attachment - A Form.
What do we do if we have no one
scheduled to move? Who do we ask
to help fill it out? Thank you, Cindy Miller

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: Darrin Miller / Empire Movers

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: JAN SMITHSON

Address (include street address, mailing address, city, state, zip, and county):
16907 S. Sherman Rd
Cheney, WA - 99004
Spokane County

Phone Number: (509) 448-1415

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:
Potential entire household relocation.

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:
The benefit will be in having this locally-owned, reasonably-priced, professional company available for many to use. Fills a need.

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit? Have used this company on prior occasions. Found them to be conscientious, careful, friendly, efficient, and ethical.

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

JAN SMITHSON 8/15/05 / Cheney, WA
Signature of Person Completing Form 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: Darrin Miller / Empire Movers

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:

Linda A. Vancey

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

6021 N OAK
SPOKANE, WA
99205

Phone Number:

509-328-0633

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:

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. The benefits of a small business run by people who have outstanding moral values and ethics can only stand to bolster an economy. The peace of mind knowing that your goods are treated as gold and as if you is a wonderful

contribution to the community

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]
Signature of Person Completing Form

8-15-05 Spokane, WA
Date and Location



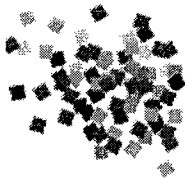
Bonnie Allen/WUTC
09/28/2005 10:25 AM

To Tina Leipski/WUTC@WUTC
cc
bcc
Subject Re: NEW HHG APPLICATION 

I have no additional information about this company.

Bonnie L. Allen, Regulatory Analyst
PHONE 360-664-1226 FAX 360-586-1130
ballen@wutc.wa.gov

Washington Utilities & Transportation Commission
PO Box 47250
Olympia, WA 98504-7250
Tina Leipski/WUTC



Tina
Leipski/WUTC
09/27/2005
11:10 AM

To Licensing Services, Business Practices, Carolyn
Caruso/WUTC@WUTC, Alan Dickson/WUTC@WUTC, J
Foster/WUTC@WUTC, Bruce Grimm/WUTC@WUTC, M
Halliday/WUTC@WUTC, Leon Macomber/WUTC@WUT
Tom McVaugh/WUTC@WUTC, Sharon
Paulsen/WUTC@WUTC, Bonnie Allen/WUTC@WUTC
cc Carolyn Caruso/WUTC@WUTC
Subject NEW HHG APPLICATION

We have an application for permit to transport household goods in the
State of Washington from:

EMPIRE MOVERS, LLC
9202 N LONDALE DR.
SPOKANE, WA 99208
509-468-5010

If corporation, managing members: Darrin Miller - president 50%
Cynthia Miller - vice pres
50%

COMPLIANCE: There was only 1 entry in the compliance database and
that was Carolyn contacting this company as an illegal.

If you have any concerns or need more information regarding this carrier,
just let me know.

Thanks!!! Tina