



# 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** # 108295

Check   
  Money Order   
  Amex   
  Discover   
  Mastercard   
  Visa

Expiration Date: 10/08      Amount: \$550

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): Shirley Kefgen      Date: June 7, 2005

Signature: Shirley Kefgen      Title: Qualifying Specialist

**FOR OFFICIAL USE ONLY**

Date Filed: <u>6/8/05</u>	Application #: <u>P-79381</u>	Motcar: <u>43748</u>	Permit Issued: HG- <u>61839</u>
Staff Assigned: <u>[Signature]</u>	Insurance: <u>001054010</u>	Inspection:	DOL/SOS: <u>[Signature]</u>
Reception #: <u>111-0268-207-02</u>	<u>550.00</u>	<u>111-0268-202-01</u>	<u>111-0268-013-20</u>

**BUSINESS INFORMATION**

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

Trade Name, if applicable TWO MEN AND A TRUCK

Physical Address 19804 41st. Plaw NE, Woodlinville, WA 98072

Mailing Address 3400 Belle Chase Way, Lansing, MI 48911

Telephone Number (517) 394.7210 Fax Number (517) 394.7432

UBI # 002-474-3020 Email: ShirleyK@twomenandatruck.com

**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>TWO MEN AND A TRUCK INTERNATIONAL, INC.</u>		
<u>WHOLLY OWNS BHAG WASHINGTON, INC.</u>		

<u>Per email 6/4/05</u>	<u>Mary Ellen Sheets</u>	<u>CEO</u>
	<u>Melanie Bergeron</u>	<u>President</u>
	<u>James Brigham Sobel</u>	<u>Secretary</u>
	<u>Jon Sobel</u>	<u>Treasurer</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: We will provide commercial and residential moving and packing services as well as selling boxes and packing supplies. Our training and operational systems will exceed customers expectations

Briefly describe your experience in the transportation/household goods moving industry: We are a franchised moving company and we have been operating since 1985. We currently have 154 locations across North America.

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	\$ 10,000	Salaries/Wages Payable	\$
Notes Receivable	\$	Accounts Payable	\$
Accounts Receivable	\$	Notes Payable	\$ 173,000
Investments	\$	Mortgages Payable	\$
Other Current Assets	\$	Other	\$
Prepaid Expenses	\$	<b>TOTAL LIABILITIES</b>	\$
Land and Buildings	\$	<b>NET WORTH</b>	
Trucks and Trailers	\$ 120,000	Preferred Stock	\$
Office Furniture	\$ 5,000	Common Stock	\$ 1,000
Other Equipment	\$ 7,000	Retained Earnings	\$
Other Assets	\$ 32,000	Capital	\$
<b>TOTAL ASSETS</b>	<b>\$ 174,000</b>	<b>TOTAL LIABILITIES &amp; NET WORTH</b>	<b>\$ 174,000</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
			2FZACPCS45AN78032	26,000
			2FZACPCS45AN78033	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: Cari Sullivan Position: Safety & Risk Management

**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: Cari Sullivan Position: Safety & Risk Management

**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: Cari Sullivan Position: Safety & Risk Management

**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: Cari Sullivan Position: Safety & Risk Mgmt.

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: Cari Sullivan Position: Safety & Risk Mgmt.

**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: Cari Sullivan Position: Safety & Risk Mgmt.

**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: Cari Sullivan Position: Safety & Risk Mgmt.

**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: Keith Clark

Position: controller

**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: Shirley Kefgen

Position: Qualifying Specialist & competitive Analyst

**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.

James B. Forber  
Print name of applicant

[Signature]  
Signature of Applicant

10.7.05 Lansing, MI  
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: Bradley Kirker for BHAG Washington, Inc.

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

Name, Title, and Business Name: Wicks Reed

Address (include street address, mailing address, city, state, zip, and county):  
2913 Leonard Drive  
Everett, WA 98201

Phone Number: 425 259-4830

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:  
If I were to ever make a large move, it would be good to know of a reputable company.

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.

Wicks Reed  
Signature of Person Completing Form

3/11/05 Everett, WA.  
Date and Location

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Applicant Name: Brad Kerber for BHA's Washington, Inc

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

Name, Title, and Business Name:

Nora Rogers

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

13403 Dubuque Rd  
Shohomish, WA 98290

Phone Number:

425-335-3486

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:

Not in near future but you never know.

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:

I would feel very comfortable having Brad + his company move my personal belongings. I would also recommend him to family and friends.

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.

Nora Rogers  
Signature of Person Completing Form

3/11/05 Shohomish  
Date and Location

**ATTACHMENT A**

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Applicant Name: Bradley Kirker for BHAG Washington, Inc.

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

Name, Title, and Business Name: Lisa Muth

Address (include street address, mailing address, city, state, zip, and county):  
1701 -121st ST SE J202  
EVERETT, WASH 98208

Phone Number: 425-379-5137

Do you currently need the services of a residential household goods moving company?  
 No  Yes If yes, please describe your current moving needs:  
Bought a home, leaving apartment.

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:  
I have physical limitations and need assistance.

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?  
I am already aware of a positive reputation about this company - I would hire them.

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

Lisa Muth  
Signature of Person Completing Form

3-8-05 Everett, Wash  
Date and Location



**ATTACHMENT A**

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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: Bradley Kirker for BHAG Washington, Inc.

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

Name, Title, and Business Name: Mary P. Kelly, NIS/PACS Application Specialist  
Bradley Kirker, Manager The Everett Clinic

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

9814 2nd St SE #30  
LAKE STEVENS, WA 98258  
Snohomish County

Phone Number: 425-750-3161

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

No  Yes If yes, please describe your current moving needs:  
We are moving into an apartment then into our new home we are building

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:  
Maybe helping us move into big house.

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 me because I could use a helping hand when we move. The business because I wouldn't lose time at work. 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.

Mary Ann Kelly  
Signature of Person Completing Form

3/8/05 Everett, WA  
Date and Location

*My son & wife to get others to help me.*

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Applicant Name: Bradley Kirker

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

Name, Title, and Business Name: Colleen Kirker

Address (include street address, mailing address, city, state, zip, and county):  
16708 Spruce Way  
Lynnwood, WA 98037

Phone Number: 425-787-9712

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:  
not in the near future for myself, but possibly other family members.

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:  
I know this company has a respectable reputation and there are many people in this area who could use their services.

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?  
There is a lot of construction in my area of family dwellings. These moving need access to houses

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

Colleen Kirker  
Signature of Person Completing Form

3/11/05 Lynnwood, WA  
Date and Location

[HOME](#)[CORPORATIONS MENU](#)**CORPORATIONS DIVISION - REGISTRATION DATA SEARCH****BHAG WASHINGTON, INC.**

<b>UBI Number</b>	602 474 302
<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>	02/16/2005
<b>License Expiration Date</b>	02/28/2006
<b>Registered Agent Information</b>	
<b>Agent Name</b>	NATIONAL REGISTERED AGENTS INC
<b>Address</b>	1780 BARNES BLVD SW BLDG G
<b>City</b>	TUMWATER
<b>State</b>	WA
<b>ZIP</b>	985120410
<b>Special Address Information</b>	
<b>Address</b>	
<b>City</b>	
<b>State</b>	
<b>Zip</b>	

[« Return to Search List](#)**Disclaimer**

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TRDN TRD352P1

MASTER LICENSING SYSTEM  
TRADE NAME BY NAME SEARCH

06/09/2005  
14:30

SEARCH: TWO MEN AND A TRUCK

SEL \_\_\_\_\_ TRADE\_NAME(S) \_\_\_\_\_ UBI \_\_\_\_\_ BUS \_\_\_\_\_ REGSTRD \_\_\_\_\_ CANCELED

TRADE\_NAME\_DETAIL\_INFORMATION

1) TWO MEN AND A TRUCK

UBI: 602 474 302 BUS ID: 1  
CORPORATION  
BHAG WASHINGTON, INC.

1780 BARNES BLVD SW BLDG G  
TUMWATER WA 985120410

REGISTRATION DATE: 06 06 2005 CANCELLATION DATE: 00 00 0000

ORIG APPL ID: 05 157 5107 ORIG VAL ID 5107 157 400 02 40 05

TRANSFER: \_\_\_\_\_ PF3=LOCNLIST \_\_\_\_\_ EXIT N \_\_\_\_\_



"Shirley Kefgen"  
<ShirleyK@twomenandatruck.com>

06/14/2005 05:54 AM

To <tleipski@wutc.wa.gov>  
cc  
bcc  
Subject BHAG Washington, Inc.

Hi Tina!

Following is the information you requested

Officers of BHAG Washington, Inc.  
CEO  
Mary Ellen Sheets

President  
Melanie Bergeron

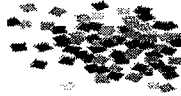
Secretary  
James Brigham Sorber

Treasurer  
Jon Sorber

The truck VIN's are 2FZACFCS45AN78032 and 2FZACFCS45AN78033  
and their weight is 26,000.

Hopefully you received the insurance information you needed yesterday  
afternoon. Please let me know if you need any more information.  
Thanks for all of your help!

Sincerely,  
Shirley Kefgen, CFE  
Qualifying Specialist and Competitive Analyst  
**TWO MEN AND A TRUCK®/INTERNATIONAL, Inc.**



Tina Leipski/WUTC  
06/13/2005 04:31 PM

Licensing Services, Business Practices, Carolyn  
Caruso/WUTC@WUTC, Alan Dickson/WUTC@v  
Foster/WUTC@WUTC, Bruce Grimm/WUTC@v  
cc Carolyn Caruso/WUTC@WUTC

bcc

Subject NEW HHG APPLICATION

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

BHAG Washington, Inc.  
d/b/a Two Men and a Truck  
19804 141st Place NE  
Woodinville, WA 98072  
517-394-7210

**If corporation, managing members: Application lists "Two Men and  
a Truck International, Inc. wholly owns BHAG Washington, Inc.". I  
have requested the members of Two Men and A Truck International,  
Inc. but haven't received it yet.**

**COMPLIANCE:** Nothing noted.

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

Thanks!!! Tina