



HOUSEHOLD GOODS CARRIER PERMIT APPLICATION



2005 JAN 31 AM 9:12

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 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

check # 2131

Expiration Date: \_\_\_\_\_ Amount: ~~250.00~~ 550.00

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): Kimberly F. HIMES Date: 1-7-05

Signature: Kimberly F. Himes Title: none

FOR OFFICIAL USE ONLY

Date Filed: <u>2/2/05</u>	Application #: <u>79354</u>	Motcar: <u>41176</u>	Permit Issued: HG-
Staff Assigned: <u>[Signature]</u>	Insurance:	Inspection:	DOL/SOS:
Reception #: 111-0268-207-02 <u>550.00</u> 111-0268-202-01 111-0268-013-20			

0009457

TV-050896



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	\$20,000	Salaries/Wages Payable	\$3000
Notes Receivable	\$10,000	Accounts Payable	\$700
Accounts Receivable	\$7,000	Notes Payable	\$
Investments	\$	Mortgages Payable	\$
Other Current Assets	\$2000	Other	\$2100
Prepaid Expenses	\$	<b>TOTAL LIABILITIES</b>	\$
Land and Buildings	\$	<b>NET WORTH</b>	
Trucks and Trailers	\$17,000	Preferred Stock	\$
Office Furniture	\$2000	Common Stock	\$
Other Equipment	\$5000	Retained Earnings	\$
Other Assets	\$	Capital	\$25000
<b>TOTAL ASSETS</b>	<b>\$63000</b>	<b>TOTAL LIABILITIES &amp; NET WORTH</b>	<b>\$5800/63000</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
07	HINO			8000

### 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:	Position:
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**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:	Position:
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**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:	Position:
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**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:	Position:
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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:	Position:
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**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:	Position:
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**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:	Position:
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**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: \_\_\_\_\_ Position: \_\_\_\_\_

**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: Gregory L. HINES Position: OWNER

**DECLARATION OF APPLICANT:**

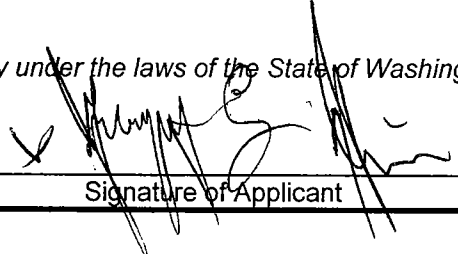
*I understand that filing this application **does not** in itself constitute authority to operate as a household goods mover.*

*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.*

Gregory L. HINES  
Print name of applicant

  
Signature of Applicant

01/14/05  
Date & Place

ATTACHMENT A

HOUSEHOLD GOODS STATEMENT OF SUPPORT

RECEIVED  
DISTRIBUTION CENTER  
2005 JAN 31 AM 9:12

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: ~~XXXXXXXXXXXX~~ Gregory L. Himes

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: GARY FINKELSTEIN sales person for SHERMAN CLAY.

Address (include street address, mailing address, city, state, zip, and county):  
1000 Bellevue Way NE  
Bellevue, WA 98004

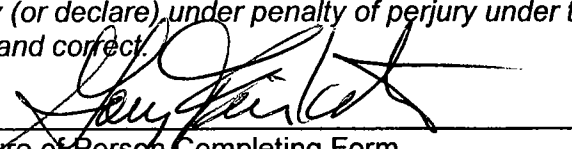
Phone Number: 425 454 0633

Do you currently need the services of a residential household goods moving company?  
 No  Yes If yes, please describe your current moving needs:  
I AM IN PIANO SALES. We Rely on movers to deliver our merchandise.

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:  
(SAME AS ABOVE)

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:  
We work with them on a DAILY BASIS. They bring in merchandise for us to sell as well as delivering it once it's sold.

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?  
They are a reliable and dependable company. We will be using them in the future.

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:  Date and Location: 1-19-05

**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: ~~XXXXXXXXXXXXXXXXXXXX~~ Gregory L. Humes

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

Name, Title, and Business Name: Rodney Tanner MANAGER

Address (include street address, mailing address, city, state, zip, and county):  
Sherman Clay  
1000 Bellevue  
Bellevue wa 98004

Phone Number: 425-454-0833

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:  
Same as above

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:  
work with them on daily basis.

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?  
They are Very Reliable we work together several times a week they are very dependable.

I certify (or declare) under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.  
Rodney G. Tanner 1-19-05  
Signature of Person Completing Form Date and Location

RECEIVED  
DISTRIBUTION CENTER

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STATE OF WASH.  
WUTC

Carolyn,

Here is the application, I am still waiting for the 3rd reference letter from a concert & event vendor, but wanted to get this in process. Enclosed you will find my check.

If there is anything I missed please give me a ring. I will contact you on the 15<sup>th</sup> to make sure you received my package.

Very Best Regards

Kimberly



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

Date: 04-04-2005 Staff: Tina Leipski

P079354  
HIMES, GREGORY L  
PIANO MOVERS  
24039 SE 37TH PLACE  
ISSAQUAH, WA 98029

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

- X Your application will be subject to dismissal if the items requested in this letter are not satisfied within 30 days.
- 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.
- X We also need the completed application. A copy of the application was sent to you previously with the areas highlighted that needed to be completed. Also, your UBI number was missing and another Support Statement was needed. Any questions, give me a call.  
Thanks!

24039

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

Date: 02-02-2005 Staff: Tina Leipski

P079354  
HIMES, GREGORY L  
PIANO MOVERS  
24039 SE 37TH PLACE  
ISSAQUAH, WA 98029

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.
- X Your application needs to be completed in full. There were several sections not completed. I am enclosing a copy of the application you completed with the sections highlighted that need to be completed. You will also need to get a UBI number from the Department of Licensing that I will need to verify. Any questions, give me a call at 360-664-1170. Thanks! Tina

*X Also need 1 more support statement*

NEW HOUSEHOLD GOODS PERMIT  
CHECKLIST

Name of Applicant: Gregory Himes  
D/B/A Piano Movers  
P#: 79354  
Motcar#: 41176  
Docket #: \_\_\_\_\_  
HG#: JV-050896

Kimberly  
# 425-391-3198

- Statement of Support only (2)
- Dept of Revenue/Dept of Licensing write 4 2/2/05
- Secretary of State, if Corporation write 4 4/4/05
- Compliance – Consumer complaints resolved
- FMCSA, if applicable
- E-mail to get ok – LS, BP, Trans Special Investigators, Bonnie 030974
- Insurance 8/14/03
- Inspection of vehicle
- Issue permit & order
- Send to RC for docketing & filing
- Upload/download authority

3/11 Kimberly is working on  
4/12 Kimberly is now changing company to  
her own and an LLC - 0