

**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

360-798-1370

**TYPE OF PAYMENT**

Check  Money Order  Amex  Mastercard  Visa

999676

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): Wayne A. Hollaway Date: 7/1/05  
 Signature: Wayne A. Hollaway Title: General Operations Manager

**FOR OFFICIAL USE ONLY**

Date Filed: <u>7/1/05</u>	Application #: <u>P19386</u>	Motorcar: <u>23810</u>	Permit Issued: HG- <u>61948</u>
Staff Assigned: <u>[Signature]</u>	Insurance: <u>TW.</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>

0000039

PAGE 1

TV-051069

**BUSINESS INFORMATION**

*A&T Moving & Storage, LLC*

Name of Applicant Wayne A. Holloway / Brian Wagner  
 (must be individual, partners of a partnership, or corporation)

Trade Name, if applicable A&T Moving & Storage Co.

Physical Address 13217 NE 59th St. #112 Vancouver WA. 98682

Mailing Address 13217 NE 59th St. #112 Vancouver WA. 98682

Telephone Number 360-798-1370 Fax Number (360) 260-4404

UBI # 602-519-442 Email: WayneHolloway3@msn.com

**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
Wayne A. Holloway	Operations/owner	60%
Brian Wagner	Sales/co-owner	40%

Choose one of the following for the territory in which you wish to operate:

- All counties in the State of Washington     *I would like to go Interstate*  
 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: Transport H.H. Goods Throughout The State make deliveries. I have made some very good contacts in the H.H. Goods industry. Such as Box Bros. There is things that they would rather not do.

Briefly describe your experience in the transportation/household goods moving industry: Truck Driver mover - 1990-2000. Operations Manager Allies V4-Lines Clack WA Transfer Portland Oregon - 2002-May-2005. I dealt with all the customers. I made a lot of friends + colleagues during this time.

**BUSINESS INFORMATION**

Name of Applicant Wayne A. Holloway / Brian Wagner  
 (must be individual, partners of a partnership, or corporation)

Trade Name, if applicable A + T Moving + Storage Co.

Physical Address 13217 N.E. 59th St. #112 Vancouver WA. 98682

Mailing Address 13217 N.E. 59th St. #112 Vancouver WA. 98682

Telephone Number 360-798-1370 Fax Number (360) 260-4404

UBI # \_\_\_\_\_ Email: Wayneholloway3@msn.com

**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>Wayne A. Holloway</u>	<u>Operations / owner</u>	<u>60%</u>
<u>Brian Wagner</u>	<u>Sales / co-owner</u>	<u>40%</u>

Choose one of the following for the territory in which you wish to operate:

- All counties in the State of Washington I would like to go Interstate
- 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: Transport H.H. Goods Throughout The State make deliveries. I have made some very good contacts in the H.H. Goods industry, such as Box Bros. There is things that they would rather not do.

Briefly describe your experience in the transportation/household goods moving industry: Truck Driver mover - 1990-2000, Operations Manager Allied Van Lines. Also in Transfer Portland Oregon - 2002 - May - 2005. I dealt with all the customers, I made a lot of friends + colleagues during this time.

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. <sup>00</sup>	Salaries/Wages Payable	\$ 0
Notes Receivable	\$	Accounts Payable	\$ 0
Accounts Receivable <sup>W/ HAWK GROSS STARTING</sup>	\$ <sup>PROBABLY 24,000 PER WEEK REVENUE</sup> 425 Accounts	Notes Payable	\$ 0
Investments	\$	Mortgages Payable	\$ 447.70
Other Current Assets	\$	Other <sup>UTILITIES 1650.00 RENT/LEASE W/ RESPONSIBILITY</sup>	\$ 1650.00 - 2000.00
Prepaid Expenses	\$ 3200. <sup>00</sup>	<b>TOTAL LIABILITIES</b>	\$ 447.70 2447.70
Land and Buildings	\$ 40,000. <sup>00</sup>	<b>NET WORTH</b>	
Trucks and Trailers	\$ 10,000. <sup>00</sup>	Preferred Stock	\$
Office Furniture	\$ 5000. <sup>00</sup>	Common Stock	\$
Other Equipment	\$ 10,000. <sup>00</sup>	Retained Earnings	\$
Other Assets	\$ 25,000	Capital	\$ 100,000. <sup>00</sup>
<b>TOTAL ASSETS</b>	\$ 103,200. <sup>00</sup>	<b>TOTAL LIABILITIES &amp; NET WORTH</b>	\$ 100,000. <sup>00</sup>

**PAGE 3**

GUESS ON ACCOUNTS RECEIVABLE 20,000 GROSS PER WEEK SO FAR BETWEEN ALBERT RELOGISTICS, GROWN RELOCATIONS, BOB BROTHERS ETC

I HAVE A GROSS NAME THING H Revised 07/03 NATIONAL with Affiliated Van Lines

Wayne H. Holloman  
 360-260-4404  
 p. 4

JUL 07 05 10:56

### 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
1971	Ford/owner/4	A379964	FG1CRK29702	14,000 lbs
1978	Ford Flat Bed	T-516837	F375RCA627	10,000 lbs

### 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: Wayne A. Holloway Position: OPERATIONS / OWNER

**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: Wayne A. Holloway Position: OPERATIONS / OWNER

**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: Wayne A. Holloway Position: OPERATIONS / OWNER

**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: Wayne A. Holloway Position: OPERATIONS / OWNER

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: Wayne A. Holloway Position: OPERATIONS / OWNER

**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: Wayne A. Holloway Position: OPERATIONS / OWNER

**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: Wayne A. Holloway Position: OPERATIONS / OWNER

**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: WAYNE A. HOLLOWAY Position: OWNER / OPERATIONS

**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: WAYNE A. HOLLOWAY Position: OWNER / OPERATIONS

**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.*

Wayne A. Holloway  
Print name of applicant

Wayne A. Holloway  
Signature of Applicant

8/1/05  
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: Wayne A. Holloway A & T Moving & Storage, Inc.

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: Anita White - Lead Coordinator

Address (include street address, mailing address, city, state, zip, and county): 4401 Barnett Rd. #2100 Wichita Falls, TX 76310

Phone Number: 940-646-7295

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: We have used Wayne on many numerous accounts through the year. We have always received excellent service from him.

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit? Spectacular mover, great guy to work with. He believes in customer service 1st.

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: Anita M. White Date and Location: June 23, 2005

Revised 07/03

p. 2

360-260-4404

WAYNE A. HOLLOWAY

JUN 21 05 01:41P

p. 10

360-260-4404

Wayne A. Holloway

JUL 07 05 10:58A

3

**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: Wayne A. Holloway / A+T Moving + Storage Co.

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

Name, Title, and Business Name: Brent & Cathy Parker

Address (include street address, mailing address, city, state, zip, and county):  
1535 NE 22ND ST  
Gresham, OR 97030

Phone Number: 503-489-1509

Do you currently need the services of a residential household goods moving company?  
 No  Yes If yes, please describe your current moving needs: furniture moved from family resident to home.

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: need furniture transported to the house from several places.

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 receive quick, reliable & friendly service that meets my financial budget.

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

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

Cathy J. Park  
Signature of Person Completing Form

7-5-05  
Date and Location



ATTACHMENT A

4

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:

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: Box Brothers of Greater Portland

Address (include street address, mailing address, city, state, zip, and county):  
7620 N.E 119th Place Ste #3  
Vancouver, wa 98682

Phone Number: (800) 806-4119

Do you currently need the services of a residential household goods moving company?  
 No  Yes If yes, please describe your current moving needs: Box Brothers Sells Moving Supplies To The General Public & Refer Customers To local Moving Companies!

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: Box Brothers Can Refer Customers That Need The Moving Services!

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: By Granting A+T Moving & Storage A Permit, Box Brothers would benefit By Getting Small Shipments To Out of State Customers!

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 of Person Completing Form: Chris R. Long (Box Brothers Corp) Date and Location:

Revised 07/03

Wayne Holloway

ALLIED CORPORATE

**From:** "Chad Graves" <Chad.Graves@SIRVA.com>  
**To:** <wayneholloway3@msn.com>  
**Sent:** Tuesday, June 28, 2005 2:41 PM  
**Subject:** hello

Hey Wayne, sorry I didn't get a chance to call you back, but let me know if there's something I can do to help you out. You probably will want to talk to someone in Agency Development or something like that. But I'm more than happy to help if I can.

thanks,  
Chad

6/28/2005

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: WAYNE A. HOLLOWAY A+T Moving + Storage Inc.

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: MICHAEL CARRERA owner Mobile Truck Repair

Address (include street address, mailing address, city, state, zip, and county): 2150 SE 110TH AVE PORTLAND OR 97216 MULTNOMAH

Phone Number: 503 318 7611

Do you currently need the services of a residential household goods moving company? [X] 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 [X] Yes If yes, please describe your future moving needs: PLANNING RETIREMENT MOVE

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: Providing STORAGE AND LABOR in a growing Neighborhood

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit? NONE CURRENTLY

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: [Signature] Date and Location: 6-21-05 PORTLAND

Revised 07/03

Home: 13217 N.E 59<sup>th</sup> St. #112  
Vancouver, Washington 98682

Warehouse: 4943 N.E 105<sup>th</sup> ave.  
Portland, Or. 97220

Phone: (360) 798-1370  
Fax: (360) 260-4404

E-Mail: wayneholloway3@msn.com

**A&T Moving &  
Storage CO.  
Incorporated  
President of  
Operations:  
Wayne A. Holloway**

To: TINA LEIPSKI

From: Wayne Holloway / A&T Moving & Storage

Fax: 360-586-1181

Pages: 15 + cover

Phone: 360-664-1170

Date: 7/7/05

Re: New Household goods carrier

CC:

Urgent

For Review

Please Comment

Please Reply

Please Recycle

● **Comments:**

DEAR TINA, I AM APPLYING FOR A WASHINGTON STATE BUSINESS License in the Household moving + storage industry. I HAVE A PROVEN TRACK RECORD WITH DRIVING A TRUCK FOR 20 YEARS IN THE INDUSTRY. THE LAST 3 YEARS I WAS OPERATIONS MANAGER FOR O'NEILL TRANSFER ALLIED VAN LINES. DURING MY TENURE THERE, I WAS INSTRUMENTAL IN DEVELOPING RECORD PROFITS, I ALSO CLEANED UP O'NEILL TRANSFER'S REPUTATION. I CLEANED HOUSE AS FAR AS DRIVERS + HELPERS WHO HAD BAD HYGIENE + WEREN'T MOVERS, THEY DIDN'T CARE ABOUT CUSTOMER SERVICE AT ALL. I WAS BOTH LONG HAUL DISPATCH, LOCAL DISPATCH, I RATED THE PAPERWORK, 90% OF PHONE CALLS WERE FOR ME. I HAVE A GOOD NAME THROUGHOUT THE COUNTRY. I HAVE BEEN ABLE TO PUT OUT A LOT OF FIRES, DUE TO DIPLOMACY. THE OWNER OF O'NEILL TRANSFER BROUGHT IN HIS 2 YOUNG SONS, THEY SEEMED TO THINK THEY WERE PRIVILEGED, BECAUSE THEY WERE VERY LAZY. THEY WERE PUT IN OFFICE POSITIONS WHERE THEY PLAYED ON THE INTERNET ALL DAY. NEEDLESS TO SAY THE OFFICE WAS UNDERSTAFFED. I REGULARLY PUT IN 12 HOURS A DAY WITHOUT COMPLAINT. I WAS NEVER PAID ANY OVERTIME

DURING THIS TIME, SO CONSEQUENTLY I HAVE A LAWSUIT AGAINST HIM. HE + HIS LAWYER ARE VERY ANXIOUS TO SETTLE THIS. I WAS NEVER GIVEN A REASON FOR BEING LET GO. FROM WHAT I HEAR THEY ARE SING A LOT OF TENDS. DUE TO THE REGULATORS WHO ALL QUIT AFTER I WAS LET GO.

Wayne Holloway

**From:** "Alena Jue" <ajue@crowrelo.com>  
**To:** <wayneholloway3@msn.com>  
**Sent:** Friday, June 24, 2005 3:37 PM  
**Subject:** Nice to hear from you

Hi Wayne,

Can you confirm your warehouse address to me? I have it as 4943 NE 105th Ave. It's hard to see on the fax. I'm guessing because of the ink from the pen. Anyways, let me know when you are set up & ready to go. I would love to use your service for my upcoming moves.

Best regards,  
Alena Jue  
International Transportation Specialist  
Crown Relocations: San Francisco, USA

Tel: 510-895-1550 ext.103  
Fax: 510-895-1806  
Email: ajue@crowrelo.com  
<http://www.crowrelo.com>

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6/28/2005

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: A + T MOVING + STORAGE Co.

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: CROWN RELOCATIONS

Address (include street address, mailing address, city, state, zip, and county): 2721 TEAGARDEN ST. SAN LEANDRO, CA 94577

Phone Number: 510-895-1550

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 A MOVING COMPANY + WOULD LIKE TO USE A+T MOVING + STORAGE Co. TO SERVICE OUR PORTLAND CLIENTS.

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: WE WOULD LIKE TO BOOK THE MAJORITY OF OUR OREGON/WASHINGTON RELOCATIONS WITH A+T MOVING + STORAGE Co.

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: A+T MOVING + STORAGE PROVIDES QUALITY SERVICE AT COMPETITIVE RATES. THIS ALLOWS US TO BOOK MORE BUSINESS.

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit? MR. WAYNE HOLLOWAY HAS CONSISTENTLY PROVIDED EXCELLENT SERVICE TO CROWN RELOCATIONS THESE PAST SEVERAL YRS.

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: [Signature] Date and Location: 6/24/05 SAN LEANDRO, CA

Revised 07/03

2



# Fax

To: Wayne From: Amy  
 Fax: 360-260-4404 Pages: 7  
 Phone: 360-798-1370 Date: 6-29-05  
 Re: Mvg Service Provider CC: A+T Mvg

Urgent  For Review  Please Comment  Please Reply  Please Recycle

● **Comments:**

Wayne, It's great to have you back. Take a look + call me with any questions or concerns.

Thanks,  
Amy

Revolutionizing The Way People Move®

Home: 13217 N.E 59<sup>th</sup> St. #112  
Vancouver, Washington 98682

Warehouse: 4943 N.E 105<sup>th</sup> ave.  
Portland, Or. 97220

Phone: (360) 798-1370  
Fax: (360) 260-4404

E-Mail: wayneholloway3@msn.com

**A&T Moving &  
Storage CO.  
Incorporated  
President of  
Operations:  
Wayne A. Holloway**

**To:** Tina LEIPSKI.

**From:** Wayne Holloway / A&T Moving & Storage

**Fax:** 360-586-1181

**Pages:**

**Phone:** 360-664-1170

**Date:** 7/7/05

**Re:** Newhouse Holdings carrier

**CC:**

- Urgent
- For Review
- Please Comment
- Please Reply
- Please Recycle

Continued from previous page

• **Comments:** I Am going to be able to land some major accounts

when I get my Business license, as proved in the testimonials, I never once used a temp in the 3 years that I ran O'Neill Transfer, I believe that a customer calls us for professional movers, NOT temps. Since I have heard from several sources about the mismanagement & poor customer service at Allied Van Lines. I have also been told by several ex-drivers others when you get to learn too many things in the office Brasley will get rid of you, because he knows he can't get away with as much. He still does long haul drivers statements in pencil, in this day of technology. But enough about the past, I possess a vibrant customer service oriented environment. I am proud the way I conduct business, having only top-notch professionals, clean-cut individuals, guys who go & do the job are friendly, professional & courteous, I have heard of a lot of movers who practically beg for tips. That does not cut it with me. I am a working man's man from Chicago who believes in taking care of my crew! The old saying you get what you pay for is very true in this industry. It's not about money with me, it's about

providing an excellent service having pride, and being an asset to the community. I believe with my background I can provide this. I also graduated from Western Business College with a 3.96 G.P.A. Thank you very much in taking consideration of my application. Wayne & family



Home: 13217 N.E 59<sup>th</sup> St. #112  
Vancouver, Washington 98682

Warehouse: 4943 N.E 105<sup>th</sup> ave.  
Portland, Or. 97220

Phone: (360) 798-1370  
Fax: (360) 260-4404

E-Mail: wayneholloway3@msn.com

A&T Moving &  
Storage CO.  
Incorporated  
President of  
Operations:  
Wayne A. Holloway

To: Tina Leipski

From: Wayne Holloway / A&T Moving & Storage

Fax: 360-586-1181

Pages: 2 + cover

Phone: 360-664-1170

Date: 7/8/05

Re: Re Fax Pg# 2+4

CC:

- Urgent     For Review     Please Comment  
 Please Reply     Please Recycle

● Comments:

Hi Tina I am Refaxing Pages 2 + 4 of App.

Hopefully 3rd time is a charm.

Thank you very much

Sincerely

Wayne A. Holloway

*This is for probate*

**ATTACHMENT E**

**SUPPORT FOR EMERGENCY TEMPORARY AUTHORITY (WAC 480-15-270)**

The Commission may approve Emergency Temporary Authority (ETA) for a specific move or for a period of time (not more than 30 days) when it is necessary to meet a customer's immediate and urgent need for service due to an emergency situation. An immediate and urgent need may consist of unavailability of an existing household goods carrier; a request for special service or equipment that is not available from an existing household goods carrier; natural disasters such as a flood, volcano eruption, forest fire, or earthquake. An approved ETA will be immediately cancelled if the Commission determines that no true emergency exists.

An application for ETA must be accompanied by a sworn statement from the customer needing the service. The customer must complete the following:

**CUSTOMER SWORN STATEMENT OF IMMEDIATE AND URGENT NEED FOR SERVICE**

Customer Name CROWN RELOCATIONS

Address 2721 TEAGARDEN ST, SAN LEANDRO, CA 94577

Telephone Number (So) 895-1550 Fax Number (So) 895-1806

Describe your immediate and urgent need for service: I AM HANDLING ~~AND~~ IMPORTS FOR MY CLIENTS MOVING TO THE USA. I WOULD LIKE TO USE A/T MOVING FOR THE DELIVERIES DUE TO THEIR EXCELLENT CREWS:

What date(s) do you need the service? 7/14

What do you need transported? HOUSEHOLD GOODS

Where do you need it transported from? PORTLAND, OR to? BEASD, OR  
 \* I HAVE UPCOMING SHPTS GOING TO EUGENE, OR AS WELL

List the permitted moving companies you have contacted?

Name EASTSIDE MAYFLOWER Phone Number (So3) 777-4181  
 Explain why they are not able to provide you service: TOO EXPENSIVE, LESS DAYS AVAILABLE

Name BERTSCH MOVING + STORAGE Phone Number (541) 344-6257  
 Explain why they are not able to provide you service: TOO EXPENSIVE, INFLEXIBLE FOR RATES & DAYS AVAILABLE

Name \_\_\_\_\_ Phone Number ( ) \_\_\_\_\_  
 Explain why they are not able to provide you service: \_\_\_\_\_

I certify or declare under penalty of perjury under the laws of the State of Washington that the information contained in this statement is true and correct.

ALENA JUE [Signature] 6/28/05 SAN LEANDRO,  
Print name Signature Date & Place CA

Revised 07/03

Jun 24 05 02:38P Wayne R. Holloway 360-260-4404 P. 3

Jul 07 05 10:57A Wayne R. Holloway 360-260-4404 P. 8

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**SUPPORT FOR EMERGENCY TEMPORARY AUTHORITY (WAC 480-15-270)**

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An application for ETA must be accompanied by a sworn statement from the customer needing the service. The customer must complete the following:

**CUSTOMER SWORN STATEMENT OF IMMEDIATE AND URGENT NEED FOR SERVICE**

Customer Name Albert Moving

Address 4410 Barnett Rd

Telephone Number 910.696.7220 Fax Number 910.696.7038

Describe your immediate and urgent need for service: Pack. Truck + Unload Serv

What date(s) do you need the service? Immediately

What do you need transported? Hammill Gtr

Where do you need it transported from? \_\_\_\_\_ to? \_\_\_\_\_

List the permitted moving companies you have contacted?

Name O'Neil Transport Phone Number ( ) 800-547-8621  
 Explain why they are not able to provide you service: Schedule Booked

Name \_\_\_\_\_ Phone Number ( ) \_\_\_\_\_  
 Explain why they are not able to provide you service: \_\_\_\_\_

Name \_\_\_\_\_ Phone Number ( ) \_\_\_\_\_  
 Explain why they are not able to provide you service: \_\_\_\_\_

I certify or declare under penalty of perjury under the laws of the State of Washington that the information contained in this statement is true and correct.

Albert Moving Print name      [Signature] Signature      July 3, 05 Date & Place

Revised 07/03

**ATTACHMENT E**

**SUPPORT FOR EMERGENCY TEMPORARY AUTHORITY (WAC 480-15-270)**

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An application for ETA must be accompanied by a sworn statement from the customer needing the service. The customer must complete the following:

**CUSTOMER SWORN STATEMENT OF IMMEDIATE AND URGENT NEED FOR SERVICE**

Customer Name Brent & Cathy Parker

Address 1535 NE 22ND

Telephone Number ( ) 503-489-1509 Fax Number ( ) \_\_\_\_\_

Describe your immediate and urgent need for service: Need furniture transported to my house for immediate usage.

What date(s) do you need the service? 7-10-05

What do you need transported? furniture

Where do you need it transported from? 8820 NE 168th PL. to? 1535 NE 22nd St.

List the permitted moving companies you have contacted?

Name \_\_\_\_\_ Phone Number ( ) \_\_\_\_\_  
Explain why they are not able to provide you service: \_\_\_\_\_

Name \_\_\_\_\_ Phone Number ( ) \_\_\_\_\_  
Explain why they are not able to provide you service: \_\_\_\_\_

Name \_\_\_\_\_ Phone Number ( ) \_\_\_\_\_  
Explain why they are not able to provide you service: \_\_\_\_\_

I certify or declare under penalty of perjury under the laws of the State of Washington that the information contained in this statement is true and correct.

Cathy Y. Parker Cathy Y. Parker 7-5-05  
Print name Signature Date & Place

Revised 07/03

Home: 13217 N.E 59<sup>th</sup> St. #112  
Vancouver, Washington 98682

Warehouse: 4943 N.E 105<sup>th</sup> ave.  
Portland, Or. 97220

Phone: (360) 798-1370  
Fax: (360) 260-4404

E-Mail: wayneholloway3@msn.com

**A&T Moving &  
Storage CO.  
Incorporated  
President of  
Operations:  
Wayne A. Holloway**

**To:** Tina Le: psk.  
**From:** Wayne Holloway / A&T Moving & Storage  
**Fax:** 360-586-1181  
**Pages:** 2 + cover 1 + cover  
**Phone:** 360-664-1170  
**Date:** 7/8/05 / 7/9/05  
**Re:** Re Fax Pgs # 2+4  
**CC:** UBT # 602-519-442

- Urgent
- For Review
- Please Comment
- Please Reply
- Please Recycle

● **Comments:**

Hi Tina I am Refaxing Pages 2 + 4 of App.

Hopefully 3rd time is a charm.

Thank you very much

Sincerely  
Wayne A. Holloway

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

Date: 07-12-2005 Staff: Tina Leipski

P079386  
A&T MOVING & STORAGE LLC  
A&T MOVING & STORAGE  
13217 NE 59TH ST #112  
VANCOUVER, WA 98682

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.

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

Date: 07-08-2005 Staff: Tina Leipski

P079386  
WAYNE HOLLOWAY  
A & T MOVING & STORAGE CO  
13217 NE 59TH ST #112  
VANCOUVER, WA 98682

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 Also missing was the UBI number. You can contact the Department of Licensing at 360-664-1400 to apply for this number. On Page 2 under the Type of Business Structure, you marked Corporation, as well as LLC. I need to know exactly what type of business structure you are applying for.