



HOUSEHOLD GOODS CARRIER PERMIT APPLICATION



2005 JUL 29 AM 7:56

Type of Household Goods Authority Requested - Check one	Fee Required
<input type="checkbox"/> Emergency temporary authority (to meet an urgent need for up to thirty days) - Complete pages 1 - 5 and Attachment E	\$ 50
<input type="checkbox"/> Temporary authority (to meet a short-term need) - Complete pages 1 - 5 and Attachment A	\$ 250
<input checked="" type="checkbox"/> Permanent authority (at least six months must be served on a temporary provisional basis) - Complete pages 1 - 5 and Attachment A	\$ 550
<input type="checkbox"/> Permanent authority to transfer or acquire control resulting in a change in ownership or controlling interest (at least six months must be served on a temporary provisional basis) - Complete pages 1 - 5 and Attachment B	\$ 550
<input type="checkbox"/> Permanent authority to transfer or acquire control under the exceptions in WAC 480-15-260 - Complete pages 1 - 5 and Attachments B & C	\$ 250
<input type="checkbox"/> Reinstatement of permit (must be filed within 30 or 60 days of cancellation, depending on criteria set forth in WAC 480-15-460) - Complete pages 1 - 2 and include a statement justifying the reinstatement	\$ 250
<input type="checkbox"/> Name Change - Complete page 1 and Attachment D	\$ 35
<input type="checkbox"/> Extension of authority - Complete pages 1 - 5 and Attachment A	\$ 550

TYPE OF PAYMENT

Check     Money Order     Amex     Mastercard     Visa

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): Kevin Byrd Date: 7.22.05

Signature: Kevin Byrd Title: President

FOR OFFICIAL USE ONLY

Date Filed: <u>7/29/05</u>	Application #: <u>P-79393</u>	Motor: <u>43870</u>	Permit Issued: HG- <u>62068</u>
Staff Assigned: <u>TL</u>	Insurance: <u>OL</u>	Inspection:	DOL/SOS: <u>tw</u>
Reception #: <u>550.00</u>	111-0268-207-02	111-0268-202-01	111-0268-013-20

0000164

TV-051163

**BUSINESS INFORMATION**

Name of Applicant A-1 Hour Service Co.  
(must be individual, partners of a partnership, or corporation)

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

Physical Address 2519 104th St E

Mailing Address 2519 104th St E

Telephone Number (253) 223-4907 Fax Number (253) 539-5932

UBI # 602-272-896  Email: \_\_\_\_\_

**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>Kevin Byrd</u>	<u>President</u>	<u>100</u>

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

- All counties in the State of Washington  
 The following named counties only: \_\_\_\_\_

Describe the services you wish to provide. Explain how your services will enhance customer choice, promote competition, or fill an unmet need for service: Household goods.  
Same day service for customers who need to be moved today.

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

**BUSINESS INFORMATION**

Name of Applicant A-1 Hour Service Co.  
(must be individual, partners of a partnership, or corporation)

Trade Name, if applicable \_\_\_\_\_ City, State, Zip code

Physical Address 2519 104th St E Tacoma, WA, 98445

Mailing Address 2519 104th St E Tacoma, WA 98445

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- Individual     Partnership     Corporation     Other \_\_\_\_\_  
(LP, LLP, LLC)

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

<u>Name</u>	<u>Title</u>	<u>Stock Distribution or Percentage of Shares</u>
<u>Kevin Byrd</u>	<u>Resident</u>	<u>100</u>

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

- All counties in the State of Washington  
 The following named counties only: \_\_\_\_\_

Describe the services you wish to provide. Explain how your services will enhance customer choice, promote competition, or fill an unmet need for service: Household goods.

Same day service for customers who need to be moved today.

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

Hauling & Household removal 3yrs.

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 <i>See attachment</i>			
You may attach a Balance Sheet, Profit and Loss Statement, or business plan if available			
ASSETS		LIABILITIES	
Cash in Bank	\$	Salaries/Wages Payable	\$
Notes Receivable	\$	Accounts Payable	\$
Accounts Receivable	\$	Notes Payable	\$
Investments	\$	Mortgages Payable	\$
Other Current Assets	\$	Other	\$
Prepaid Expenses	\$	<b>TOTAL LIABILITIES</b>	\$
Land and Buildings	\$	<b>NET WORTH</b>	
Trucks and Trailers	\$	Preferred Stock	\$
Office Furniture	\$	Common Stock	\$
Other Equipment	\$	Retained Earnings	\$
Other Assets	\$	Capital	\$
<b>TOTAL ASSETS</b>	\$	<b>TOTAL LIABILITIES &amp; NET WORTH</b>	\$

## EQUIPMENT LIST

Describe the equipment that will be used (attach additional sheets if necessary). Vehicles must pass inspection and be issued a valid Commercial Vehicle Safety Alliance inspection decal before your application may be granted.

Year	Make	License Number	Vehicle ID Number	Gross Vehicle Weight

### 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: <u>Keith Byrd</u>	Position: <u>Vice President</u>
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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: <u>Keith Byrd</u>	Position: <u>VP</u>
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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: <u>Keith Byrd</u>	Position: <u>VP</u>
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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: <u>Keith Byrd</u>	Position: <u>VP</u>
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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: <u>Keith Byrd</u>	Position: <u>VP</u>
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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: <u>Keith Byrd</u>	Position: <u>VP</u>
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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: <u>Keith Byrd</u>	Position: <u>VP</u>
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Year	Make	License Number	Vehicle ID Number	Gross Vehicle Weight
1992	ISUZU Box	A89619U	JALE5B1U6N3000237	18,000
1988	GMC Box	A733284	1G1DE601B75V525097	10,000

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Name: Keith Byrd Position: Vice President

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Name: Keith Byrd Position: VP

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Name: Keith Byrd Position: VP

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Name: Keith Byrd Position: VP

**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 Byrd

Position: VP

**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: Keith Byrd

Position: VP

**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.*

Kevin Byrd

Print name of applicant

Kevin Byrd

Signature of Applicant

7.22.05

Date & Place

**A-1 HOUR SERVICE CO.  
BALANCE SHEET  
As of May 31, 2005**

**ASSETS**

**CURRENT ASSETS**

CASH ON HAND	\$ 3,295.75
CASH IN BANK - CHECKING	8,680.53
CASH IN BANK-SAVINGS	515.43
LOAN RECEIVABLE-OFFICER	<u>3,942.91</u>

**TOTAL CURRENT ASSETS** \$ 16,434.62

**PROPERTY AND EQUIPMENT**

VEHICLES	7,000.00
COMPUTER & OFFICE EQUIPMENT	2,581.62
EQUIPMENT	2,237.53
ACCUMULATED DEPRECIATION	<u>(8,461.77)</u>

**NET PROPERTY & EQUIPMENT** 3,357.38

**OTHER ASSETS**

ORGANIZATIONAL COST	205.00
ACCUMULATED AMORTIZATION	<u>(79.00)</u>

**TOTAL OTHER ASSETS** 126.00

**TOTAL ASSETS** \$ 19,918.00



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:

Lisa Jones

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:

Ft Lewis motel manager

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

12215 Pac Hwy Sw  
Lakewood, WA 98499

Phone Number:

253-582-8991

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

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

We have lots of people who have just moved here from abusive relations & from out of town, state etc... We're always in need of a good moving company to refer our customers too.

Do you anticipate a future need for the services of a residential household goods moving company?

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

I manage the motel and live on the premises, and will at some point be moving into a home.

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:

They will help me and the business by be able on short notice to move my clients out to there new place of permanent residence.

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

there fast careful, ontime and there rates in comparison are Good.

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

Lisa Jones  
Signature of Person Completing Form

7-20-05 Ft Lewis motel  
Date and Location

**ATTACHMENT A**

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Applicant Name: Jason Rich

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

Name, Title, and Business Name: Jason mechanic Triad Marketing

Address (include street address, mailing address, city, state, zip, and county):  
20025 92nd Ave E  
Graham, WA 98338

Phone Number: 253-310-8502

Do you currently need the services of a residential household goods moving company?  
 No  Yes If yes, please describe your current moving needs:  
not at this moment, but will in the future.

Do you anticipate a future need for the services of a residential household goods moving company?  
 No  Yes If yes, please describe your future moving needs:  
I've moved a few times in my life and were renting now and someday soon if the good Lord wills it we will be buying our first home and will need a good moving company.

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 help me if and when I need to move there is a company that I know, who is honest, fair, fast, and to have another moving company keep the rates fair. I think.

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?  
Every one I've met at this company is super nice, very personable. I would recommend this moving company to all my family & friends.

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

Jason Rich  
Signature of Person Completing Form

7-25-05 Graham WA Above Home  
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:  
Dennis\* Wagoner

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

Name, Title, and Business Name:  
Dennis Wagoner Hm owner (Retired)

Address (include street address, mailing address, city, state, zip, and county):  
3225 85th St So (Area #51)  
Tukwila, WA 98499

Phone Number:  
253-376-5161

Do you currently need the services of a residential household goods moving company?  
 No  Yes If yes, please describe your current moving needs:  
But will very shortly, my house is going up for sale Aug 1st 2005.

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:  
see question 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:  
will benefit me because I'm disabled and cant lift much and I have a lot of expensive heavy things that need to be packed and moved by an experienced, careful, reasonable moving comp.

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

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

Dennis Wagoner  
Signature of Person Completing Form

7-26-05 (Hm Address)  
Date and Location