



**HOUSEHOLD GOODS CARRIER
MIT APPLICATION**

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PER

STATE OF WASH

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

#1012878

Check
 Money Order
 Amex
 Discover
 Mastercard
 Visa

Expiration Date: 08/08 Amount: \$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): Adam French Date: 9/7/05
 Signature: Adam French Title: Owner

Date Filed: <u>9/13/05</u>	Application #: <u>P-19400</u>	Motcar: <u>43968</u>	Permit Issued: HG- <u>62045</u>
Staff Assigned: <u>[Signature]</u>	Insurance: <u>[Signature]</u>	Inspection:	DOL/SOS: <u>[Signature]</u>
Reception #: <u>550.00</u>	111-0268-207-02	111-0268-202-01	111-0268-013-20

0000345

BUSINESS INFORMATION

Name of Applicant Adam French

(must be individual, partners of a partnership, or corporation)

See replacement page

Trade Name, if applicable Adams Moving Service & Delivery LLC

Physical Address 1200 NW 126th ST Seattle WA 98177

Mailing Address 1200 NW 126th ST Seattle WA 98177

Telephone Number (206) 251 - 1725 Fax Number ()

UBI # 602 522 331 Email: adam@adamsmoving.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

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: I wish to provide a delivery service and residential moving as well. Our rates will be fair and flexible to meet consumers needs, but also not so low that we undercut the competition.

Briefly describe your experience in the transportation/household goods moving industry: I bought a pickup truck 3 years ago for personal hauling needs and helped other family members occasionally as well. I thought it would be profitable to start a delivery business

360-586-1181

BUSINESS INFORMATION

Name of Applicant
ADAM'S MOVING AND DELIVERY SERVICE, LLC *ad*

(must be individual, partners of a partnership, or corporation)

Trade Name, if applicable _____

Physical Address 12330 ROOSEVELT WAY N.E. APT. 2, SEATTLE, WA 98125

Mailing Address 14419 GREENWOOD AVE N. PMB 206, SEATTLE WA 98135

Telephone Number (206)251-1725 Fax Number ()

UBI # 602 536 995 *ad*
Email: ADAM@ADAMSMOVINGSERVICE.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
ADAM FRENCH	OWNER	100%

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: *I wish to provide household moving service. People need more choices when selecting companies.*

Briefly describe your experience in the transportation/household goods moving industry: *Since I have owned my pickup truck, I have found it very useful in moving my stuff around and I decided to try and start a business.*

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	\$ 15,000.00	Salaries/Wages Payable	\$
Notes Receivable	\$	Accounts Payable	\$
Accounts Receivable	\$	Notes Payable	\$
Investments	\$	Mortgages Payable	\$
Other Current Assets	\$	Other	\$
Prepaid Expenses	\$	TOTAL LIABILITIES	\$
Land and Buildings	\$	NET WORTH	
Trucks and Trailers	\$ 7,000.00	Preferred Stock	\$
Office Furniture	\$	Common Stock	\$
Other Equipment	\$	Retained Earnings	\$
Other Assets	\$	Capital	\$
TOTAL ASSETS	\$ 22,000.00	TOTAL LIABILITIES & NET WORTH	\$

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
1998	Dodge	A15034E	1B7FL26X1WS726366	5,000

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: *Adam French* Position: *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: *Adam French* Position: *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: *Adam French* Position: *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: *Adam French* Position: *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: *Adam French* Position: *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: *Adam French* Position: *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: *Adam French*

Position: *Owner*

PAGE 4

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: Adam French Position: Owner

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: Adam French 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.

Adam French
Print name of applicant

Adam French
Signature of Applicant

8/16/05 Seattle, WA
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: *Adam J. French*

The following must be completed by the Supporter of the applicant

I know Adam French to be a responsible, dependable young man who will be performing a needed moving service.

Address (include street address, mailing address, city, state, zip, and county):
*1200 NW 126th
Seattle, WA 98177 (King County)*

Phone Number: *206-365-5272*

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:

Household moving

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 will need help in moving.

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

I know Adam to be a responsible, dependable young man.

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

Alice T. Wilson

Signature of Person Completing Form

8/19/05

Date and Location

Seattle, WA 98177

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: *Adam French*

The following must be completed by the Supporter of the applicant

Jeremy Schneyer

Owner

Patma

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

*3519 Fremont Pl. N.
Seattle, WA 98103
King Co.*

Phone Number: *206-853-6652*

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

No Yes If yes, please describe your current moving needs: *delivery of furniture.*

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:

I will give me a reliable person to call when I need a piece of furniture delivered to a customer.

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit? *not that I am aware of.*

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

*9/4/05
Seattle, WA*

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: *Adam French*

The following must be completed by the Supporter of the applicant

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Kelly Schreyer

owner

Collective

Address (include street address, mailing address, city, state, zip, and county):
5323 Ballard Ave NW
Seattle, WA 98107

Phone Number: *(206) 851-4459 (cell) | 206-782-1900 store*

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

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

Delivery of furniture

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:

Customers needing furniture delivered from our store to their 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:

Our customers need affordable & reliable delivery of their purchase.

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

NO

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

Kelly Schroyer
Kelly Schroyer

Signature of Person Completing Form

9/5/05 Seattle, WA

Date and Location

FAX

HIGHLAND MAILBOX SERVICES

1419 GREENWOOD AVENUE N.
SEATTLE, WA 98133
PHONE 206-418-1000
FAX 206-418-1171

From: Adam French	Send to: UTC Household Moving
Date: 10/17/05	Attention:
Office Location:	Office Location:
Phone Number	Fax Number: 360-586-1181

- To: [unclear]
- To: [unclear]
- To: [unclear]
- To: [unclear]

TOTAL PAGES, INCLUDING COVER:

Comments:

Please find my updated page to my household goods moving permit application. My UBI # is 602-536-995. If you have any questions regarding this, please call me immediately. Thank you.

Adam French
206-251-1725



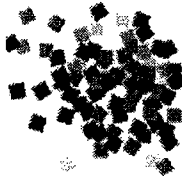
Bonnie Allen/WUTC
10/18/2005 12:38 PM

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

I have no additional information to offer on this applicant.

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

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



Tina
Leipski/WUTC
10/18/2005
09:07 AM

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

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

ADAM'S MOVING AND DELIVERY SERVICE, LLC
12330 ROOSEVELT WAY NE APT 2
SEATTLE, WA 98125

If corporation, managing members--Adam French - 100%

COMPLIANCE: This company has an entry in the Compliance database
as an illegal that was contact by Carolyn to register with us. Nothing
more found.

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

Thanks!!! Tina