

HOUSEHOLD GOODS CARRIER



	Type of Household Goods Authority Requested - Check open	Fee Required
	Emergency temporary authority (to meet an urgent need for up to thirty dats) - Complete pages 1 - 5 and Attachment E	\$ 50
	Temporary authority (to meet a short-term need) – Complete pages 1 -5 and Attachment A	\$ 250
×	Permanent authority (at least six months must be served on a temporary provisional basis) – Complete pages 1 - 5 and Attachment A	\$ 550
	Permanent authority to transfer or acquire control resulting in a change in ownership or controlling interest (at least six months must be salved on a temporary provisional basis) – Complete pages 1 - 5 and Attachment B	\$ 550
	Permanent authority to transfer or acquire control under the exceptions in WAC 480-15-260 – Complete pages 1 - 5 and Attachments B & C	\$ 250
۵	Reinstatement of permit (must be file) within 30 or 60 days of cancellation, depending on criteria set forth in WAC 180-15-460 — Complete pages 1 - 2 and include a statement justifying the reinstatement	\$ 250
	Name Change – Complete page 1 and Attachment D	\$ 35
	Extension of authority – Complete pages 1 - 5 and Attachment A	\$ 550

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Expiration	า Date	: <u> </u>	V					A	mou	ınt:							
and corre	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.						ue ation										
Name (pri	inted):	:_Cro	rig (gree	noug	rh			Date	ə:	31	123	100	5			
Signature	:	raife	H	eino	ul	· 	,	7	Γitle:ͺ		5	123 250	den	\mathcal{F}			_
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Reception 111-0268-)2	550,6	20 ₁ .	11-0268	3-202-0	1				111-	-0268-	√ -013-2	20	-		

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BUSINESS INFORMATION
Name of Applicant G-BROS TWC. (must be individual, partners of a partnership, or corporation)
Trade Name, if applicable
Physical Address 500 Metcalf st. Bldg. R-Z
Physical Address 500 Metcalf st. Bldg. R-Z Mailing Address Sectro- Woolley. WA. 98284
Telephone Number (360) 855 - 2294 Fax Number (360) 855 - 2317
UBI# 602 082 370 Email: Craiggor & Vericon. net
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 Craig S. Greensuch President Stock Distribution or Percentage of Shares
Kevin R. Greehaugh V. Pres. 33%
Graig W. Greenaugh V. Pres. 3370
Choose one of the following for the territory in which you wish to operate:
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: □
d The following named codings 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:
Moving and installation - want us to do
Briefly describe your experience in the transportation/household goods moving industry: WORKED (Sales) for Graebel Van Live for 8 years

		eld, a permit to operate as a motor car your permit number:		
Have you ever applied No □ Yes If ye	for and been denices, please explain	ed a permit to operate as a motor carrie	er of property?	
Do you currently operat	e interstate? 🕱 MC#	No □ Yes If yes, please indicate y Single State Registration Bas	/our: se State	
Do you operate intersta name of the company?	te as an agent of	another company? No □ Yes	If yes, what is the	
		iness related legal proceeding against If yes, please explain:		
Have you ever been co	nvicted of a Class	A or B Felony? No □ Yes If ye	es, please explain:	
Have you been cited for please explain:	violation of state	laws or Commission rules?	∃ Yes If yes,	
				
		ICIAL STATEMENT		
<u> </u>	·	fit and Loss Statement, or business plan if	available	
ASSETS		LIABILITIES		0.1
Cash in Bank	\$ 30,0000	Salaries/Wages Payable		- month
Notes Receivable) \$ 9	Accounts Payable	\$ 10,000	
Accounts Receivable	\$ 80 000	Notes Payable	\$	
Investments	\$ 150,000	Mortgages Payable	\$ 700 00	
Other Current Assets	\$ 7.00 000	Other	\$ 5000	4
Prepaid Expenses	\$ 100 000	TOTAL LIABILITIES	\$ 95 700 CC	
Land and Buildings	\$ 75000	NET WORTH		
Trucks and Trailers	\$ 10,000	Preferred Stock	\$	
Office Furniture	\$ 100,000	Common Stock	\$ 3,000	
Other Equipment	\$	Retained Earnings	\$ 5000	-
Other Assets	\$	Capital	\$	
TOTAL ASSETS	\$	TOTAL LIABILITIES & NET WORTH	\$	

715000 PAGE 3

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	·	EQUIPME	NT LIST	
Descri	he the equinment th	· ·		ecessary). Vehicles must
		ued a valid Commerci		
1 -	your application ma		ai venicle Salety Allia	ince inspection decar
			1	T
Year	Make	License Number	Vehicle ID	Gross Vehicle Weight
			Number	
91	Hino	A66973N	# 100	15600
	•	_		
*	We Lease	all other T	PURKS	
		SAFETY AND (PERATIONS	
In each	of the categories show			ole for understanding and
				Vashington State Laws and
		C rules, Fact Sheets, a		
				o your specific operations.
Outiona	otory curety realing to	SAFETY RESP		o your specific operations.
COMM	EDCIAL DDIVEDGILI			le of Federal Regulations
		rates a vehicle that mee		
	ave a valid CDL.	rates a verilcie triat mee	as the definition of a cor	imercial motor venicle
Name:		<u> </u>	Position:	
		& Keyin Greenous	Position:	Σ $V_1 P_2$
		QUIREMENTS (Title 4		
		qualification requiremen	ts and each company m	iust maintain driver
	ation files for each driv	A 21	Decition:	
name.	DURIN	an Kurn Gregnafi	Position:	T ViPi
		CE (Title 49, Code of F		
driver.	n logs and each compa	any must maintain true a	and accurate nours of s	ervice records for each
Name:	1/ ~ 0		Docition: 1/ //	
	KUUIN GIV		Position: V, P	
				of Federal Regulations
				iring a CDL must be in a
	ed Substance and Aic CFR Part 40.	onoi resting program th	at complies with the Fiv	ICSR in 49 CFR Part 382
	14		D16 1/ 1/	
Name:	Kevin Gre		Position: $V \in V$.	
Each co	ompany will have in pla	ice a system for complyi	ing with FMCSR govern	ing alcohol and controlled
		nt (49 CFR Part 382 and		
				Federal Regulations Part
		that each motor vehicle	operated is regularly in	spected, repaired, and
maintair			D 11 0	
Name:	Kerin Gme		Position: V. P.	
INSURA	NCE REQUIREMENT	'S (WAC(480-15-530) A	Il companies must file a	nd maintain proof of public
				00 minimum coverage for
		GVWR and \$750,000 r	ninimum coverage for v	ehicles 10,000 pounds
GVWR (11 . ()	()	5 · · · · · · · · · · · · · · · · · · ·	
Name:			Position: 1 , P ,	
CARGO	INSURANCE REQUI	REMENTS (WAC 480-1	5-550) All companies m	nust maintain cargo
				cles under 10,000 pounds
GVWR 8	and \$20,000 for vehicl	es 10,000) pounds GVW	R or more)	

Position:

Name:

Kevin Greenough

OPERATIONAL R	ESPONSIBILIT	ES
ANNUAL REPORTS and REGULATORY FEES (W.	AC 480-15-480) (Companies must annually file a
report of their financial operations and pay regulator		
Name: Keyn Greenout		1.0.
STATE OF WASHINGTON – general laws, rules at business in the state of Washington must comply with agencies. Please state the name and position of the for ensuring compliance with the laws of the state of Department of Labor and Industries (industrial insural Licensing (vehicle and drivers licenses, business licensements, fuel tax); Secretary of State (corporate register or over-weight permits); Department of Revenue and Security.	th the regulations e person in your o Washington, suc ance, safety, prevensing, Unified Bu strations); Departr	of local, state, and federal rganization who will be responsible h as, but not limited to: ailing wage); Department of siness Identifier (UBI number), fuel ment of Transportation (over-size
Name: Kritin Greenough	Position:	V.P.
<u> </u>		
DECLARATION	OF APPLICANT:	
I understand that filing this application <u>does not</u> in itself contains the applicant for a household goods permit, I understant compliance with all local, state, and federal regulations got the state of Washington.	nd the responsibilitie	es of a motor carrier, and I am in
I understand that if the Commission grants my application provide service as a household goods carrier on a provisio Commission will evaluate whether I have met the criteria in understand that I must comply with all conditions placed or in cancellation of my permit.	nal basis for at leas WAC 480-15-330	st six months. During this time, the to obtain permanent authority. I also
I certify or declare under penalty of perjury under the laws in this application is true and correct. Crair Greener Company Prior name of applicant Signature	of the State of Was	hington that the information contained 3 / Z / S Date & Place
V		Sidro-Walley, WM

G-Bros. Inc. Furniture Installation, Relocation & Delivery Fax Sheet

Date: September 20, 2005

Pages: 2 (including cover sheet)

To: Tina Leipski - WUTC

From: Craig Greenough - G-Bros, Incorporated

Re: Statement of Support. I am working on a couple more and should have them to you tomorrow. As far as trucks go, we only lease or vehicles at this time and pick up the insurance from Penske. We plan to purchase a few trucks soon. As I mentioned we rarely do a HHG move, we are a office furniture installation company that does commercial moving once in a while.

Please call me with any questions.

Thank your

G-Bros, Inc.

500 Metcalf Street - Building R-2

Sedro-Woolley, WA 98284

(360) 855-2294 Fax (360) 855-2317

craiggor@verizon.net

www.gbrosmoving.com

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GBROS

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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

Do you currently need the services of a residential household goods moving company? If yes, please describe your current moving needs: Relativing a Manual of Intally Do you anticipate a future need for the services of a residential household goods moving company? No gives If yes, please describe your future moving needs: Will use offer. In give, please describe your future moving needs: Will use offer. In give splease describe your future moving needs: Will use offer. In give splease describe your future moving needs: Will use offer. In give splease describe your future moving needs: Will use offer. In give splease describe your future moving needs: Will use offer. In give splease describe your future moving needs: Will use offers to provide household goods moving services in graph of the state will benefit you, your business, and/or your community: RUALITY SERVICE AND FAIR PRICARCY IS HARD TO FIND, there anything else the Commission should consider when making a determination about this there anything else the Commission should consider when making a determination about this conference in the state of washington that the foregoing washing to perjury under the laws of the state of Washington that the foregoing washing the state of Washington that the foregoing washing the state of Completing Farm	The following must be completed by the Supporter of the applicant Name, Title, and Business Name: Costel Kink PAKTURE BYB IMMEST AND MARKED Address (include street address, mailing address, city, state, zip, and county): 2212 QUEEN ANNE AY E. No. SEATTE, WA 98109 KING COUNTY Phone Number: 225 297 2617 Do you currently need the services of a residential household goods moving company? For No & Yes If yes, please describe your current moving needs: Relating and must look for the services of a residential household goods moving company? No & Yes If yes, please describe your future moving needs: Williams offen. Briefly describe how granting this company a permit to provide household goods moving services in walking of the state will benefit you, your business, and/or your community: QUALITY SERVICE AND FAIR PRICARS IS HARD TO FIND. There anything else the Commission should consider when making a determination about this company's application for a household goods permit? LOW EXPERIENCE IS IN YAUNABLE Parties and correct. And Hard To Find To And The Parties of Washington that the foregoing three and correct.	Applicant Name:	
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Transportation Operations

PO Box 47250 Phone: (360) 664-1222 Olympia, WA 98504-7250 Fax: (360) 586-1181

Date: 08-24-2005 Staff: Tina Leipski

P079367 G-BROS INC.

500 METCALF ST BLDG R-2 SEDRO WOOLLEY, WA 98284

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

- X FINAL NOTICE! Your application will be dismissed 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 Per our phone conversation on 7/6/05, Craig indicated that he was still working on the paperwork, I cannot keep this application pending any longer. It will be dismissed on 9/23/05 if insurance and support statements are not received by our office. Thanks

Transportation Operations

PO Box 47250 Phone: (360) 664-1222 Olympia, WA 98504-7250 Fax: (360) 586-1181

Date: 05-16-2005 Staff: Tina Leipski

P079367 G-BROS INC.

500 METCALF ST BLDG R-2 SEDRO WOOLLEY, WA 98284

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 will be subject to dismissal if the items requested in this letter are not satisfied within 30 days.
- X Also needed are at least 3 Support Statements from people in the community that have a need for your Household Goods services. Any questions, give me a call at 360-664-1170. Thanks! Tina

Transportation Operations

PO Box 47250 Phone: (360) 664-1222 Olympia, WA 98504-7250 Fax: (360) 586-1181

Date: 04-04-2005 Staff: Tina Leipski

P079367 G-BROS INC.

500 METCALF ST BLDG R-2 SEDRO WOOLLEY, WA 98284

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

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- X We also need to get at least 3 Support Statements from people in the community that have a need for your Household Goods services. If you have any other questions, give me a call at 360-664-1170. Thank you! Tina

Transportation Operations

PO Box 47250 Phone: (360) 664-1222 Olympia, WA 98504-7250 Fax: (360) 586-1181

Date: 04-04-2005 Staff: Tina Leipski

P079367 G-BROS INC.

9465 PROSPECT RD.

SEDRO WOOLLEY, WA 98284

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