



HOUSEHOLD GOODS CARRIER PERMIT APPLICATION



TV-060349

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 A	\$ 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 Discover 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): Craig Greenough Date: 3/28/05

Signature: Craig Greenough Title: President

FOR OFFICIAL USE ONLY

Date Filed: <u>4/4/05</u>	Application #: <u>P-79367</u>	Motcar: <u>40539</u>	Permit Issued: HG-
Staff Assigned: <u>[Signature]</u>	Insurance:	Inspection:	DOL/SOS: <u>[Signature]</u>

Reception #: 111-0268-207-02 550.00 111-0268-202-01 111-0268-013-20

0009827

BUSINESS INFORMATION

Name of Applicant G-BROS, INC.
(must be individual, partners of a partnership, or corporation)

Trade Name, if applicable _____

Physical Address 500 Metcalf St. Bldg. R-2

Mailing Address Sedro-Woolley, WA. 98284

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

UBI # 602 082 370 Email: craiggor@verizon.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	Title	Stock Distribution or Percentage of Shares
<u>Craig S. Greenough</u>	<u>President</u>	<u>33%</u>
<u>Kevin R. Greenough</u>	<u>V. Pres.</u>	<u>33%</u>
<u>Craig M. Greenough</u>	<u>V. Pres.</u>	<u>33%</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:

Customers that we currently do commercial moving and installation - want us to do HHC Moving too!

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

WORKED (Sales) for Graebel Van Lines for 8 years.

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	\$ 30,000.00	Salaries/Wages Payable	\$ 80,000 - months
Notes Receivable	\$ 80,000	Accounts Payable	\$ 10,000
Accounts Receivable	\$ 80,000	Notes Payable	\$
Investments	\$ 150,000	Mortgages Payable	\$ 700.00
Other Current Assets	\$ 200,000	Other	\$ 5,000
Prepaid Expenses	\$ 100,000	TOTAL LIABILITIES	\$ 95,700.00
Land and Buildings	\$ 25,000	NET WORTH	
Trucks and Trailers	\$ 10,000	Preferred Stock	\$
Office Furniture	\$ 100,000	Common Stock	\$ 3,000
Other Equipment	\$ 20,000	Retained Earnings	\$ 5,000
Other Assets	\$	Capital	\$
TOTAL ASSETS	\$ 715,000	TOTAL LIABILITIES & NET WORTH	\$

715,000

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
91	Hino	A66973N	#100	15600
*	we lease all other trucks.			

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: ~~Don Ramon~~ Kevin Greenough Position: ~~Driver~~ V.P.

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: ~~David Hansen~~ Kevin Greenough Position: ~~Driver~~ V.P.

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: Kevin Greenough Position: V.P.

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: Kevin Greenough Position: V.P.

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: Kevin Greenough Position: V.P.

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: Kevin Greenough Position: V.P.

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: Kevin Greenough Position: V.P.

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: Kevin Greenough Position: V.P.

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: Kevin Greenough Position: V.P.

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.

Craig Greenough
Print name of applicant

Craig Greenough
Signature of Applicant

3/28/05
Date & Place

Sedro-Walley, WA

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

Date: September 20, 2005

Pages: 2 (including cover sheet)

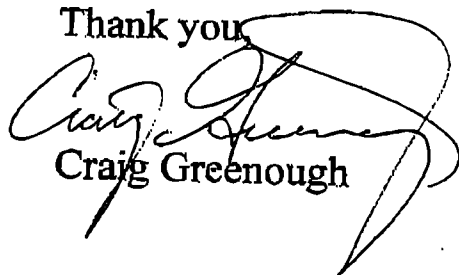
To: Tina Leipski – WUTC

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 you



Craig Greenough

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

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: G-BROS, INC.

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: ROGER KING - PARTNER BBB IMPORT AND MARKETING

Address (include street address, mailing address, city, state, zip, and county):
2212 QUEEN ANNE AVE. NO.
#610
SEATTLE, WA 98109
KING COUNTY

Phone Number: (206) 292-2617

Do you currently need the services of a residential household goods moving company?
 No Yes If yes, please describe your current moving needs:
Relocating a household locally.

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:
Will use often.

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:
QUALITY SERVICE AND FAIR PRICING IS HARD TO FIND.

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

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

Roger M. King
Signature of Person Completing Form

9-12-05 Seattle, WA.
Date and Location

FROM: Washington Utilities and Transportation Commission
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

FROM: Washington Utilities and Transportation Commission
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

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

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 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

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

P079367
G-BROS INC.
9465 PROSPECT RD.
SEDRO WOOLLEY, WA 98284

*had to resend
w/ correct
address
4/14*

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 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. Thanks! Tina