



# HOUSEHOLD GOODS CARRIER PERMIT APPLICATION



*TV-060361*

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 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

*already Paid \$50-*

### 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): \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

### FOR OFFICIAL USE ONLY

Date Filed: <i>1/26/06</i>	Application #: <i>P-7944</i>	Motcar: <i>44079</i>	Permit Issued: HG- <i>01164</i>
Staff Assigned: <i>Sia</i>	Insurance: <i>OK</i>	Inspection:	DOL/SOS: <i>OK</i>
Reception #: 111-0268-207-02 <i>200.00</i> 111-0268-202-01     111-0268-013-20			

**0001030**

PAGE 1

**RECEIVED**

*JAN 23 2006*

WASHINGTON & TP. COMM.

**BUSINESS INFORMATION**

Name of Applicant Columbia Basin Movers & Storage  
(must be individual, partners of a partnership, or corporation)

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

Physical Address 206 S. Alder Moses Lake, WA 98837

Mailing Address \_\_\_\_\_

Telephone Number (509) 760-7680 Fax Number (509) 766-7900

UBI # 602340160 Email: JCENG39@AOL.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:

<u>Name</u>	<u>Title</u>	<u>Stock Distribution or Percentage of Shares</u>
<u>Janae Eng</u>	<u>Member</u>	
<u>Donald Eng</u>	<u>Member</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:

We provide moving, house hold goods in the State of Washington

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

We have been in the moving business for 2 years and wish now to expand in other territories, the State of Washington.

**BUSINESS INFORMATION**

Name of Applicant Columbia Basin Movers & Storage, LLC  
(must be individual, partners of a partnership, or corporation)

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

Physical Address 2016 S. Alder Moses Lake, WA 98831

Mailing Address \_\_\_\_\_

Telephone Number (509) 760-7680 Fax Number (509) 760-7900

UBI # 602340160 Email: JLENG39@AOL.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>Tana Eng</u>	<u>Member</u>	<u>51%</u>
<u>Donald Eng</u>	<u>Member</u>	<u>49%</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:

We provide moving, house hold goods in the State of Washington

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

We have been in the moving business for 2 years and wish now to expand into other services in the State of Washington.

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: AG-61164

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**

*See attach sheet*

You may attach a Balance Sheet, Profit and Loss Statement, or business plan if available

ASSETS		LIABILITIES	
Cash in Bank	\$ 8,000	Salaries/Wages Payable	\$ 21,000
Notes Receivable	\$	Accounts Payable	\$
Accounts Receivable	\$	Notes Payable	\$
Investments	\$	Mortgages Payable	\$ 168,000
Other Current Assets	\$ 500,000	Other	\$
Prepaid Expenses	\$	<b>TOTAL LIABILITIES</b>	<b>189,000</b>
Land and Buildings	\$ 300,000	<b>NET WORTH</b>	
Trucks and Trailers	\$ 15,000	Preferred Stock	\$ 0
Office Furniture	\$ 10,000	Common Stock	\$ 0
Other Equipment	\$ 5,000	Retained Earnings	\$ 40,000
Other Assets	\$	Capital	\$ 5,000
<b>TOTAL ASSETS</b>	<b>828,000</b>	<b>TOTAL LIABILITIES &amp; NET WORTH</b>	<b>45,000</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
1988	GMC - C-Van	AB25718	1GDE6D1BXJ524090	24ft. Cargo Truck 9,860 lbs empty 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: Tod Haneberg Position: Manager

**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: Tod Haneberg Position: Manager

**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: Tod Haneberg Position: manager

**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: TOD Haneberg Position: manager

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: Aaron Muthaland Position: Maintenance (mechanic)

**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: TOD Haneberg Position: manager/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: Tod Haneberg Position: owner/manager

Janae Eng

**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: Janae Eng 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: Janae Eng 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.*

Janae Eng  
Print name of applicant

Janae Eng  
Signature of Applicant

Moses Lake, WA  
1-23-04  
Date & Place

**ATTACHMENT B**

**Transfer or Acquisition of Control**

Applicant is seeking one of the following - please check one:

Transfer  Acquisition of Control

*Jamal Eng*  
*d/b/a Columbia Basin Movers & Storage*

Current Name on Permit (Seller)

Current Trade Name on Permit (Seller)

*206 S. Alder Masas Lake, WA 98837*

Address (Seller)

HG- *611124*

Permit Number

*(509) 760-7680*

Phone Number (Seller)

Does the transfer of this permit fall under the provisions of WAC 480-15-2607  No  Yes If yes, please complete Attachment C.

Have all fines and/or penalties been paid?  No  Yes

Has the closing annual report been filed with the Commission?  No  Yes

A customer may file a loss or damage claim for up to nine months following a move, and up to two years for a lawsuit. Who will be responsible for handling claims filed by customers for loss and/or damage that occurred on moves taking place prior to the sale and transfer or acquisition?

**RELEASE OF AUTHORITY**

I, the seller, have sold or otherwise released interest in my household goods permit number HG-*611124* to the following:

*Columbia Basin Movers & Storage LLC LLC*

Name of Buyer

Trade Name of Buyer

*Sam*

We, as applicants, hereby jointly declare and affirm that all information is true to the best of our knowledge.

*Jamal Eng*

Seller's Signature

*Marselle, OR Masas Lake, WA*

Date & Location

*Jamal Eng*

Buyer's Signature

*Marselle, OR Masas Lake, WA*

Date & Location

**ATTACHMENT C**

**TRANSFER OR ACQUISITION OF PERMANENT HOUSEHOLD GOODS AUTHORITY UNDER EXCEPTIONS IN WAC 480-15-260**

1. The Commission will grant an application for permanent authority without public notice or comment if the applicant is fit, willing, and able to provide service and the application is filed to transfer or acquire control of permanent authority for one of the following reasons (check one, if applicable):
- A partnership has dissolved due to the death, bankruptcy, or withdrawal of a partner, and that partner's interest is being transferred to one or more of the remaining partners or a spouse;
  - A shareholder in a corporation has died and that shareholder's interest is being transferred to a surviving spouse or one or more surviving shareholders;
  - A sole proprietor has died and the interest is being transferred as property of the estate;
  - An individual has incorporated, and the same individual remains the majority shareholder;
  - An individual has added a partner, but the same individual remains the majority partner;
  - A corporation has dissolved and the interest is being transferred to the majority shareholder;
  - A partnership has dissolved and the interest is being transferred to the majority partner;
  - A partnership has incorporated and the partners are the majority shareholders; or
  - Ownership is being transferred from one corporation to another corporation when both are wholly owned by the same shareholders.

\*\*\*NOTE\*\*\* Documentation must be included with your application. Documentation may be in the form of a corporate resolution, partnership agreement, court order, death certificate, will or other proof of right to inherit, estate executor's statement, community property agreement or other such documentation that may support your request.

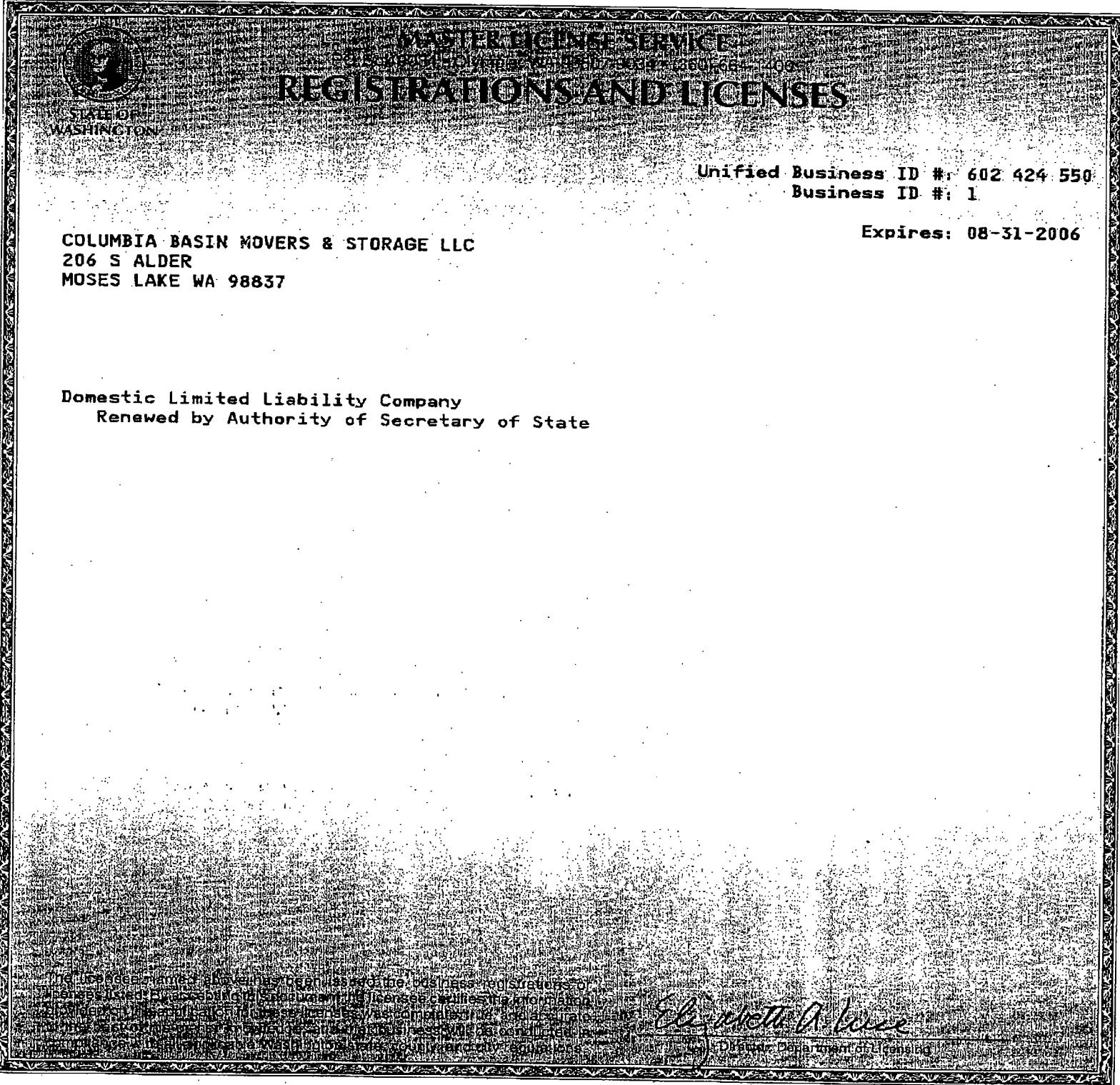
2. The Commission will grant an application for permanent authority without temporary permit operations following public notice or comment if the applicant is fit, willing, and able to provide service and the application is filed to transfer or acquire control of permanent authority for the following reason (check box, if applicable):
- Ownership or control of a permit is being transferred to any shareholder, partner, family member, employee, or other person familiar with the company's operations and the household goods moving services provided. If you check this option, please complete the following:
    - a. Has the permit been actively used by the current owner to provide household goods moving services during the last twelve-month period?     No     Yes
    - b. Explain why the transfer of ownership or control is necessary to ensure the company's economic viability:  
\_\_\_\_\_  
\_\_\_\_\_
    - c. Describe the steps taken by the applicant and the current owner to ensure that safe operations and continuity of service to the customers are maintained:  
\_\_\_\_\_  
\_\_\_\_\_



COLUMBIA BASIN MOVERS & STORAGE LLC  
C/O DONALD ENG  
206 S ALDER  
MOSES LAKE WA 98837

003950

DETACH BEFORE POSTING



MASTER LICENSING SERVICE  
REGISTRATIONS AND LICENSES

Unified Business ID #: 602 424 550  
Business ID #: 1

Expires: 08-31-2006

COLUMBIA BASIN MOVERS & STORAGE LLC  
206 S ALDER  
MOSES LAKE WA 98837

Domestic Limited Liability Company  
Renewed by Authority of Secretary of State

*Elizabeth A. Lewis*  
Director, Department of Licensing



UTILITIES AND TRANSPORTATION COMMISSION

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NOV 14 2005

WASH. UT. & TP. COMM.

1300 South Evergreen Park Drive S.W. P.O. Box 47250 Olympia, WA 98504-7250 Transportation: 360-664-1222 Fax: 360-586-1181

APPLICATION FOR CHANGE OF NAME OR BUSINESS STRUCTURE

(excluding Household Goods carriers and Brokers)

FEE: \$50

P 79414

Table with columns: Received Date (0000630), Legal Action (111068-200-02 50.00), Number (44079), Insurance (W)

Holder of Permit No. HG-61164 asks the WUTC for authority to change the name of or the business structure of the carrier named below, pursuant to the provisions of 81.80 RCW and WAC 480-14 to:

NEW NAME: Columbia Business Storage LLC PHONE #: (509) 760-7680

MAILING ADDRESS: 206 S. Alder Moses Lake WA 98837

PHYSICAL ADDRESS:

UBI #: 602340160

TYPE OF NEW BUSINESS STRUCTURE

INDIVIDUAL PARTNERSHIP CORPORATION - STATE OF INCORPORATION WA

NAME TITLE STOCK DISTRIBUTION or PERCENTAGE OF SHARE Columbia Business Storage LLC

CURRENT NAME: 206 S. Alder PHONE #: (509) 760-7680

ADDRESS: Moses Lake WA 98837

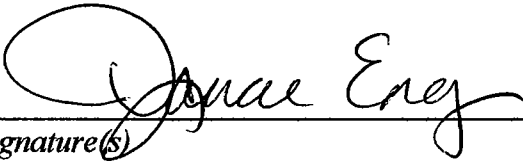
TYPE OF CURRENT BUSINESS STRUCTURE

INDIVIDUAL PARTNERSHIP CORPORATION - STATE OF INCORPORATION

NAME TITLE STOCK DISTRIBUTION or PERCENTAGE OF SHARE Janal Eng DBA Columbia Business Storage

Carrier affirms that the change of name or business structure does not involve a change in ownership, management, or control of the operating authority. Petitioner further submits with this application approved copies of the amended Articles of Incorporation, if applicable. The undersigned applicant requests that the Commission enter an order granting its petition as provided for in Chapter 81.80 RCW.

Thereby declare and affirm that the above and foregoing information is true to the best of my knowledge and belief.

  
\_\_\_\_\_  
Signature(s)

11-07-05  
\_\_\_\_\_  
Date

### **APPLICATION INSTRUCTIONS**

APPLICATION FOR CHANGE OF NAME OR BUSINESS STRUCTURE@ may be used **ONLY** in the following circumstances:

- < Change of carrier=s name, with no change in ownership or business structure.
- < Change of business structure from individual to corporation to incorporate an individual=s business when the individual is the majority stockholder, or, by an individual to a partnership, when the individual is the majority partner, or from a corporation to a proprietorship of the majority shareholder, or by a partnership to a proprietorship of the majority partner.
- < Change of name resulting from a change in business structure from a partnership to a corporation established to incorporate the partnership business, when the partners are the majority stockholders in the same proportionate ownership.
- < Change of name resulting from a change in business structure from a corporation to another corporation where both corporations are wholly owned by the same stockholders in the same proportions.

### **BEFORE SUBMITTING THIS APPLICATION YOU MUST INCLUDE:**

- The completed application form.
- The \$50.00 fee.
- If an individual name change, legal proof of the change, e.g. marriage license, divorce decree.
- If a corporation, a copy of the approved amended Articles of Incorporation.
- Have your insurance agent submit a new Form E Certificate of Insurance in the new name.