



**HOUSEHOLD GOODS CARRIER
PERMIT APPLICATION**



TV-060424

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 Discover Mastercard Visa

Expiration Date: 03/09 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): Linda Neumann Date: March 9, 2006

Signature: Linda Neumann Title: Vice President

01670R

FOR OFFICIAL USE ONLY

Date Filed: <u>3-17-06</u>	Application #: <u>P-19434</u>	Motorcar: <u>35922</u>	Permit Issued: HG- <u>62240</u>
Staff Assigned: <u>[Signature]</u>	Insurance: <u>[Signature]</u>	Inspection:	DOL/SOS: <u>ok/ok</u>
Reception #: <u>550.00</u>		111-0268-202-01	111-0268-013-20

0001304

BUSINESS INFORMATION

Name of Applicant All Alaska Thru Van, Inc.
 (must be individual, partners of a partnership, or corporation)

Trade Name, if applicable _____

Physical Address 9726 47th Ave SW Suite C Lakewood, WA 98499

Mailing Address P.O. Box 389666 Seattle, WA 98138-9666

Telephone Number (866) 229-5947 Fax Number (425) 496-2122

UBI # 602584952  Email: aatv@akforward.com

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:

<u>Name</u>	<u>Title</u>	<u>Stock Distribution or Percentage of Shares</u>
Walter P Schlotfeldt	CEO	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: All Alaska Thru Van will provide household goods moving and storage for military service members stationed at Ft. Lewis, Washington. We are hoping to fill an unmet need for service due to an anticipated increase in volume out of the Ft. Lewis area.

Briefly describe your experience in the transportation/household goods moving industry:
All Alaska Thru Van has been a motor carrier providing household goods service to Alaska and the lower 48 states since 1989. In the past All Alaska has offered an ocean shuttle service for military household goods to and from Alaska as well as a fleet of domestic linehaul drivers.

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# 543136 MC# 269480 WA Single State Registration Base State WA

Do you operate interstate as an agent of another company? No Yes If yes, what is the name of the company? We will initially act as an agent for our own motor carrier authority, All Alaska Thru Van, Inc.

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 as of 12/31/05

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

ASSETS		LIABILITIES	
Cash in Bank	\$30,000	Salaries/Wages Payable	\$
Notes Receivable	\$215,872	Accounts Payable	\$
Accounts Receivable	\$5,491	Notes Payable	\$
Investments	\$	Mortgages Payable	\$
Other Current Assets	\$	Other (Accrued Shipment Exp)	\$31,272
Prepaid Expenses	\$	TOTAL LIABILITIES	\$31,272
Land and Buildings	\$	NET WORTH	
Trucks and Trailers	\$	Preferred Stock	\$
Office Furniture	\$	Common Stock	\$ 250
Other Equipment	\$	Retained Earnings	\$226,798
Other Assets	\$6,957	Capital	\$
TOTAL ASSETS	\$258,320	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
1997	GMAC	A30781D	1GBJG31R5V1102995	10,000
1990	INTERNATIONAL	A77433A	1HTSDZ4N5LH272253	30,000

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: Christy Urdal

Position: Regional 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: Christy Urdal

Position: Regional Manger

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: Christy Urdal

Position: Regional Manger

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: Christy Urdal

Position: Regional Manger

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: Christy Urdal

Position: Regional Manger

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: Linda Neumann

Position: Vice President

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: Linda Neumann

Position: Vice President

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: Linda Neumann

Position: Vice President

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: Walter Schlotfeldt

Position: CEO

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.

Linda Neumann

Print name of applicant



Signature of Applicant

3/09/06 Keat, 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:

ALL ALASKA TRU VAN, INC.

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:

Connie S. Sherensky, President, Ocean-Air International, Inc.

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

490 Park Drive, Suite 103
Weirton, WV 26062-4958

Phone Number:

304-794-0211

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

No Yes If yes, please describe your current moving needs: As a military-approved forwarder for the Department of Defense, it is always important to us to have dedicated quality household goods moving companies especially in areas (like Ft Lewis) where military installations frequently move the household goods of their personnel.

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: The future need of these services will probably exceed the current one which is already tasked due to the shortage of approved military household goods agents in the Ft Lewis area.

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 promotes competition within the State of Washington by enabling us to utilize our domestic and international military authority in the relocation of Armed Forces' members and their families. With a shortage of approved military agents in the Ft Lewis area it makes it difficult to assist the DOD when it comes to relocating our soldiers.

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.

Connie S. Sherensky
Signature of Person Completing Form

3/7/06 Weirton, West Virginia
Date and Location

ATTACHMENT A

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Applicant Name:

ALL ALASKA THRU VAN, INC.

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:

Jim Thompson, President AFS, Inc. d/b/a Alaska Forwarding Services / A&B Transportation

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

18314 80th Place South
Kent, WA 98032
USA

Phone Number:

800-228-4480 x115

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

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

As a military approved relocation carrier, we are seeking the services of a qualified moving company to perform origin and destination services in and around Ft. Lewis, WA.

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:

In order to maintain our relocation contract with the Department of Defense we must retain an agreement with a qualified local moving company such as All Alaska Thru Van.

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:

We are awarded future business by providing quality moving services to Military Members based out of Ft. Lewis and Fisc. Bremerton. All Alaska Thru Van will be the moving company to provide these quality services for our carrier.

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

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

Jim Thompson 3-Mar-2006 Kent, WA

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:

ALL ALASKA THRU VAN, INC.

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:

Jack Crockett, Vice President Interior Transportation, Inc.

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

**2510-C Post Road
Anchorage, AK 99501
USA**

Phone Number:

907-277-0793

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

No Yes If yes, please describe your current moving needs: Our carrier has military approval and requires an agent with military approval in the Tacoma area in order to store and deliver our contracted military household goods.

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:
As All Alaska Thru Van continues to provide quality relocation services, our contract will be continued with the Fort Lewis & Bremerton Navy Installations.

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:

We take pride in providing professional relocation services to members of the Armed Forces. All Alaska Thru Van will be an excellent agent to provide such services.

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

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

[Handwritten Signature]
**3-8-06 Anchorage, AK
99501**