

HOUSEHOLD GOODS CARRIER PERMIT APPLICATION



	Type of Household Goods Authority Requested – Check one	Fee Required
	Emergency temporary authority (to meet an urgent need for up to thirty days) - Complete pages 1 - 5 and Attachment E	\$ 50
	Temporary authority (to meet a short-term need) – Complete pages 1 - 5 and Attachment A	\$ 250
0	Permanent authority (at least six months must be served on a temporary provisional basis) – Complete pages 1 - 5 and Attachment A	\$ 550
٥	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
不	Permanent authority to transfer or acquire control under the exceptions in WAC 480-15-260 – Complete pages 1 - 5 and Attachments B & C	\$ 250
o.	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
. 0	Name Change – Complete page 1 and Attachment D	\$ 35
٥	Extension of authority – Complete pages 1 - 5 and Attachment A	\$ 550

TYPE OF PAYMENT																				
	K Ch	eck		☐ Money Order		□ A	☐ Amex ☐ Discover		r	☐ Mastercard		d	□ Visa							
			_																	
CEF and	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): Thomas E. Crossler Date: 04/13/06 Signature: Title: President																			
	ų.						FC)R(e	FFIC	JAL	USE	ON	LY							
Date	Filed:	-0	6	App	yicatio	84	43	Mo	otcar:	14	35	9 P	ermit	Issu	ed: F	iG-				
Staff (Assig	X	.,		ırang	<u> </u>)	Ins	pection	on:		D	OL/S	OS:	Q	M	al	ノ		
Reception #: 0001532 111-0268-202-01 111-0268-013-20																				
	250.00																			

PAGE 1

TV-060575

BUSINESS INFORMATION							
Name of Applicant Quad Cities Moving & Storage, Inc. (must be individual, partners of a partnership, or corporation)							
Trade Name, if applicable City North American							
Physical Address 1420 S. Main St., Moscow, ID 83843							
Mailing Address P.O. Box 9222, Moscow, ID 83843							
Telephone Number (208) <u>-882-2213</u> Fax Number (208) <u>883-4897</u>							
UBI# 602 460 584							
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 Stock Distribution or Percentage of Shares Thomas E. Crossler President 45%							
Keith T. Crossler Vice President 45%							
Denise D. Crossler Secretary 10%							
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 wish to continue local and Intra Washinton household goods moving. We are a member of the Better Business Bureau and provide proven quaility work and honest estimates. City North American has employee benfits and longevity of workers.							
Briefly describe your experience in the transportation/household goods moving industry: Thomas Crossler has been in the moving business for 26 years and City North American has been in business for 45 years.							

		rer held, a permit to operate as a motor car cate your permit number:	
		lenied a permit to operate as a motor carri	
		□ No া Yes If yes, please indicate yes. Single State Registration Ba	
		t of another company? □ No 🟚 Yes	If yes, what is the
		business related legal proceeding against es If yes, please explain:	
Have you ever been co	nvicted of a Cl	ass A or B Felony?	es, please explain: _
please explain:		ate laws or Commission rules? 🛣 No 🛭	
See attached Balance	FI e Sheet for 2	NANCIAL STATEMENT 005 Profit and Loss Statement, or business plan if	
ASSET	S	LIABILITIES	
Cash in Bank	\$	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	\$	Preferred Stock	\$
Office Furniture	\$	Common Stock	\$
Other Equipment	\$	Retained Earnings	\$
Other Assets	\$	Capital	\$
TOTAL ACCETS	<u> </u>	TOTAL LIADULTIES & NET WORTH	<u>e</u>

2:53 PM 04/10/06 Accrual Basis

City North American Balance Sheet

As of December 31, 2005

	Dec 31, 05
ASSETS	
Current Assets Checking/Savings	
Cash	23,334.85
Savings Account	50,054.06
WF Quad-Cities Moving & Storage	7,520.39
Total Checking/Savings	80,909.30
Accounts Receivable Accounts Receivable	58,629.26
Total Accounts Receivable	58,629.26
Other Current Assets Employee Advances Undeposited Funds	1,750.00 129.16
Total Other Current Assets	1,879.16
Total Current Assets	141,417.72
Fixed Assets	
Office Equipment	3,167.21
Shop/Whse Equipment	16,795.68
Total Fixed Assets	19,962.89
TOTAL ASSETS	161,380.61
LIABILITIES & EQUITY Liabilities Current Liabilities	
Other Current Liabilitles	
Budget - COD Payable	2,280.91
Keenan Advances	-127,974.86
NAVL - COD Payable	178,338.34
Payroll Liabilities Sales Tax Payable	544.07 442.43
Storage Valuation	753.00
Total Other Current Liabilities	54,383.89
Total Current Liabilities	54,383.89
Total Liabilities	54,383.89
Equity	
Capital Stock	1,000.00
Opening Bal Equity	269,751.02
Retained Earnings	-141,561.62
Net Income	-22,192.68
Total Equity	106,996.72
TOTAL LIABILITIES & EQUITY	161,380.61

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	Gross Vehicle Weight
2006	FORD	BF3069	IDAHO	IFDAF56P76EC35605	20,000
1998	Freightliner	AF6352	IDAHO	1FUYNMEB4WP892302	70,000
1998	International	BF2549	IDAHO	н 516592	32,000
1985	FORD	BF2550	TDAHO	1FDR70UFVA34783	32,000
1995	ISUZU	BF2752	IDAHO	JALC4B1K037003826	16,000

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: THOMAS E. CROSSLER Position: PRESIDENT

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: THOMAS E. CROSSLER | Position: PRESIDENT

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: KEITH T. CROSSLER Position: VICE PRESIDENT

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: THOMAS E. CROSSLER Position: PRESIDENT

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: KEITH T. CROSSLER Position: VICE PRESTDENT

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: THOMAS E. CROSSLER Position: 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: THOMAS E. CROSSLER Position: 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: THOMAS E. CROSSLER Position: 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:

THOMAS E. CROSSLER

Position: PRESIDENT

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 periury under the laws of the State of Washington that the information contained in this application is true and correct.

THOMAS E. CROSSLER

Print name of applicant

Signature of Applicant

04/11/06 Moscow, ID

Date & Place

ATTACHMENT B

Transfer or Acquisition of Control

Applicant is seeking one of the following - please c ☐ Transfer ☐ Acquisition of Control	heck one:
ROGER T. ROOT	
Current Name on Permit (Seller)	
City Pickup & Delivery Service	
Current Trade Name on Permit (Seller) 1420 S. Main St., Moscow, ID 83843	
Address (Seller)	
HG- 012074	208-882-2213
Permit Number	Phone Number (Seller)
Does the transfer of this permit fall under the provis please complete Attachment C.	sions of WAC 480-15-260? No XI Yes If yes,
Have all fines and/or penalties been paid? □ No	N Yes We have no fines or penalties.
Has the closing annual report been filed with the Co	ommission? No X Yes
A customer may file a loss or damage claim for up to years for a lawsuit. Who will be responsible for hardamage that occurred on moves taking place prior to THOMAS E. CROSSLER-New owner	ndling claims filed by customers for loss and/or
RELEASE OF	AUTHORITY
I, the seller, have sold or otherwise released interest HG-012074 to the following:	st in my household goods permit number
QUAD CITIES MOVING & STORAGE, INC.	
Name of Buyer	
CITY NORTH AMERICAN	
Trade Name of Buyer	
We, as applicants, hereby jointly declare and aff our knowledge.	firm that all information is true to the best of
	/ / /
97500	4/11/06 Moscow, ID
Seller's Signature	/ / Date & Location
Thomas E. Cushler	4/11/06 Moscow, ID Date & Location 4/11/06 Moscow, ID
Buver's Signature	Date & Location

ATTACHMENT C

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

1.	fit	ne Commission will grant an application for permanent authority without public notice or comment if the applicant is , willing, and able to provide service and the application is filed to <u>transfer or acquire control of permanent authority</u> rone of the following reasons (check one, if applicable):
	o.	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;
	۵	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;
	Q)	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.
reso	ilutic	E***Documentation must be included with your application. Documentation may be in the form of a corporate on, partnership agreement, court order, death certificate, will or other proof of right to inherit, estate executor's nt, community property agreement or other such documentation that may support your request.
2.	put	e Commission will grant an application for permanent authority without temporary permit operations following olic notice or comment if the applicant is fit, willing, and able to provide service and the application is filed to a service and the application is filed to a service on troid of permanent authority for the following reason (check box, if applicable):
	Ŋ	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?
	•	b. Explain why the transfer of ownership or control is necessary to ensure the company's economic viability: City North American has been sold to a long time employee and his family. It will continue to operate the same.
		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: The current owner has retired but he remains involved as a part time employee and a concered adviser. The new owners manage the business.

•			
	INSURANCE EXCHANG DF FARMERS INSURANCE GROU		
	CE: 4680 WILSHIRE BLVD., LOS		
	IES MVNG & STRGE E0002 ENDORSEMEN 22	Prematic Acc't No. Prematic Acc'	rod. Count 06571-82-45 olicy Number
. Moscow	ID 83843	-1722	oncy Number
The named insured is an individual unless otherwise stated	Partnership Joint Venture	Type of X Corp. Business MOVING AND Organization (Other than Partnership or Joint Ve	enture)
Policy Period from 01/18/ If this policy replaces other coverages ends. This policy will continue for s renewal premium for each successive	'06 (not prior to time applier that end at noon standard time uccessive policy periods as fol policy period subject to our premi	f for) to 01/01/07 12:01 am. Star on the same day this policy begins, this policy will not lows: If we elect to continue this insurance, we will rer iums, rules and forms then in effect.	ndard Time. take effect until the other coverage new this policy if you pay the required
ITEM TWO-SCHEDULE OF COVERAGE			
This policy provides only those coverage sovered "autos". "Autos" are shown of the Business Auto Coverage form ne	ges where a charge is shown in the covered "autos" for a partic at to the name of the coverage.	ne premium column below. Each of these coverages wi cular coverage by the entry of one or more of the symb	Il apply only to those "autos" shown tools from the COVERED AUTO Section
	'COVERED AUTOS	E LIMIT	
COVERAGES		THE MOST WE WILL PAY FOR ANY ONE ACCIDENT OR LOSS	PREMIUM
		(LIMITS SHOWN IN THOUSANDS)	
LIABILITY PERSONAL INJURY PROTECTION	41	\$ 1000 Separately stated in each PIP endorsement	5,279.00
or equivalent No-Fault Coverage)			
ADDED PERSONAL INJURY PROTECTION or equivalent No-Fault Coverage)		SEPARATELY STATED IN EACH ADDED PIP ENDORSEMI	ENT
PROPERTY PROTECTION INSURANCE Michigan only)		SEPARATELY STATED IN THE P.P.I. ENDORSEMENT MIN \$ DEDUCTIBLE FOR EACH ACCIDENT	ius
MEDICAL PAYMENTS	46	\$ SEE SCHEDULE	168.00
JNINSURED MOTORIST	46	\$ SEE SCHEDULE	371.00
UNINSURED MOTORIST PROPERTY DAMAGE	1	\$	
UNDERINSURED MOTORISTS (When not nocluded in Uninsured Motorists Cov.)		\$	
RAILER INTERCHANGE COMPREHENSIVE COVERAGE	ing die en	Actual Cash Value or Cost of Repair, whichever is less.	
RAILER INTERCHANGE SPECIFIED CAUSES OF LOSS COVERAGE		Actual Cash Value or Cost of Repair, whichever is less minus \$25 ded. for each covered "Auto" for loss. caused by Mischief or Vandalism.	
RAILER INTERCHANGE COLLISION COVERAGE		Actual Cash Value or Cost of Repair, whichever is less minus \$ Ded. for each covered "Auto"	7.
HYSICAL DAMAGE COMPREHENSIVE COVERAGE	1 46 47 50 I	Actual Cash Value or Cost of Repair, whichever is less minus \$ SEE SCHEDULE Ded. for Each Coverd Auto. But no Deductible Applies to Loss Caused by Fire Lightning. See Item Four for hired or borrowed "autos"	ed 767.00
18/21211			<u>·1</u>

56-5194 4TH EDITION 6-00 565194-ED4

COMPREHENSIVE COVERAGE

PHYSICAL DAMAGE SPECIFIED **CAUSES OF LOSS COVERAGE**

PHYSICAL DAMAGE **COLLISION COVERAGE**

PHYSICAL DAMAGE TOWING AND LABOR

46 47 50

46

Actual Cash Value or Cost of Repair, whichever is Less Minus \$25 Ded. for Each Covered Auto for loss Caused by Mischief or Vandalism. See Item Four for hired

Actual Cash Value or Cost of Repair whichever is less minus \$ SEE SCHEDULE Ded. for Each Covered Auto. See item four for hired or borrowed "Autos".

for each disablement of a private passenger auto. (ACTUAL LIMIT) PREMIUM FOR ENDORSEMENTS **ESTIMATED TOTAL PREMIUM**

or borrowed "Autos".

227.00

3,135.00

9,947.00