



**BUSINESS INFORMATION**

Name of Applicant Donald J. Campbell  
(must be individual, partners of a partnership, or corporation)

Trade Name, if applicable FF Father and Fast Careful Sons

Physical Address 19830 SE 353rd St - Auburn WA 98092

Mailing Address Send -

Telephone Number (203)-735-2834 Fax Number NA ( )

UBI # 600-458-994 Email: \_\_\_\_\_

**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>

Choose one of the following for the territory in which you wish to operate:

- All counties in the State of Washington but based in Auburn, Wa.  
 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: move household goods in an efficient economical way, reasonable prices

Briefly describe your experience in the transportation/household goods moving industry: Have now 40 years experience in Wash State moving

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# WA01C#TCCO1894 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? \_\_\_\_\_

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	\$ 3,000 <sup>00</sup>	Salaries/Wages Payable	\$ 0
Notes Receivable	\$ 2,800 <sup>00</sup>	Accounts Payable <i>Admin Bills monthly</i>	\$ 8,000 <sup>00</sup>
Accounts Receivable	\$ 1,000 <sup>00</sup>	Notes Payable	\$ 0
Investments	\$	Mortgages Payable <i>Reverse mtg.</i>	\$ 0
Other Current Assets <i>owned</i>	\$ 200,000 <sup>00</sup>	Other <i>Very High Fuel cost</i>	\$ 1,000 <sup>00</sup>
Prepaid Expenses	\$ 29	<b>TOTAL LIABILITIES</b> <i>Business monthly</i>	\$ 1,800 <sup>00</sup>
Land and Buildings	\$	<b>NET WORTH</b>	
Trucks and Trailers	\$ 10,500 <sup>00</sup>	Preferred Stock	\$ 0
Office Furniture	\$ 2,500	Common Stock	\$ 0
Other Equipment	\$ ?	Retained Earnings	\$ 0
Other Assets	\$ 20	Capital	\$
<b>TOTAL ASSETS</b>	\$ 219,800	<b>TOTAL LIABILITIES &amp; NET WORTH</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
1994	YMC			

### 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: Isidoro Apodaca Position: Driver

**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: \_\_\_\_\_ Position: \_\_\_\_\_

**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: \_\_\_\_\_ Position: \_\_\_\_\_

**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: \_\_\_\_\_ Position: \_\_\_\_\_

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: \_\_\_\_\_ Position: \_\_\_\_\_

**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: \_\_\_\_\_ Position: \_\_\_\_\_

**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: \_\_\_\_\_ Position: \_\_\_\_\_

**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: David Campbell 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: David Campbell 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.*

David Campbell  
Print name of applicant

David Campbell  
Signature of Applicant

4-27-06/Seattle  
Date & Place

*Goodline*  
**HOUSEHOLD GOODS CARRIER  
 PERMIT APPLICATION**



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 checked="" type="checkbox"/> Extension of authority – Complete pages 1 - 5 and Attachment A	\$ 550

**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): David J. Campbell Date: 4-27-06  
 Signature: *David J. Campbell* Title: Owner

**FOR OFFICIAL USE ONLY**

Date Filed: <u>5/3/06</u>	Application #: <u>P 79449</u>	Motcar: <u>35491</u>	Permit Issued: HG-
Staff Assigned:	Insurance: <u>0001934</u>	Inspection:	DOL/SOS:
Reception #: <u>111-0268-207-02</u>	<u>550.00</u>	<u>111-0268-202-01</u>	<u>111-0268-013-20</u>

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(must be individual, partners of a partnership, or corporation)

Trade Name, if applicable H Father and Fast Careful Sons

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Telephone Number (203)-735-2834 Fax Number ( NA )

Email: \_\_\_\_\_

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- 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>

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- All counties in the State of Washington but based in Auburn, Wa.
- 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: move household goods in an efficient economical way, reasonable prices

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

Have now 10 years experience in Wash State moving

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: WUTC # TCCO11894

Have you ever applied for and <sup>have not been</sup> denied a permit to operate as a motor carrier of property?

No  Yes If yes, please explain: Permit was established about 1988 do not remember the date - operated same for 2 years Sam Broad Campbell took over operation till 8 of 2000

Do you currently operate interstate?  No  Yes If yes, please indicate your:

DOT# 7 MC# WUTC # TCCO11894 Single State Registration Base State W.A.

Do you operate interstate as an agent of another company?  No  Yes If yes, what is the name of the company? none

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

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Accounts Receivable	\$ 1,000 <sup>00</sup>	Notes Payable	\$ 0
Investments	\$	Mortgages Payable <i>Reverse mtg.</i>	\$ 0
Other Current Assets <i>ground</i>	\$ 200,000 <sup>00</sup>	Other <i>Very High Fuel cost</i>	\$ 1,000 <sup>00</sup>
Prepaid Expenses	\$ 29	<b>TOTAL LIABILITIES</b> <i>Business, monthly</i>	\$ 1,800 <sup>00</sup>
Land and Buildings	\$	<b>NET WORTH</b>	
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## 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
1994	GMC	A10845Z	16DJ7H1R7015066	2,000# Chassis 22,000

### 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. *Under 25,000#/all our operations are with above GMC or Rentals*

Name: *Tsideo Apolaco* / Position: *Driver/Pecker = does 80% of work*

**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 Campbell* / Position: *Driver/Pecker/owner = does 20% of work*

**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: *David Campbell* / Position: *Driver/owner*

**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: *David Campbell* / Position: *Driver/owner*

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)

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Name: *David Campbell* / Position: *Driver/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: *David Campbell* / Position: *Driver/owner*

**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: A Father and Fast Careful Son's; Movers

**The following must be completed by the Supporter of the applicant**

Name, Title, and Business Name: Constance Probst, Accounting Tech Case Management Program

Address (include street address, mailing address, city, state, zip, and county):  
Case Management Program  
Aging + Disability Services  
City of Seattle  
618 2nd Ave #1020, Seattle, WA 98104

Phone Number: 206-684-0170

Do you currently need the services of a residential household goods moving company?  
 No  Yes If yes, please describe your current moving needs: We serve clients who are elderly and/or disabled, and who live at home rather than in a health care facility. One or two times a month we use the services of a local mover(s) to move 1 or 2 clients. Funding for this service is on a case-by-case basis; funds are

Do you anticipate a future need for the services of a residential household goods moving company? limited.  
 No  Yes If yes, please describe your future moving needs: The majority of our clients arrange for and pay for their own moves. Often they move to more affordable housing. Like others in the community, they are looking for movers who are reliable and reasonably priced and willing to handle

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: Granting a permit to this company will give us the option of hiring a competitively priced mover willing to handle or consider smaller moving jobs.

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?  
I can't think of anything else that hasn't already been stated above. Thank you for the opportunity to comment

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

Constance H. Probst  
Signature of Person Completing Form

May 16, 2006 Seattle 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: *A Fether and Fest Careful Sons; Movers*

**The following must be completed by the Supporter of the applicant**

Name, Title, and Business Name: *SHAG Barbara Campagna Asst Mgr. AC-3*

Address (include street address, mailing address, city, state, zip, and county):  
*Auburn Ct. III  
106-10th St. N.E.  
Auburn, WA 98002*

Phone Number: *(253) 735-6664*

Do you currently need the services of a residential household goods moving company?  
 No  Yes If yes, please describe your current moving needs:  
*in + out monthly*

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 + out monthly*

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:  
*Good service & reasonable comp prices*

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]*  
Signature of Person Completing Form

*6-30-06*  
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: A Father and Fast Careful Sons; Movers

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: Patricia J. Nuxoll, Manager Auburn Court II

Address (include street address, mailing address, city, state, zip, and county): 104-10th St. NE Auburn WA 98002

Phone Number: 253-735-6663

Do you currently need the services of a residential household goods moving company? No Yes If yes, please describe your current moving needs: We have people moving out. That we need to recommend a moving company

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: monthly

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:

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit? They are honest & work fast.

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 Patricia J. Nuxoll Date and Location 5-9-06 Auburn WA

FROM: Washington Utilities and Transportation Commission  
Transportation Operations  
PO Box 47250 Phone: (360) 664-1222  
Olympia, WA 98504-7250 Fax: (360) 586-1181

Date: 05-03-2006 Staff: Tina Leipski

P079449  
CAMPBELL, DAVID J.  
A FATHER FAST CAREFUL SONS  
19830 SE 353RD STREET  
AUBURN, WA 98092

*31000 Paid 7-19-06*  
*320*  
*hold in Obedience till state approval*  
*no comment*

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

*UBI 600-458-994 PNC FORM E*

X Obtain a Uniform Motor Carrier Certificate of Insurance (Form E) *PNC FORM E*  
from your insurance company. The insurance must show your name  
EXACTLY as it is shown above. *State form they will wire direct to DOT* *E*

X Since this application is not an extension but for permanent  
authority, you will need to attach at least three Support  
Statements. I have attached blanks for your use. Also missing is  
your UBI number. Please complete all the highlighted areas *and*  
return to my office as soon as possible so I can continue to  
process. Thanks!

*Pat 5/10*



# REGISTRATION INFORMATION

You have completed your registration to operate a business in the State of Washington. You may use this document as your official registration until you receive your license from the Department of Licensing.

Owner Name David J Campbell UBI # 600 - 458 - 994

Trade Name A Father & Fast Careful Sons Business Type Sole Proprietor

### Department of Revenue — Tax Reporting Account Number:

- Your UBI number is also your tax reporting account number.
- Your tax reporting account number for your additional business is \_\_\_\_\_. You will receive a tax return for each business so that you can report your tax liability for each business separately.
- Your UBI number is also your tax reporting account number for your additional business. You can report both businesses on one tax return.
- Based on the information submitted on your Master Application you are not currently required to be registered with the Department of Revenue. Since you are not registered with the Department of Revenue, your UBI number cannot be used for resale purposes. If your business activities should change, please contact us immediately. Please review the attached brochure for more information.

### Tax Reporting Frequency:

- Your tax return is due **monthly**. The due date is the 20th of the month following the taxable period.
- Your tax return is due **quarterly**. Tax returns are due as follows:

TAX PERIOD	TAXABLE PERIOD	TAX RETURN DUE DATE
Quarter 1	January 1 - March 31	April 30
Quarter 2	April 1 - June 30	July 31
Quarter 3	July 1 - September 30	October 31
Quarter 4	October 1 - December 31	January 31

- Your tax return is due **annually**. The return is due January 31st.
- Your tax return is due **seasonally**. A seasonal business operates only one or two quarters per year. You are assigned QUARTER (s) \_\_\_\_\_ & \_\_\_\_\_ reporting. Please see **quarterly** above to determine the return due date(s).

*If you do not receive your tax return by the 10th of the month in which it is due, please call us for assistance.*

RECEIVED

MAY - 9 2006

DEPT. OF REVENUE  
KENT, WA

## Business Licensing Information

You can apply for state-required licenses and registrations at one of the following locations:

### WA State Department of Revenue's Website

[www.dor.wa.gov](http://www.dor.wa.gov)

### Kent Location:

Centerpointe Campus

Cascade East Building

20819 - 72nd Avenue South

Suite 680 Zip code: 98032

(253) 437-3440

Office Hours: Monday through Friday: 8 am - 5 pm

### DIRECTIONS:

From I-5 going northbound or southbound, take exit 152 (Orillia Road). From the south, turn right at the end of the exit on to Orillia Road. From the north, turn left off the exit and it turns to Orillia Road. Follow Orillia Road down the hill and it turns into South 212th Street. Continue past the West Valley Highway and turn left on 72nd Avenue South. From I-167 take the South 212th Street exit and head westbound for about two miles. Turn right on 72nd Avenue South.

### Contract s Registration & Licensing – Dept of Labor & Industry

12806 Gateway Dr.

Tukwila, WA

(206) 835-1000

800-647-0982

[www.lni.wa.gov/contractors/](http://www.lni.wa.gov/contractors/)

[contractor.asp](http://contractor.asp)

### State Department of Licensing

State Occupational Licenses

Business and Professional

360.664.4444 | 400

[www.wa.gov/dol](http://www.wa.gov/dol)

### Other licensing information:

#### King County Department of Licensing

(206) 296-2710

Pierce County Licensing 1-253.798.7445

#### MISCELLANEOUS NUMBERS

King County Health ----- 206.296.4708

King County Pet Licensing ----- 206.296.2712

City of Seattle Pet Lic ----- 206.386.4262

King County Envir Health ----- 206.296.4727 (Catering)

State of WA (Daycare) ----- 253.872.2266

KC Code Enforcement ----- 206.296.6680

King County Roads ----- 206.527.6237

King County Info ----- 206.296.0100

Charities 800-332-4483  
Corporations - Secy of State  
Fed Tax ID - IRS = 528-34-9688  
(use SS# if no employees)

1.800-829-1040 or

1-800-688-9889

## Tax Reporting Frequency (cont.):

- You have been assigned the **active nonreporting** status based upon the information you provided on the Master Application. Your account with the Department of Revenue is open, considered to be actively doing business in Washington, but not required to file Combined Excise Tax Returns with the Department of Revenue.

A business qualifies for **active nonreporting** status by meeting **all** the following requirements:

1. business activity does not require the collection of retail sales tax or the payment of use tax;
2. gross proceeds of sales, gross income, or value of products is less than \$28,000 for all business and occupation tax classifications per year;
3. gross income is less than \$24,000 for all public utility tax classifications per year and business owes no other tax or fee to the Department of Revenue.

Please review the Active Nonreporting Business brochure for additional information about this status.

If your business gross income exceeds the \$28,000 threshold, collects retail sales tax or owes use tax, please notify the Department of Revenue immediately. You will be assigned to the appropriate reporting frequency and sent Combined Excise Tax Returns.

It is your responsibility to maintain financial records and notify the Department of Revenue if your business no longer meets these requirements. If at any time your business exceeds the \$28,000 business and occupation or the \$24,000 public utility tax thresholds or collects or owes retail sales or other taxes to the Department of Revenue, a Combined Excise Tax Return must be filed and any taxes due paid. If you do not notify the Department of Revenue, the tax due plus penalties and interest may be assessed.

### Filing Requirements:

- You must file your Combined Excise Tax Return even if you have no business to report. Write NO BUSINESS across the return. Please sign and date the return in the bottom left-hand corner and mail it to the Department of Revenue.
- *Avoid late payment penalties* - The Combined Excise Tax Return due dates are printed on the front page of the return. By law, persons who pay their taxes after the due date must pay a late penalty of 5, 10, or 20 percent. Tax returns are late if they are postmarked after the due date.
- If you pay your Combined Excise Tax Return after the due date, add the proper amount for the late penalty. The table in the lower left-hand corner of the tax return lists the penalty rates.
- If you do not receive your Combined Excise Tax Return by the 10th of the month in which it is due, please call the Department of Revenue for assistance.

### Account Changes

- Please notify us immediately if you change your business name, ownership, business location, mailing address or close your account. You can note the changes on your tax return, contact your local office or Telephone Information Center at (800) 647-7706 or FAX (360) 902-7064.

If you need further assistance, please call your local office at (253) 437-3440 or the Telephone Assistance Center at 1-800-647-7706.

*Thank you for doing business in Washington State.*

May 9, 2006

Process Date

  
Department of Revenue Signature  
VICTORIA GOFF

To inquire about the availability of this form in an alternate format for the visually impaired, please call (360) 753-3217. Teletype (TTY) users may call (800) 451-7985. You may also access tax information on our Internet homepage at <http://dor.wa.gov>.



FROM: Washington Utilities and Transportation Commission  
Transportation Operations  
PO Box 47250 Phone: (360) 664-1222  
Olympia, WA 98504-7250 Fax: (360) 586-1181

Date: 05-03-2006 Staff: Tina Leipski

P079449  
CAMPBELL, DAVID J.  
A FATHER FAST CAREFUL SONS  
19830 SE 353RD STREET  
AUBURN, WA 98092 *12*

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 Since this application is not an extension but for permanent authority, you will need to attach at least three Support Statements. I have attached blanks for your use. Also missing is your UBI number. Please complete all the highlighted areas *are and* return to my office as soon as possible so I can continue to process. 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: 07-12-2006 Staff: Tina Leipski

P079449  
CAMPBELL, DAVID J.  
A FATHER FAST CAREFUL SONS  
19830 SE 353RD STREET  
AUBURN, WA 98092

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

- X Your application will be subject to dismissal 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 Your application was incomplete and I talked with you on 5/30/06 regarding the missing information. You said you were working on it but I haven't seen anything yet. Let me know if you need another copy of the application to complete. Thanks!