

### **HOUSEHOLD GOODS CARRIER PERMIT APPLICATION**



WASH. UT. & TP. COMM.

	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
٥	Temporary authority (to meet a short-term need) – Complete pages 1 - 5 and Attachment A	\$ 250
	Permanent authority (at least six months must be served on a temporary provisional basis) – Complete pages 1 - 5 and Attachment A	\$ 550
	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
X	Permanent authority to transfer or acquire control under the exceptions in WAC 480-15-260 – Complete pages 1 and Attachments B & C	\$ 250
0	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
Q	Name Change – Complete page 1 and Attachment D	\$ 35
Q	Extension of authority – Complete pages 1 - 5 and Attachment A	\$ 550

TYPE OF PAYMENT																				
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Ехрі	ration	Date		<u>.</u> .					· · ·			Amo	unt:							
CER 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.																			
Nam	e (pri	nted):										Dat	e:							
Sign	Signature: Title:																			
	FOR OFFICIAL USE ONLY.																			
Date	Filed 2	4/(	26	Ap	olieatic	741	145		otca <u>r:</u>		38		ermit		ed: H	G-				
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111-0	Reception #: 111-0268-207-02 000633 111-0268-202-01 111-0268-013-20																			
			#	)50	)	-				PAG	6E 1			•		V	$\overline{\left(\right)}$	60	7	FI

BUSINESS INFORMATION					
Name of Applicant KEUT TREBEE  (must be individual, partners of a partnership, or corporation)					
Trade Name, if applicable					
Physical Address 24/11 Hwy 99 Suite 303 EDMOUDS WA 98021					
Mailing Address					
Telephone Number (425 774-8428 Fax Number 435) 774-0984					
Telephone Number (425 774-8128 Fax Number (435) 774-0984  UBI # 601-550-951 Email: Customer Steenice @ allstar transfer. 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:					
Name  LARON WHELAMS  Stock Distribution or Percentage of Shares  SOB					
KENT TREBER OWNER 50%					
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: Fill Stervice Movera Co. for household goods. Plan to Cautroute Existing Business with plans to lippen Customer Bases					
Briefly describe your experience in the transportation/household goods moving industry:  LN MOVING BUSINESS FOR SEVERAL YEARS AS GREAT MOVERS / UC.					

Do you currently hold, on the state of the last of th	or have you ev es, please indi	rer held, a permit to operate as a motor car cate your permit number:	rier of property?				
Have you ever applied	for and been d	lenied a permit to operate as a motor carridalin:					
Do you currently opera DOT#53389	te interstate? MC# <i>_2.61</i>	□ No ▼ Yes If yes, please indicate y	your: se State_ <i>WA</i> _				
Do you operate interstaname of the company?	ite as an agent	t of another company? 🕏 No 🗆 Yes	If yes, what is the				
Do you have, or have y or in any other state?	ou ever had a ☑ No □ Ye	business related legal proceeding against es If yes, please explain:	you in Washington,				
Have you ever been co	nvicted of a Cl	ass A or B Felony? KóNo □ Yes If ye	es, please explain: _				
Have you been cited for please explain:	r violation of st	ate laws or Commission rules? No	□ Yes If yes,				
You may attach a		NANCIAL STATEMEN  Profit and Loss Statement, or business plan if	available				
ASSET	S	LIABILITIES	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 ASSETS	\$	TOTAL LIABILITIES & NET WORTH	\$				

		EQUIPME	NT LIST					
Descri	be the equipment tha	at will be used (attach	additional sheets if ne	cessarv). Vehicles must				
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	Grana Vahiala Waisht				
. cai	mare	Licelise Mullinel		Gross Vehicle Weight				
<del></del>		· · · · · · · · · · · · · · · · · · ·	Number					
			/					
<del></del>		Jee pel	Q:					
			·					
•		SAFETY AND (	PERATIONS					
In each	of the categories show		10.	- f				
complyi	ng with the Fodoral M	wil below, list the persor	and position responsible	e for understanding and				
rules F	Please refer to the MA	Cruios East Shoots or	nd publication "Your Guid	/ashington State Laws and				
Satisfac	tory Safety Rating" for	c ruies, ract Sneets, at	ments that may annly to	your specific operations.				
Outioiac	nory dailety realing for	SAFETY RESPO	Sheris that may apply to	your specific operations.				
COMM	EDCIAL DRIVEDO LIC							
Dart 20	2) Any driver who ence	ENSE (CDL) REQUIRE	MENIS (Title 49, Code	of Federal Regulations				
must be	ye a valid CDL.	rates a venicle that mee	ts the definition of a com	mercial motor vehicle				
		· · · · · · · · · · · · · · · · · · ·	5 10	1				
name:	KENT TREBER		Position: OWNER	PRISIDENT				
DRIVER	QUALIFICATION RE	QUIREMENTS (Title 4	9, Code of Federal Reg	ulations Part 391)				
Drivers	must meet minimum o	qualification requirement	ts and each company mi	ust maintain driver				
	tion files for each drive	<del></del>						
name:	KENT TREBER	<u>.                                    </u>	Position: OWNER	I PRESIDENT				
DRIVER	S HOURS OF SERVI	CE (Title 49, Code of F	ederal Regulations Pa	rt 395) Drivers must				
maintair driver.	logs and each compa	any must maintain true a	and accurate hours of se	rvice records for each				
Name:	KENT REBER		Position: OWNER 1	PRESIDENT				
CONTR	OLLED SUBSTANCE	S AND ALCOHOL TES	TING (Title 49, Code of	Federal Regulations				
Part 382	2 & Part 40) Any perso	on who drives a comme	cial motor vehicle requir	ing a CDL must be in a				
Controlle	ed Substance and Alco	ohol Testing program th	at complies with the FM(	CSR in 49 CFR Part 382				
and 49 (	CFR Part 40.		•					
Name:	KENT TRIEBL	EK	Position: OWNER	PRESIDENT				
Each co	mpany will have in pla	ce a system for complyi	ng with FMCSR governir	ng alcohol and controlled				
substan	ces testing requiremer	nt (49 CFR Part 382 and	1 49 CFR Part 40)					
VEHICL	E INSPECTION, REP	AIR, AND MAINTENAN	CE (Title 49, Code of F	ederal Regulations Part				
<b>396)</b> Co	mpanies must ensure	that each motor vehicle	operated is regularly ins	pected, repaired, and				
<u>maintain</u>	ed.			, , , , , , , , , , , , , , , , , , , ,				
Name:	YENT TREBEI		Position: OWNER!	PRESIDENT				
INSURA	NCE REQUIREMENT	S (WAC 480-15-530) A	Il companies must file ar	nd maintain proof of public				
liability a	ind property damage i	nsurance covering vehic	eles operated (\$300 000	minimum coverage for				
vehicles	under 10,000 pounds	GVWR and \$750,000 n	ninimum coverage for ve	hicles 10 000 nounds				
GVWR (	or more)	4. 00,000 11	The state of the s	, and report pourids				
Name:	·····	K	Position: DWNEX!	PRESIDENT				
			5-550) All companies mu	est maintain cargo				
insuranc	e coverage. (\$10 000	for household goods tra	nsported in motor vehicle	es under 10,000 pounds				
GVWR 2	and \$20,000 for vehicle	es 10,000 pounds GVW	R or more)	co ander 10,000 pounds				
A 1	1/2 00=25	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		10-				

ANNUAL REPORTS and REGULATORY FEES (WAC 480-15-480) Companies must annually file a report of their financial operations and pay regulatory fees.

Name: Dancker Comments Position: Position: Position: 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

Name: KENT TREBER Position: OWNER PRESIDENT

or over-weight permits); Department of Revenue and Internal Revenue Service (taxes); and Employment

### **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.

in this application is true and correct.

Security.

Print name of applicant

Signature of Applicant

Dáte & Place

0001633

Revised 07/03

### **ATTACHMENT C**

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

<ol> <li>The Commission will grant an application for permanent authority without public notice or commer fit, willing, and able to provide service and the application is filed to <u>transfer or acquire control of provide</u> for one of the following reasons (check one, if applicable):</li> </ol>	nt if the applicant is <u>ermanent authority</u>
<ul> <li>A partnership has dissolved due to the death, bankruptcy, or withdrawal of a partner, and that being transferred to one or more of the remaining partners or a spouse;</li> </ul>	partner's interest is
<ul> <li>A shareholder in a corporation has died and that shareholder's interest is being transferred to a or one or more surviving shareholders;</li> </ul>	a surviving spouse
<ul> <li>A sole proprietor has died and the interest is being transferred as property of the estate;</li> </ul>	
<ul> <li>An individual has incorporated, and the same individual remains the majority shareholder;</li> </ul>	
<ul> <li>An individual has added a partner, but the same individual remains the majority partner;</li> </ul>	
<ul> <li>A corporation has dissolved and the interest is being transferred to the majority shareholder;</li> </ul>	
<ul> <li>A partnership has dissolved and the interest is being transferred to the majority partner;</li> </ul>	
A partnership has incorporated and the partners are the majority shareholders; or	
<ul> <li>Ownership is being transferred from one corporation to another corporation when both are who same shareholders.</li> </ul>	olly owned by the
***NOTE***Documentation must be included with your application. Documentation may be in the form of resolution, partnership agreement, court order, death certificate, will or other proof of right to inherit, esta statement, community property agreement or other such documentation that may support your request.	ate executor's
2. The Commission will grant an application for permanent authority without temporary permit operation public notice or comment if the applicant is fit, willing, and able to provide service and the application transfer or acquire control of permanent authority for the following reason (check box, if applicable)	on is filed to
Ownership or control of a permit is being transferred to any shareholder, partner, family member other person familiar with the company's operations and the household goods moving services check this option, please complete the following:	er, employee, or provided. If you
a. Has the permit been actively used by the current owner to provide household goods moduring the last twelve-month period?	ving services
b. Explain why the transfer of ownership or control is necessary to ensure the company's e <u>Janen Williams Look a partner to help the company</u>	economic viability:
c. Describe the steps taken by the applicant and the current owner to ensure that safe ope continuity of service to the customers are maintained: Busines has continued	111/10.
Service no Change to slope and no enteruplation	n of

### ALL STAR TRANSFER, LARON WILLIAMS, INC.

### **MINUTES**

October 6, 2005

It is hereby entered into the minutes of All Star Transfer, Laron Williams, Inc. a meeting of stockholders and officers was held, at the corporate offices, on this date.

The sale of All Star Transfer, Laron Williams, Inc. was completed. Laron Williams sold 50% of All Star Transfer, Laron Williams, Inc. to Kent Treber on a purchase agreement, with payments commencing on October 31, 2005. Kent Treber will assume the position of President, with Laron Williams, Stockholder, Doug Lee, 2<sup>nd</sup>. Vice

President and Darleen Clements, Secretary.

Laron Williams, Stockholder

Darleen Clements, Secretary

Kent Treber, President

Doug Lee, 2<sup>nd</sup> Nice President

# ALL STAR TRANSFER Balance Sheet As of March 31, 2006

	Mar 31, '06
ASSETS	
Current Assets	
Checking/Savings 106 Cash in Bank	4,657.67
100 Cash in Bank-Savings	1,385.93
Total Checking/Savings	6,043.60
Accounts Receivable	2,2 2222
120 Accounts Receivable	8,183.80
Total Accounts Receivable	8,183.80
Other Current Assets	
125 A/R Itex	8,198.99
127 A/R Biz Xchange	506.34
190 Refundable Deposits	8,288.70
198 Loan-Kent Treber	8,500.00
Total Other Current Assets	25,494.03
Total Current Assets	39,721.43
Fixed Assets	7 747 20
150 Equipment & Machinery	7,747.28 210,266.81
155 Vehicles 160 Furniture and Fixtures	14,245.45
188 Accumulated Depreciation	-217,414.86
·	<del></del>
Total Fixed Assets Other Assets	14,844.68
195 Investment in NW Cartage	30,686.00
Total Other Assets	30,686.00
TOTAL ASSETS	85,252.11
LIABILITIES & EQUITY	
Liabilities	
Current Liabilities	
Accounts Payable	444 705 50
200 Accounts Payable	114,725.53
Total Accounts Payable	114,725.53
Other Current Liabilities 212 Workman's Comp Payable	3,317.38
212 Workman's Comp Payable 215 Employee Draw Account	-10,770.85
216 Garnishments	-20,210.94
225 A/P Northwest Cartage	72,009.08
265 WA Sales Tax Payable	714.15
<b>Total Other Current Liabilities</b>	45,058.82
Total Current Liabilities	159,784.35
Long Term Liabilities	
251 Note Payable-Husky Idealeas	29,513.63
254 Note Payable-Laron Williams	23,535.38
Total Long Term Liabilities	53,049.01
Total Liabilities	212,833.36
Equity	
300 Common Stock	7,000.00
340 C Corp-Retained Earnings	1,572.00
350 S Corp-Retained Earnings	26,451.00
370 Opening Bal Equity	-17.66 -157,593.92
Retained Earnings	-157,593.92 -4,992.67
Net Income	<del></del>
Total Equity	-127,581.25

04/20/06

# ALL STAR TRANSFER Balance Sheet As of March 31, 2006

Mar 31, '06

**TOTAL LIABILITIES & EQUITY** 

85,252.11



#### STATE OF WASHINGTON

## WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION

1300 S. Evergreen Park Dr. S.W., P.O. Box 47250 • Olympia, Washington 98504-7250 (360) 664-1160 • TTY (360) 586-8203

January 18, 2006

Kent Treber, President All Star Transfer, Laron Williams, Inc. 24111 Highway 99 Edmonds, WA 98026

RE: HG-11846

Dear Mr. Treber:

I received your letter informing our agency that Laron Williams, of All Star Transfer, Laron Williams, Inc., has sold 50% of the company to you. Since Laron owned 100% of All Star Transfer, Laron Williams, Inc., we will need to know where the other 50% went.

Since there has been a change of ownership, an application must be completed. If you fall under the exceptions in WAC 480-15-260, please complete application, along with the necessary attachments. I have included a blank application for your use, as well as a copy of WAC 480-15.

If you have any questions or concerns, feel free to contact me at 360-664-1170.

Sincerely,

Transportation Specialist 2

**Enclosures** 

1/26 talked w/ Darlene-explained why change is needed 100% versus 50%

## ALL STAR TRANSFER

## **Your Full Service Moving Company**

December 16, 2005

Washington Utilities Commission Box 47250 Olympia, WA 98504-7250

Re: HG11846

#### Gentlemen:

This is to inform you that Laron Williams, of All Star Transfer, Laron Williams, Inc., Edmonds, WA. has sold 50% of the company to Kent Treber previously of Great Movers, Inc., Tacoma, WA.

Kent Treber is now the president and in charge of All Star Transfer, Laron Williams, Inc.

Laron Williams moved to the peninsula a year and a half ago and is operating as a peninsula division of All Star Transfer, Laron Williams, Inc. He is moving pianos for piano stores and plans to do private piano moves over there.

If you have any questions please call 800-996-6838.

Sincerely,

All Star Transfer, Laron Williams, Inc.

Kent Treber, President

RECEIVED

DEU 1 9 2005

WASH, UT. & TP. COM