

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

TYPE OF PAYMENT			
<input checked="" type="checkbox"/> Check	<input type="checkbox"/> Money Order	<input type="checkbox"/> Amex	<input type="checkbox"/> Mastercard <input type="checkbox"/> 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: TV-060756	
FOR OFFICIAL USE ONLY			
Date Filed: 5/10/06	Application #: P79453	Motcar: 44416	Permit Issued: HG-
Staff Assigned: [Signature]	Insurance: 0002047	Inspection:	DOL/SOS:
Reception #: 111-0268-207-02	550.00	111-0268-202-01	111-0268-013-20

RECEIVED
MAY 09 2006
WASH. UT. & TP. COMM.

BUSINESS INFORMATION

Name of Applicant Lisle V. Corbin & Gina M. Grouver
(must be individual, partners of a partnership, or corporation)

Trade Name, if applicable THE PRO MOVERS

Physical Address 2820 Lincoln way unit A Lynnwood, WA 98087

Mailing Address "Same" ↑

Telephone Number (425) 410-0527 Fax Number () N/A

UBI # _____ Email: theproymovers@yahoo.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>
<u>N/A</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: I wish to move house hold goods.

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

I worked for Rent-A-Center for over 2 1/2 years and a delivery driver and outside sales manager.

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# _____ 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			
You may attach a Balance Sheet, Profit and Loss Statement, or business plan if available			
ASSETS		LIABILITIES	
Cash in Bank	\$ 2,500	Salaries/Wages Payable	\$ 0
Notes Receivable	\$ 0	Accounts Payable	\$ 0
Accounts Receivable	\$ 0	Notes Payable	\$ 0
Investments	\$ 0	Mortgages Payable	\$ 0
Other Current Assets	\$ 0	Other	\$ 0
Prepaid Expenses	\$ 0	TOTAL LIABILITIES	\$ 0
Land and Buildings	\$ 0	NET WORTH	
Trucks and Trailers	\$ 0	Preferred Stock	\$ 0
Office Furniture	\$ 0	Common Stock	\$ 0
Other Equipment	\$ 0	Retained Earnings	\$ 0
Other Assets	\$ 0	Capital	\$ 0
TOTAL ASSETS	\$ 2,500	TOTAL LIABILITIES & NET WORTH	\$ 0

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
	N/A			

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: <u>Lisle Corbin</u>	Position: <u>OWNER</u>
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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:
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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:
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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:
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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:
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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:
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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:
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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:

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

Name:

Position:

DECLARATION OF APPLICANT:

*I understand that filing this application **does not** in itself constitute authority to operate as a household goods mover.*

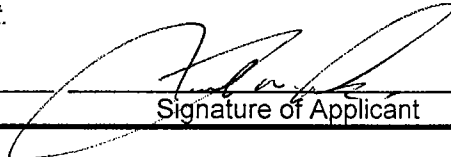
As the applicant for a household goods permit, I understand the responsibilities of a motor carrier, and I am in compliance with all local, state, and federal regulations governing businesses, including household goods movers, in the state of Washington.

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.

Lisle V. Corbin

Print name of applicant



Signature of Applicant

4/5/06

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:

~~_____~~

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:

Mr. Jim Fitzpatrick

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

6624 182nd St. SW
Lynnwood, WA. 98037
Snohomish County

Phone Number:

(425) 673-1542

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

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

I am looking into moving my family to a new residence.

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:

I may be looking to set up a business and may need more moving help.

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:

I think doing business with a company with a WA state permit would be safer for me and others.

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

From what I know of them they are honest, hardworking people trying to establish a solid, lucrative business

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

James Frantz
Signature of Person Completing Form

May 3, 2006 Lynnwood WA
Date and Location



BINDER RECEIPT

Pending issuance and delivery of a policy pursuant to the application of the insured and to all the terms and conditions of the policy issued by the company, and in consideration of the application for insurance and \$ _____ the receipt of which is hereby acknowledged, the

- STATE FARM MUTUAL AUTOMOBILE INSURANCE COMPANY
- STATE FARM FIRE AND CASUALTY COMPANY
- STATE FARM INDEMNITY COMPANY
- STATE FARM GENERAL INSURANCE COMPANY
- STATE FARM COUNTY MUTUAL INSURANCE COMPANY OF TEXAS

Does hereby insure Lisle Corbin

Address 2820 Lincoln Way #A, Lynnwood, WA 98087
with loss payable to:

Wells Fargo Financial Acceptance
P.O. Box 2075
Coraopolis, PA 15108

Or assigns, as such interest may appear on automobile described below:

Year	Make & Model	Body Type	Vehicle Identification Number (VIN)
2005	Ford Expedition		1FMPU18585LA50943

- Fold

Fold -

For coverages indicated:

FULL COMPREHENSIVE

LIABILITY (BIPD) 300/300 COMPREHENSIVE \$ 500 Ded. COLLISION \$ 500 Ded. and such other insurance as is shown on the application.

Effective MAY 10, Year 2006, expiring not to exceed thirty (30) days hence and to become void immediately upon the issuance of a policy in place hereof.

Edward B. Root Jr. PRESIDENT

Countersigned this 10 day of MAY, Year 2006 Brent Ward by Peggy Somp
Authorized Representative

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

Date: 05-10-2006 Staff: Tina Leipski

P079453
CORBIN, LISLE & GENOVESE, GINA M
THE PRO MOVERS
2820 LINCOLN WAY UNIT A
LYNNWOOD, WA 98082

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 The application has to be completed entirely. I am enclosing a copy of the application with highlighted areas that must be completed. Also enclosed are a couple more Support Statements that are needed. Please complete everything and return to me as soon as possible so I can continue to process your application. Thanks! Tina

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

P079453
CORBIN, LISLE & GENOVESE, GINA M
THE PRO MOVERS
2820 LINCOLN WAY UNIT A
LYNNWOOD, WA 98082

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 I also had sent you a copy of the application that needed to be completed. I haven't received anything back from you. If you need another copy of the application for completing, just let me know and I will make you another one. Thanks! Tina