

WASHINGTON



HOUSEHOLD GOODS CARRIER PERMIT APPLICATION



TV 060857

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 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 checked="" 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
 Mastercard
 Visa 1005030

Expiration Date: 02 / 08 Amount: \$ 250.00

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): ROBERT IRWIN Date: 5-18-06

Signature: Rm Irwin Title: PRESIDENT

FOR OFFICIAL USE ONLY

Date Filed: <u>5-25-06</u>	Application #: <u>P-79457</u>	Motorcar: <u>44448</u>	Permit Issued: HG- <u>61042</u>
Staff Assigned: <u>[Signature]</u>	Insurance: <u>OP</u>	Inspection: <u>[Signature]</u>	DOL/SOS: <u>OK/OK</u>
Reception #/ <u>111-0268-207-02</u>	<u>250.00</u>	<u>111-0268-202-01</u>	<u>111-0268-013-20</u>

BUSINESS INFORMATION

Name of Applicant WESTERN MOVING AND STORAGE INC.
(must be individual, partners of a partnership, or corporation)

Trade Name, if applicable _____

Physical Address 17004 NE 116 ST

Mailing Address REDMOND WA 98052

Telephone Number (425) 827-0496 Fax Number (425) 881-7244

UBI # 602-601-541 Email: ALLHAULPS@VERIZON.NET

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	Title	Stock Distribution or Percentage of Shares
<u>ROBERT M. RWIN</u>	<u>PRESIDENT</u>	<u>100 %</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:

MOVING AND STORAGE
THIS IS A TRANSFER OF ALL HAUL OF PUGET SOUND.

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

5 YEARS AS ALL HAUL OF PUGET SOUND

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: HG 61024

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# 1174912 MC# 531604 Single State Registration Base State WA

This MC# is not active as of 5/25/06

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	\$15,000	Salaries/Wages Payable	\$ 0
Notes Receivable	\$	Accounts Payable	\$ 0
Accounts Receivable	\$ 2,000	Notes Payable	\$ 48,000
Investments	\$	Mortgages Payable	\$ 0
Other Current Assets	\$ 25,000	Other	\$ 0
Prepaid Expenses	\$	TOTAL LIABILITIES	\$ 48,000
Land and Buildings	\$	NET WORTH	
Trucks and Trailers	\$25,000	Preferred Stock	\$ 0
Office Furniture	\$ 5,000	Common Stock	\$ 0
Other Equipment	\$ 5,000	Retained Earnings	\$ 0
Other Assets	\$ 5,000	Capital	\$ 0
TOTAL ASSETS	\$	TOTAL LIABILITIES & NET WORTH	\$ 10,000

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
SEE	ALL	HAND	OF PULLEY	SOUND
1999	VOLVO		4VG7DASH5XN780174	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: ROB IRWIN 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: ROB IRWIN 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: ROB IRWIN Position: 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: ROB IRWIN 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: ROB IRWIN Position: PRESIDENT

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: ROB IRWIN 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: ROB IRWIN 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: Rob Irwin

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: Rob Irwin

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

ROBERT Irwin

Print name of applicant

Rob Irwin

Signature of Applicant

5-18-06

Date & Place

Redmond

ATTACHMENT B

Transfer or Acquisition of Control

Applicant is seeking one of the following - please check one:

Transfer Acquisition of Control

ROBERT M Irwin / ALL HAWK OF PUGET SOUND
Current Name on Permit (Seller)

Current Trade Name on Permit (Seller)

17004 NE 116 st REDMOND WA. 98052
Address (Seller)

HG- HG-61042 206 919-4285

Permit Number

Phone Number (Seller)

Does the transfer of this permit fall under the provisions of WAC 480-15-260? No Yes If yes, please complete Attachment C.

Have all fines and/or penalties been paid? No Yes

Has the closing annual report been filed with the Commission? No Yes

A customer may file a loss or damage claim for up to nine months following a move, and up to two years for a lawsuit. Who will be responsible for handling claims filed by customers for loss and/or damage that occurred on moves taking place prior to the sale and transfer or acquisition?

RELEASE OF AUTHORITY

I, the seller, have sold or otherwise released interest in my household goods permit number HG-_____ to the following:

Name of Buyer

Trade Name of Buyer

NA See attachment D for signature

We, as applicants, hereby jointly declare and affirm that all information is true to the best of our knowledge.

Seller's Signature

Date & Location

Buyer's Signature

Date & Location

ATTACHMENT C

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

1. The Commission will grant an application for permanent authority without public notice or comment if the applicant is fit, willing, and able to provide service and the application is filed to transfer or acquire control of permanent authority for one of the following reasons (check one, if applicable):
- 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;
 - 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;
 - 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.

NOTE Documentation must be included with your application. Documentation may be in the form of a corporate resolution, partnership agreement, court order, death certificate, will or other proof of right to inherit, estate executor's statement, community property agreement or other such documentation that may support your request.

2. The Commission will grant an application for permanent authority without temporary permit operations following public notice or comment if the applicant is fit, willing, and able to provide service and the application is filed to transfer or acquire control of permanent authority for the following reason (check box, if applicable):
- 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? No Yes
- b. Explain why the transfer of ownership or control is necessary to ensure the company's economic viability:
I ROBERT IRWIN Am INCORPORATING So I HAVE SEPARATION OF PERSONAL LIABILITY FROM THE MOVING Co.
- 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: NO METHODS OF OPERATION SHALL CHANGE EXCEPT AS A NORMAL GROWTH OF THE COMPANY.

ATTACHMENT D

**CHANGE OF CORPORATE/INDIVIDUAL NAME
(WAC 480-15-400)**

This application is for name change only and must not involve a change in ownership, management, or control of the household goods operating authority.

A company must file a name change application to:

- Change a corporation's name
- Change an individual's name
(may be sole proprietor or individual in a partnership)
- Change or add a trade name

NOTE: You **may not** advertise to operate under the changed name until a permit is issued in the new name.

All Haul of Puget Sound
Current Name on Permit

11
Current Trade Name on Permit

17004 NE 116 St Redmond WA. 98052
Address

425 827-0496
Phone Number

All Haul PS @ Verizon.net Fax Number 425 881-7244

Email Address

If a corporation, list names, titles, stock distribution, or major stockholders under the current name:
Currently a sole prop. -> Changing to a Corp.
with a new name

I request the name on household goods permit HG- 61024 be changed to:
Western Moving and Storage Inc. 602 601 541
New Name UBI Number

11
New Trade Name (if applicable)
17004 NE 116 St Redmond WA. 98052
Address (if changed)

If a corporation, list names, titles, stock distribution, or major stockholders under the new name:
Robert M Irwin President 100% owner

I certify that this information is true and correct, that I am authorized to execute and file this document on behalf of the applicant, and that all information is current and valid.

Rm Irwin PRESIDENT 5-18-06 REDMOND OFFICE
Signature & Title of Applicant Date & Location