

**RECEIVED**

SEP 11 2006

WASH. UT. & TP. COMM

**Fremont Moving Company**  
**4400 Linden Ave. North #5**  
**Seattle, WA. 98103**  
**(206)-545-4566**

attn: Tina Leipski

Dear Miss Leipski:

I have decided to close my business, Fremont Moving Company, based in the Fremont District of Seattle, WA. effective immediately, this 7<sup>th</sup> day of September, 2006. I would, therefore, like to withdraw my application for a Household Goods license with the Washington Utilities and Transportation Commission. If you have any questions, please feel free to call me at your earliest convenience.

Sincerely, Damian G. Cox

d.b.a. Fremont Moving Company

4400 Linden Ave. North #5

Seattle, WA 98103

Office: (206)-545-4566

p.s. Thanks for all your help in making the application process a smoother one.

HOUSEHOLD GOODS CARRIER  
 PERMIT APPLICATION RECEIVED



AUG 16 2006

Type of Household Goods Authority Requested – Check one	Fees 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 480-15-260) – 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

*9/13/06 application  
 Withdrawn*

TYPE OF PAYMENT

Check     Money Order     Amex     Mastercard     Visa

Expiration Date: ? Amount: 550.00

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): Damian A Cox Date: 7/29/06  
 Signature: Damian R. Cox Title: Manager/owner

FOR OFFICIAL USE ONLY

Date Filed: <u>8/17/06</u>	Application #: <u>P-19473</u>	Motocar: <u>445916</u>	Permit Issued: HG-
Staff Assigned: <u>0002723</u>	Insurance:	Inspection:	DOL/SOS: <u>ok/ok</u>
Reception #: <u>111-0268-207-02</u>	<u>550.00</u>	<u>111-0268-202-01</u>	<u>111-0268-013-20</u>

*Requested Refund 9/13/06*  
 PAGE 1  
 TV-061329

**BUSINESS INFORMATION**

Name of Applicant Damian R. Cox  
(must be individual, partners of a partnership, or corporation)

Trade Name, if applicable Fremont Moving Company

Physical Address 4400 Linden Ave. No. #5, Seattle, WA 98103

Mailing Address 4400 Linden Ave. No. #5, Seattle, WA 98103

Telephone Number (206) 545-4566 Fax Number ( )

UBI # 1002120193 Email: shervlocutor@hotmail.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>

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: My prices are highly competitive, and I'm centrally located. I also do spur-of-the-moment moves, and my equipment is properly maintained. I've had no accidents or damage.

Briefly describe your experience in the transportation/household goods moving industry: I have been moving for over one year without a major accident or injury. I've moved quite a few people, and I have several repeat customers.

PAGE 2  
*John H. H. H.*

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	\$ 800. <sup>00</sup>	Salaries/Wages Payable	\$
Notes Receivable	\$	Accounts Payable	\$
Accounts Receivable	\$	Notes Payable	\$
Investments	\$	Mortgages Payable	\$
Other Current Assets	\$	Other	\$
Prepaid Expenses	\$	<b>TOTAL LIABILITIES</b>	\$ 0
Land and Buildings	\$	NET WORTH	
Trucks and <u>Trailers</u>	\$ <del>1,145.20</del> 1,145.20	Preferred Stock	\$
Office Furniture	\$	Common Stock	\$
Other Equipment <u>truck</u>	\$ 8,000. <sup>00</sup>	Retained Earnings	\$
Other Assets	\$	Capital	\$
<b>TOTAL ASSETS</b>	\$ <del>9,800.<sup>00</sup></del> 9,800. <sup>00</sup>	<b>TOTAL LIABILITIES &amp; NET WORTH</b>	\$ 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
<del>1989</del>	<del>Ford E-350</del>			
1989	Ford E-350	A14762Z	1FDKE37M7KAB71496	(8500)

### 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:	Position:
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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:
-------	-----------

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: Damian A. Cox Position: Manager/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.*

Damian A. Cox      Damian A. Cox      8/15/06 King County  
Print name of applicant      Signature of Applicant      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: Fremont Moving Company

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: ED BOULTON. GEN. PARTNER BOULTON ENT. L.L.C.

Address (include street address, mailing address, city, state, zip, and county): 10028 ASHWORTH N. SEATTLE, WA. 98133 KING COUNTY

& ED BOULTON RENTAL & SERVICES

Phone Number: 206 525-3450

Do you currently need the services of a residential household goods moving company? Yes If yes, please describe your current moving needs: I RENT OVER 50 APT. UNITS & MANY UNITS ARE FURNISHED. FURNITURE TRANSFER NEEDED

Do you anticipate a future need for the services of a residential household goods moving company? Yes If yes, please describe your future moving needs: MOVING SERVICES NEEDED SEVERAL TIMES 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: I BELIEVE THIS OPERATOR IS PROMPT, RELIABLE & REASONABLY PRICED.

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit? NO

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: Edward Boulton Date and Location: August 15 '06 10028 ASHWORTH NORTH

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:

FREMONT MOVING CO / Damion G. COX

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:

Carol McElroy / Windermere Real Estate / Sales

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

301 NE 100th St., Seattle WA 98125, KING CTY

Phone Number:

206 526.5644

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

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

I regularly set up moving services for my clients.

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:

Moving clients when they buy/sell homes.

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:

Referring clients to a reliable moving company assures they can move when they need to!

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.

Carol McElroy 8/18/06

Signature of Person Completing Form  
Date and Location



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**Date:** Thu, 17 Aug 2006 15:14:42 -0700 (PDT)

**From:** "Damian Cox" <sherrlocutor@yahoo.com> [Add to Address Book](#) [Add Mobile Alert](#)  
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**Subject:** Statement of support for Fremont Moving Company (Damian G. Cox)

**To:** colescasa@yahoo.com

### HOUSEHOLD GOODS STATEMENT OF SUPPORT

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Applicant Name:

The following must be completed by the Supporter of the applicant  
Name, Title, and Business Name:

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

Phone Number:

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

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:

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VENDOR NAME AND ADDRESS  <b>DAMIAN A. COX</b> <b>4400 LINDEN AVE N #5</b> <b>SEATTLE, WA 98103</b>	AGENCY NUMBER <b>2150</b>	LOCATION CODE
	AGENCY P.R. OR AUTHORIZATION NUMBER <b>REFUND</b>	
	AGENCY NAME AND LOCATION  <b>UTILITIES AND TRANSP. COMM.</b> <b>1300 S. EVERGREEN PK DRIVE S.W.</b> <b>P.O. BOX 47250</b> <b>OLYMPIA, WA 98504-7250</b>	

FEDERAL I.D. NO. OR SOCIAL SECURITY NO. (FOR REPORTING PERSONAL SERVICES CONTRACT PAYMENTS TO I.R.S.)	RECEIVED BY  <b>BUSINESS OFFICE</b>	DATE RECEIVED
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USE SPACE BELOW AS A WORKSHEET TO DEVELOP OR EXPLAIN THE GOODS OR SERVICES PURCHASED STAPLE INVOICES ON BACK

**REVENUE REFUND - MR. COX WITHDREW HIS HOUSEHOLD GOODS APPLICATION**

**RECEPTION OR FIELD RECEIPT NO. 0002729                      \$550.00                      DATED 08/16/06**

PREPARED BY <b>TINA LEPSKI</b>	TELEPHONE NUMBER <b>664-1170</b>	DATE <b>09-13-06</b>	AGENCY APPROVAL 	DATE <b>9/13/06</b>
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DOC. DATE	PMT DUE DATE	CURRENT DOC. NO.	REF. DOC. NO.	VENDOR NUMBER <b>VOD1</b>	VENDOR MESSAGE	USE TAX	UBI NUMBER
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REF DOC SUF	TRANS CODE	M O D	FUND	MASTER INDEX APPN INDEX	PROGRAM INDEX	SU B OBJ	SUB SUB OBJECT	ORG INDEX	WORK CLASS ALLOC	COUNTY BUDGET UNIT	CITY/ TOWN MOS	PROJEC T	SUB PROJ	PROJ PHAS	AMOUNT	INVOICE NUMBER
	<b>198</b>		<b>111</b>			<b>02</b>	<b>68</b>								<b>\$ 550.00</b>	<b>REFUND</b>

ACCOUNTING APPROVAL FOR PAYMENT	DATE	WARRANT TOTAL \$	WARRANT NUMBER
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