



**HOUSEHOLD GOODS CARRIER APPLICATION**

**PERMIT**



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 checked="" 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**

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): FRANKLIN DEAN Date: 9-15-06

Signature: [Handwritten Signature]

Title: GENERAL MANAGER.

**FOR OFFICIAL USE ONLY**

Date Filed: <u>9/21/06</u>	Application #: <u>P79475</u>	Motcar: <u>44662</u>	Permit Issued: HG- <u>625 604</u>
Staff Assigned: <u>[Signature]</u>	Insurance: <u>ON</u>	Inspection:	DOL/SOS: <u>OK OK</u>
Reception #: <u>111-0268-207-02</u>	<u>111-0268-202-01</u>	<u>111-0268-013-20</u>	<u>111-0268-013-20</u>

SEP 18 AM 9:25  
 RECEIVED  
 PERMITS DIVISION  
 11/11/06

**BUSINESS INFORMATION**

Name of Applicant OLD SCHOOL MOVERS LLC

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

Trade Name, if applicable WE HELP U MOVE N/A *Old School Movers per letter*

Physical Address 1410 TAWNY LANE, WALLA WALLA, WA. 99362

Mailing Address \_\_\_\_\_

Telephone Number (509) 200-1962 Fax Number ( ) \_\_\_\_\_

UBI # 602 623 054 Email: onkish@yahoo.com

**TYPE OF BUSINESS STRUCTURE**

Individual     Partnership     Corporation     Other LLC  
(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
FRANKLIN DEAN	GENERAL MANAGER	50%
JEFFERY A. DAWALD	PRESIDENT	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: COMPLETE RELOCATION SERVICE INCLUDING: PACKING, LOADING, HAULING, UNLOADING & OF USED HOUSEHOLD GOODS. OUR COMPANY CAN ALSO ASSIST OUR CUSTOMERS IN MOVING THEIR GOODS.

Briefly describe your experience in the transportation/household goods moving industry: THE PRESIDENT HAS OVER 28 YEARS EXPERIENCE IN ALL TYPES OF MOVING COMPANIES INCLUDING: ALLIED VAN LINES, NORTH AMERICAN, CLANCY'S IN WALLA WALLA, AND OTHERS. GENERAL MANAGER HAS 20 YEARS BUSINESS EXPERIENCE.

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	\$ 21,000. <sup>00</sup>	Salaries/Wages Payable	\$ -
Notes Receivable	\$ N/A	Accounts Payable	\$ -
Accounts Receivable	\$ N/A	Notes Payable (TRUCK BALANCE)	\$ 1,700. <sup>00</sup>
Investments	\$ N/A	Mortgages Payable	\$ -
Other Current Assets	\$ N/A	Other	\$ -
Prepaid Expenses	\$ -	<b>TOTAL LIABILITIES</b>	<b>\$ 1,700.<sup>00</sup></b>
Land and Buildings	\$ -	<b>NET WORTH</b>	
Trucks and Trailers	\$ 4,500. <sup>00</sup>	Preferred Stock	<del>\$</del>
Office Furniture	\$ 1,500. <sup>00</sup>	Common Stock	<del>\$</del>
Other Equipment	\$ 3,710. <sup>00</sup>	Retained Earnings	\$
Other Assets	\$ -	Capital	\$ 29,010. <sup>00</sup>
<b>TOTAL ASSETS</b>	<b>\$ 30,710.<sup>00</sup></b>	<b>TOTAL LIABILITIES &amp; NET WORTH</b>	<b>\$ 30,710.<sup>00</sup></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. (GVWR)

Year	Make	License Number	Vehicle ID Number	Gross Vehicle Weight
1990	FORD E-350	A4311M	IFDKE37M7LHA26326	11,000.

**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: **FRANKLIN DEAN** Position: **GENERAL MANAGER**

**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: **FRANKLIN DEAN** Position: **GENERAL MANAGER.**

**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: **FRANKLIN DEAN** Position: **GENERAL MANAGER**

**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: **FRANKLIN DEAN** Position: **GENERAL MANAGER**

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: **FRANKLIN DEAN** Position: **GENERAL MANAGER**

**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: **FRANKLIN DEAN** Position: **GENERAL MANAGER**

**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: **FRANKLIN DEAN** Position: **GENERAL MANAGER**

**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: FRANKLIN DEAN Position: GENERAL MANAGER

**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: FRANKLIN DEAN Position: GENERAL MANAGER.

**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.*

FRANKLIN DEAN  
GENERAL MANAGER

Print name of applicant



Signature of Applicant

8-30-06

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: OLD SCHOOL MOVERS LLC.

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:

JAMES L. BLETH - LAND LORD - 10 UNITS

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

991 Suncrest Terrace  
College Place, WA 99324

Phone Number:

509-301-8145

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

No  Yes If yes, please describe your current moving needs: I OWN A TRUCK and Friends are always asking me to help them MOVE. Having a INEXPENSIVE option with Professional Experience would be nice in our Community

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 own Rental Property and have renters moving in & out all the time. Finding ~~that~~ reasonable Prices on Moving is difficult

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:

Our Community Needs more affordable options For residential ~~and~~ house holds, which include Renters + Home owners

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

in considering the Applicant, the # of Year Experience in The Profession is important.

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

James L. Bletch  
Signature of Person Completing Form

8-30-06 - Walla Walla  
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: **OLD SCHOOL MOVERS LLC.**

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

Name, Title, and Business Name:

**Tim Applebee, Market Manager Home Loan Center**

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

**One East Main, Walla Walla, WA, 99362**

Phone Number:

**509-527-3353 or 509-386-5626**

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

No  Yes If yes, please describe your current moving needs: **I work in the mortgage business. People purchasing homes are always moving. What is needed is a company that can help people move in-expensively.**

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: **Our community is growing rapidly. With the new prison, for example there will be a continuing need for a solid moving company, for smaller jobs.**

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:

**Our community has no real quality moving options other than the large companies which are too expensive. U-haul is too difficult for many.**

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

**The president, Jeff Dawald actually helped me move my parents. He delivers experience and professionalism to the moving process.**

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

**Tim Applebee**

Signature of Person Completing Form

**9-7-06**

**Walla Walla.**

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: **OLD SCHOOL MOVERS LLC.**

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

Name, Title, and Business Name: **Joel Morrison of Coldwell Banker First Realtors**

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

**218 W Main St  
Walla Walla WA 99362**

Phone Number: **509-525-0820**

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 a realtor and my customers need more of a choice in getting moved.**

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:

**Heavy loads for my older customers.**

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 can add an extra service for my customers**

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.

**Joel Morrison**

Signature of Person Completing Form

Date and Location

**09/14/06  
Walla Walla WA.**



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

October 12, 2006

Franklin Dean  
Old School Movers, LLC  
d/b/a We Help U Move  
1410 Tawny Lane  
Walla Walla, WA 99312

RE: Application for Household Goods Carrier permit / Docket TV-061506 / Application P-79475

Dear Mr. Dean:

The Washington Utilities and Transportation Commission (UTC) received your application for household goods authority in the name of Old School Movers, LLC, d/b/a We Help U Move.

According to WAC 480-15-390, you may not operate under a name that is similar to that of another carrier without that carrier's written permission or UTC approval. The UTC will not authorize use of a similar name if it will mislead the public or result in unfair or destructive competitive practices.

The UTC will not proceed with reviewing your application for household goods authority until you either change the trade name of your company or obtain permission from Help-U-Move, Inc., to use a name similar to theirs.

I have enclosed a copy of WAC 480-15-390 and a list of existing household goods carriers for your convenience.

Please respond to this letter by October 31, 2006. If you have any questions, please contact Tina Leipski at 360-664-1170 or [tleipski@wutc.wa.gov](mailto:tleipski@wutc.wa.gov).

Sincerely,

Carole J. Washburn  
Executive Secretary

cc: Help-U-Move, Inc.

Enclosures



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

Date: 09-22-2006 Staff: Tina Leipski

P079475  
OLD SCHOOL MOVERS LLC  
WE HELP U MOVE  
1410 TAWNY LANE  
WALLA WALLA, WA 99312

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.



Old School Movers LLC  
<oldschoolmoversllc@yahoo.  
com>

10/26/2006 02:00 PM

To tleipski@wutc.wa.gov

cc bdawald@gohighspeed.com

bcc

Subject Question regarding Letter dated 10-12-06

Dear Tina Leipski & Carole Washburn,

Please note that I have received a letter from Carole Washburn regarding the trade name we had selected of "We Help U Move". I understand now that we will not be able to use this trade name and so we will not. We will be using the name "Old School Movers LLC" and "Old School Movers". If we want to change this at any time in the future, I understand that we will need to apply for permission to use a different name.

Kindly advise if any further response is needed regarding this matter.

Thank you,

Franklin Dean  
Old School Movers LLC

**From:** Old School Movers LLC  
**To:** tleipski@wutc.wa.gov  
**Date:** Thursday, October 26, 2006 2:00:41 PM  
**Cc:** bdawald@gohighspeed.com  
**Subject:** Question regarding Letter dated 10-12-06

Dear Tina Leipski & Carole Washburn,

Please note that I have received a letter from Carole Washburn regarding the trade name we had selected of "We Help U Move". I understand now that we will not be able to use this trade name and so we will not. We will be using the name "Old School Movers LLC" and "Old School Movers". If we want to change this at any time in the future, I understand that we will need to apply for permission to use a different name.

Kindly advise if any further response is needed regarding this matter.

Thank you,

  
Franklin Dean  
Old School Movers LLC

Tel: 509-200-1962.

RECEIVED  
RECORDS MANAGEMENT  
06 OCT 30 AM 9:03  
Old School Movers LLC  
1111 1st Ave N  
Everett, WA 98201

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

October 12, 2006

Franklin Dean  
Old School Movers, LLC  
d/b/a We Help U Move  
1410 Tawny Lane  
Walla Walla, WA 99312

copy

RE: Application for Household Goods Carrier permit / Docket TV-061506 / Application P-79475

Dear Mr. Dean:

The Washington Utilities and Transportation Commission (UTC) received your application for household goods authority in the name of Old School Movers, LLC, d/b/a We Help U Move.

According to WAC 480-15-390, you may not operate under a name that is similar to that of another carrier without that carrier's written permission or UTC approval. The UTC will not authorize use of a similar name if it will mislead the public or result in unfair or destructive competitive practices.

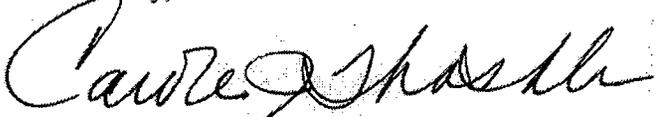
The UTC will not proceed with reviewing your application for household goods authority until you either change the trade name of your company or obtain permission from Help-U-Move, Inc., to use a name similar to theirs.

I have enclosed a copy of WAC 480-15-390 and a list of existing household goods carriers for your convenience.

Please respond to this letter by October 31, 2006. If you have any questions, please contact Tina Leipski at 360-664-1170 or [tleipski@wutc.wa.gov](mailto:tleipski@wutc.wa.gov).

Household Goods Carriers

Sincerely,



Carole J. Washburn  
Executive Secretary

cc: Help-U-Move, Inc.

Enclosures

**WAC 480-15-390 What name may I use?** (1) You must conduct operations under the name shown on your household goods permit. If you do business under a trade or assumed name, that name must also appear on your permit.

(2) You may not operate under a name that is similar to that of another carrier unless:

(a) The carrier whose name is similar has given you written permission to use the name; or

(b) The commission authorizes use of the similar name. Before authorizing use of a similar name, the commission must first determine that the use of the similar name will not:

(i) Mislead the shipping public; or

(ii) Result in unfair or destructive competitive practices.

[Statutory Authority: RCW 81.04.160 and 80.01.040, 99-01-077 (Order R-454, Docket No. TV-971477), § 480-15-390, filed 12/15/98, effective 1/15/99.]