

TV-061579

RECEIVED

OCT 12 2006



WASH. UT. & TP. COMM.



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 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 CK# 1490

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: _____

FOR OFFICIAL USE ONLY

Date Filed: 10/12/06 Application #: P-19477 Motcar: 44701 Permit Issued: HG-

Staff Assigned: [Signature] Insurance: Inspection: DOL/SOS: [Signature]

Reception #: 0002971 111-0268-207-02 111-0268-202-01 111-0268-013-20

BUSINESS INFORMATION

Name of Applicant Clarke Moving, Inc.
(must be individual, partners of a partnership, or corporation)

Trade Name, if applicable _____

Physical Address 3100 Falk Road A-13

Mailing Address PO Box 2307 Vancouver WA 98668

Telephone Number (360) 992-8102 Fax Number () _____

UBI # 602 593 936 WA Email: _____

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>Peter A. Clarke</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:

Household moving. Our services give the customers another choice for movers and our fees are comparable or less than others in this field.

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

We have been working in this area for 10 years. During this time we became a LLC & then incorporated this year.

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: UTC HG 61515

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	\$ 2600.00	Salaries/Wages Payable	\$ 600.00
Notes Receivable	\$ 1500.00	Accounts Payable	\$ 800.-
Accounts Receivable	\$ 500.00	Notes Payable	\$ —
Investments	\$ —	Mortgages Payable	\$ —
Other Current Assets	\$ —	Other	\$ —
Prepaid Expenses	\$ —	TOTAL LIABILITIES	\$ 1400.00
Land and Buildings	\$ —	NET WORTH	
Trucks and Trailers	\$ 30,000	Preferred Stock	\$
Office Furniture	\$ 1000.-	Common Stock	\$ N/A
Other Equipment	\$ 3000.-	Retained Earnings	\$
Other Assets	\$	Capital	\$
TOTAL ASSETS	\$ 38,000	TOTAL LIABILITIES & NET WORTH	\$ 1400.-

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
1989	INTLR	A84284W	1HTJU2RKOKH	664579 - 8500
1989	TNTL	A99080W	1HTJU2RK4KH674483	- 8500
1992	Ford		1FDKE37G6NHA56840	- 6000

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: _____

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: *Peter Clarke* Position: *President/Driver*

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: *Peter Clarke* Position: *President/Driver*

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: *Peter Clarke* Position: *President/Driver*

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: *Peter Clarke* Position: *President/Driver*

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: *Peter Clarke* Position: *President/Driver*

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: Peter Clarke Position: President/Driver

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: Peter Clarke Position: President/Driver

DECLARATION OF APPLICANT:

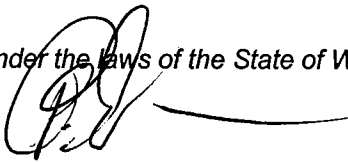
*I understand that filing this application **does not** in itself constitute authority to operate as a household goods mover.*

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.

Peter Clarke
Print name of applicant


Signature of Applicant

10/27/06 Vancouver
Date & Place

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.

Current Name on Permit Clarke Moving, LLC

Current Trade Name on Permit Household Moving

Address 3100 Falk Rd D-13 Vancouver, WA

Phone Number 360 992-8702 Fax Number _____

Email Address _____

If a corporation, list names, titles, stock distribution, or major stockholders under the current name:
Peter Clarke, Pres.

I request the name on household goods permit HG-61515 be changed to:

New Name Clarke Moving, Inc UBI Number 602 593 936

New Trade Name (if applicable) _____

Address (if changed) _____

If a corporation, list names, titles, stock distribution, or major stockholders under the new name:
Peter Clarke, President

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.

Signature & Title of Applicant [Signature] Date & Location 10/7/06 Vancouver



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

CLARKE MOVING, INC.
PO BOX 2307
VANCOUVER, WA 98668

December 13, 2006

Notice of Deficient Application

Return this document with the completed/corrected items listed below for prompt processing of your application for operating authority.

- X Your application is missing some information. Please complete the highlighted areas and return to our office.
- 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.

Who do I contact if I have questions?

You may call 360-664-1222 or e-mail us at transportation@wutc.wa.gov.

Thank You.

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

Date: 10-13-2006 Staff: Tina Leipski

P079477
CLARKE MOVING, INC.
PO BOX 2307
VANCOUVER, WA 98668

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 Also, you need to complete Attachment B and Attachment C if you fall under the exception in WAC 480-15-260. I have included blank forms for your use.