



**HOUSEHOLD GOODS CARRIER
PERMIT APPLICATION**



TV-061704

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 checked="" 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 type="checkbox"/> Check	<input type="checkbox"/> Money Order	<input type="checkbox"/> Amex	<input checked="" type="checkbox"/> Mastercard	<input type="checkbox"/> Visa

M
001416

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): JOHN GISH Date: 10/27/06
 Signature: [Signature] Title: VICE PRES.

FOR OFFICIAL USE ONLY			
Date Filed: <u>11/8/06</u>	Application #: <u>P79481</u>	Motcar: <u>44750</u>	Permit Issued: <u>HG 7807</u>
Staff Assigned: <u>[Signature]</u>	Insurance: <u>[Signature]</u>	Inspection:	DOL/SOS: <u>[Signature]</u>
Reception #: <u>111-0268-207-02</u>	<u>0003071</u>	<u>111-0268-202-01</u>	<u>111-0268-013-20</u>

BUSINESS INFORMATION

Name of Applicant ACTION MOVING SERVICE, INC.
(must be individual, partners of a partnership, or corporation)

Trade Name, if applicable N/A

Physical Address 10115 KNOX, SPOKANE WA 99206

Mailing Address SAME

Telephone Number (509) 922-1500 Fax Number (509) 924-1764

UBI # ~~56-261644~~ Email: JH GISH@ALLIEDAGENT.COM

602-655-897

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>JEFFERY GISH</u>	<u>PRES.</u>	<u>50%</u>
<u>JOHN GISH</u>	<u>V PRES.</u>	<u>50%</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: CONTINUE TO OFFER MOVING & STORAGE + RELATED TRANSPORTATION SERVICES AS ACTION MOVING SERVICES HAS PROVIDED IN THE PAST

Briefly describe your experience in the transportation/household goods moving industry: JOHN GISH HAS BEEN IN THE MOVING INDUSTRY SINCE 1974 AS A DRIVER, MANAGER, SALESMAN AND OWNER.

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: HELD PERMITS BACK
IN THE 1980'S DO NOT REMEMBER #'S

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? ALLIED VAN LINES

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	\$ 50,000	Salaries/Wages Payable	\$ 10,000
Notes Receivable	\$	Accounts Payable	\$ 15,000
Accounts Receivable	\$ 60,000	Notes Payable	\$
Investments	\$	Mortgages Payable	\$
Other Current Assets	\$	Other	\$
Prepaid Expenses	\$	TOTAL LIABILITIES	\$ 25,000
Land and Buildings	\$	NET WORTH	
Trucks and Trailers	\$ 110,000	Preferred Stock	\$
Office Furniture	\$ 24,000	Common Stock	\$ 276,000
Other Equipment	\$ 55,000	Retained Earnings	\$
Other Assets	\$ 2,000	Capital	\$
TOTAL ASSETS	\$ 301,000	TOTAL LIABILITIES & NET WORTH	\$ 301,000

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
<p style="font-size: 1.2em; margin: 0;">LIST ATTACHED INSPECTIONS ARE COMPLETE</p> <p style="font-size: 1.5em; margin: 0; opacity: 0.5;">See attached</p>				

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>JEFF GISH</u>	Position: <u>PRES</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: <u>JEFF GISH</u>	Position: <u>PRES</u>
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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: <u>JEFF GISH</u>	Position: <u>PRES</u>
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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: <u>JEFF GISH</u>	Position: <u>PRES</u>
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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: <u>JEFF GISH</u>	Position: <u>PRES</u>
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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: <u>JEFF GISH</u>	Position: <u>PRES</u>
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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: <u>JEFF GISH</u>	Position: <u>PRES</u>
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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: JOHN GISH

Position: PREJ

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: JOHN GISH

Position: PREJ

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.

JOHN GISH

Print name of applicant



Signature of Applicant

10/27/02 SPOKANE

Date & Place

ACTION MOVING TRUCK LOG**Pack Trucks**

Truck #	Model	Men	Fuel
96	96 Ford Pickup	5	Diesel
00	00 Ford Van	2	Gas

Straight Trucks

Truck #	Model	Men	Fuel	
20805	84(LG)New Intrnl	3	Diesel	2400cuf.
20811	96(LG)New Intrnl	2	Diesel	2400cuf.
21737	70(LG)Old Intrnl	3	Diesel	2400cuf.
15	73(SM)Old Ford	3	Gas	1800cuf.

Tractors

Truck #	Model	Men	Fuel
32124	84 Ford Day Cab	2	Diesel
32329	98 Kenworth Day Cab	2	Diesel
31510	88 Mack Day Cab	3	Diesel
30178	98 Freightliner Sleeper	Crew	Diesel
30271	94 Kenworth Sleeper	Crew	Diesel
33760	99 Kenworth Sleeper	Crew	Diesel
31970	93 Kenworth Sleeper	/Crew/	Dielsel

TRAILER

Truck#	Make and Year		
64664	86 Kentucky	48'	3600cuf.
70946	87 Kentucky	48'	3900cuf.
73161	96 Kentucky	51'	4200cuf. Half Burned
74802	88 Kentucky	48'	4000cuf.
72867	96 Kentucky	51'	3995cuf.
62371	88 Kentucky	48'	3500cuf.
62898	92 Kentucky	52'	4200cuf.
72591	92 Wabash	45'	3500cuf.
61332	99 Kentucky	53'	4267cuf.
64020	99 Kentucky	53'	4200cuf.
74845	89 Kentucky	51'	4000cuf.
Rag side	69 Dorse Van		
Flat Bed	54 Fruehauf		

OVR Drivers Equipment

Tractor #			
31356	Freightliner (Loren Toney)	70653	99 Kentucky 53' 4200cuf.
30178	Freightliner (Mike Santos)	64002	99 Kentucky 53' 4267cuf

ATTACHMENT B

Transfer or Acquisition of Control

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

Transfer Acquisition of Control

ROBERT CLARK

Current Name on Permit (Seller)

ACTION MOVING SERVICES

Current Trade Name on Permit (Seller)

E 10115 KNOX

Address (Seller)

HG- 007807

Permit Number

509-922-1500

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 FOR 2005
2004 WILL BE FILED

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-7807 to the following:

ACTION MOVING SERVICES, INC.

Name of Buyer

SAME

Trade Name of Buyer

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

Robert H Clark

Seller's Signature

10/30/06 Spokane, WA

Date & Location

[Signature]

Buyer's Signature

10/30/06 Spokane, WA

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:
PRESANT OWNER WISHES TO RETIRE
NEW OWNER HAS BEEN MANAGING BUSINESS
FOR 8 YEARS
 - 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:
WE HAVE BEEN WORKING ON THE
TRANSITION FOR 4 MONTHS TO MAKE
IT AS SMOOTH AS POSSIBLE

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:

ACTION MOVING SERVICES, INC.

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:

Kelly Gunn, Mtg Specialist - Prime One mtg

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

*3131 S. Tekoa
Spokane WA 99203*

Phone Number:

509) 216-1957

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:

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 work for a mortgage co. I have many clients who re-locate & need services of a moving co.

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.

Kelly Gunn

Signature of Person Completing Form

10/29/06 331 S. Tekoa

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: Colleen Mooney - Rockwood Clinic, PS

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:

Colleen Mooney, Recruitment Coord. - Rockwood Clinic, PS

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

400 E. 5th Ave.
Spokane, WA. 99202

Phone Number:

509-838-2531

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

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

We relocate approximately 10-12 physicians per year.

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:

We have ongoing needs in our Clinic which employes 750 people.

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:

We have done business with John & Shelley Gish and appreciate their personal "touch" with all of our moves for us. Very unique serv

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

John & Shelley Gish are trust worthy and service minded. We prefer to do business with a local company.

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

Colleen Mooney

10-29-06

Signature of Person Completing Form

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: ~~XXXXXX~~ ACTION MOVING SERVICES

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: JENNIFER EBHELMAN, MARKETING MANAGER, ZAK DESIGNS

Address (include street address, mailing address, city, state, zip, and county):
STREET: 1603 S. GARFIELD RD. AIRWAY HEIGHTS, WA (SPOKANE CO.) 99001
MAILING: P.O. BOX 19188 SPOKANE, WA 99219-9188 (SPOKANE CO.)

Phone Number: 509.842.5363

Do you currently need the services of a residential household goods moving company?
[] No [X] Yes If yes, please describe your current moving needs:
We frequently move sales representatives, product development personnel, etc. all over the country

Do you anticipate a future need for the services of a residential household goods moving company?
[] No [X] Yes If yes, please describe your future moving needs:
We are currently looking for two directors within our division and are looking to move them to Spokane.

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:
Action Allied is a quality mover and we have been very happy with their services and hope to continue to use their services

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?
Action has the best customer service in the business and highly respected by our company and others I have talked to.

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: Jennifer Eshelman

Date and Location: 10/27/06 - Spokane Co. - Airway Heights



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

ACTION MOVING SERVICE, INC.
10115 KNOX
SPOKANE, WA 99206

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 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.