



HOUSEHOLD GOODS CARRIER PERMIT APPLICATION

TV-061706



RECEIVED OCT 09 2006

WASH. UT & TR COMM.

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): GREGORY COOK Date: 9-29-06  
 Signature: Gregory Cook Title: PRESIDENT

**FOR OFFICIAL USE ONLY**

Date Filed: <u>10/11/06</u>	Application #: <u>P79476</u>	Motcar: <u>44695</u>	Permit Issued: HG- <u>062591</u>
Staff Assigned: <u>[Signature]</u>	Insurance: <u>[Signature]</u>	Inspection:	DOL/SOS: <u>OK/N/A</u>
Reception #: <u>0002960</u>			

111-0268-207-02 \$ 250.00    111-0268-202-01    111-0268-013-20    Reception # 0003093    CK# 1152

11/8/06 111-0268-207-02 \$ 300.00

Reception # PAGE 1

**BUSINESS INFORMATION**

Name of Applicant GREGORY ALLEN COOK  
(must be individual, partners of a partnership, or corporation)

Trade Name, if applicable EXCALIBUR MOVING SYSTEMS

Physical Address 11615 N WY 99 #G201 EVERETT WA, 98204

Mailing Address 17428 STATE ROUTE 9 PMB #139, SNOHOMISH, WA 98296

Telephone Number (425) 355 8930 Fax Number (425) 355 8232

UBI # 602625996000 Email: PRESIDENT@EXCALIBURMOVINGSYSTEMS.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: RESIDENTIAL + COMMERCIAL MOVING SERVICES TO WASHINGTON STATE RESIDENTS. I PLAN ON JOINING THE MINORITY BUSINESS DEVELOPMENT ASSOCIATION TO HELP PROVIDE A MORE DIVERSE BUSINESS ATMOSPHERE IN WASHINGTON STATE.

Briefly describe your experience in the transportation/household goods moving industry: I HAVE WORKED IN EVERY POSITION IN THE MOVING INDUSTRY. MOST RECENTLY I WAS THE GENERAL MANAGER + LEAD SALESMAN FOR BUMBLE BEE MOVING FOR 4 YEARS.

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	\$ 5000	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 Trailers	\$ 9000	Preferred Stock	\$
Office Furniture	\$ 1000	Common Stock	\$
Other Equipment	\$ 1000	Retained Earnings	\$
Other Assets	\$	Capital	\$ 5000
<b>TOTAL ASSETS</b>	\$	<b>TOTAL LIABILITIES &amp; NET WORTH</b>	\$ 5000

## 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
1991	GMC TOPKICK	A54981Z	1G0J7H1P2M514695	SCALE-12260 20000

### 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: GREGORY COOK 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: GREGORY COOK 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: GREGORY COOK 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: GREGORY COOK 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: GREGORY COOK 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: GREGORY COOK Position:

**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: GREGORY COOK 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: GREGORY COOK

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: GREGORY COOK

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.*

GREGORY ALLEN COOK

Print name of applicant

*Gregory Cook*

Signature of Applicant

10/1/06 EVERETT WA

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: Gregory Cook, Excalibur Moving Systems

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: Sandy Roman, Staff Accountant

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

2617 - 121st St SW  
Everett, WA 98204

Phone Number: (206) 715-7940

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:

Plan on upgrading to larger home

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: Knowing that I have available an honest + trustworthy company which I have full confidence that my personal property will be protected + treated as if it was their own.

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit? I have known Mr. Cook for over 10 years and have always been able to rely on him to watch over our home and property while I was out of town and he has helped me moved in the past on several occasions.

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

Sandy Roman  
Signature of Person Completing Form

10/01/02 Everett, WA  
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:

EXCALIBUR MOVING SYSTEMS

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:

JENNIFER BEALS

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

13418 61st AVE. SE  
EVERETT WA. 98208

Phone Number:

(425) 225-5500

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:

RESIDENTIAL RELOCATION

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:

IT WILL PROVIDE ME A CHOICE IN PROVIDERS & GIVE ME THE OPPORTUNITY TO MAKE A FAIR & EQUAL CHOICE

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

N/A

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

10/02/06 EVERETT, WA

Date and Location SNOHOMISH COUNTY WA

**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:

GREGORY COOK, EXCALIBUR MOVING SYSTEMS

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

Name, Title, and Business Name:

CORNELIUS JONES, LEAD WINDOW TECH.

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

1826 BICKFORD AVE  
SNOHOMISH, WA 98290

Phone Number:

(425) 280-6858

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:

I PLAN ON MOVING INTO A BIGGER PLACE

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:

JUST KNOWING GREG AND WHAT A HONEST AND HARD WORKING INDIVIDUAL HE IS, HELP WITH THE STRESS THAT MOVING CAN CAUSE. IT WOULD BE GREAT TO KNOW THERE'S A COMPANY OUT THERE THAT IS RUN THE SAME WAY.

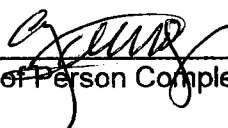
Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?

I'VE KNOWN GREG FOR 12 YRS. WE SERVED IN THE U.S. NAVY TOGETHER. HE HAS ALWAYS BEEN A RELIABLE, LOYAL AND KIND HEARTED FRIEND. GRANTING HIM THIS PERMIT WOULD ALLOW HIM TO OFFER THOSE SAME ATTRIBUTES TO THE PEOPLE IN THE COMMUNITY WE LIVE IN.

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

Date and Location



10/2/04 SNOHOMISH, WA



CRAVEN INSURANCE INC  
12106 20TH ST NE  
LAKE STEVENS, WA 98258



Named Insured:  
GREG COOK  
EXCALIBUR MOVING  
11615 HWY 99 G-201  
EVERETT, WA 98204

**Policy number: 03682512-0**

Underwritten by:  
United Financial Casualty Company  
September 13, 2006  
Policy Period: Sep 11, 2006 - Sep 11, 2007  
Page 1 of 2

**driveinsurance.com**

**Online Service**

Make payments, check billing activity, print policy documents, or check the status of a claim.

**425-334-7200**

**CRAVEN INSURANCE INC**

Contact your agent for personalized service.

**800-444-4487**

For customer service if your agent is unavailable or to report a claim.

# Commercial Auto Insurance Coverage Summary

## This is your Declarations Page

Your coverage began the later of September 11, 2006 at 12:01 a.m. or at the time your application is executed on the first day of the policy period. This policy period ends on September 11, 2007 at 12:01 a.m.

Your insurance policy and any policy endorsements contain a full explanation of your coverage. The policy limits shown for an auto may not be combined with the limits for the same coverage on another auto, unless the policy contract allows the stacking of limits. The policy contract is form 6912 (03/05). The contract is modified by forms 1652WA (09/05), 2852WA (09/05), 4852WA (09/05), 4881WA (09/05), 2228 (07/05) and 4792A (01/03).

The named insured organization type is a sole proprietorship.

### Outline of coverage

Description	Limits	Deductible	Premium
Liability To Others			\$3,482
Bodily Injury and Property Damage Liability	\$1,000,000 combined single limit		
Underinsured Motorist Bodily Injury	\$1,000,000 each person/\$1,000,000 each accident		195
Underinsured Motorist Property Damage	Rejected		--
Personal Injury Protection	\$10,000 each person		151
Fire And Theft With Combined Additional Coverage			49
See Schedule Of Covered Autos	Limit of liability less deductible		
<b>Total 12 month policy premium</b>			<b>\$3,877</b>

### Rated driver

- GREG COOK

### Auto coverage schedule

- 1991 GMC C7H**  
 VIN: 1GDJ7H1P2MJ514695  
 Stated Amount: \$4,000  
 Garaging Zip Code: 98290  
 Radius: 200

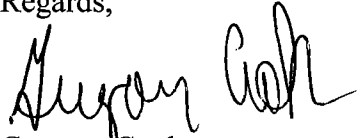
Liability Premium	Liability	UM/UIM BI	PIP	Physical Damage Premium	Ft/Cac Deductible	Ft/Cac Premium	Auto Total
	\$3,482	\$195	\$151		\$500	\$49	
							<b>\$3,877</b>

November 5, 2006

Ms. Tina Leipski,

Please find my remaining balance and my 'Form E' that you required to complete processing my application. If you have any questions please call me at (206)255 2310. Thank you.

Regards,

A handwritten signature in black ink, appearing to read "Gregory Cook". The signature is written in a cursive, somewhat stylized font.

Gregory Cook

President

Excalibur Moving Systems

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NOV 08 2006

WASH. UT. & TP. COMM.

**Form E**  
**UNIFORM MOTOR CARRIER BODILY INJURY AND PROPERTY**  
**DAMAGE LIABILITY CERTIFICATE OF INSURANCE**

Filed with **Washington Utilities and Transportation Commission** (hereinafter called Commission)

This is to certify, that the Western National Assurance Company (hereinafter called Company)  
of 9706 - 4th Avenue NE, Suite 200, Seattle, WA 98115-2143

has issued to Excalibur Moving Systems of 11615 Hwy 99 #G201, Everett, WA 98204

a policy or policies of insurance effective from 10-06-06 12:01 A.M. standard time at the address of the insured stated in said policy or policies and continuing until cancelled as provided herein, which, by attachment of the Uniform Motor Carrier Bodily Injury and Property Damage Liability Insurance Endorsement, has or have been amended to provide automobile bodily injury and property damage liability insurance covering the obligations imposed upon such motor carrier by the provisions of the motor carrier law of the State in which the Commission has jurisdiction or regulations promulgated in accordance therewith.

Whenever requested, the Company agrees to furnish the Commission a duplicate original of said policy or policies and all endorsements thereon.

This certificate and the endorsement described herein may not be cancelled without cancellation of the policy to which it is attached. Such cancellation may be effected by the Company or the insured giving thirty (30) days' notice in writing to the State Commission, such thirty (30) days' notice to commence to run from the date notice is actually received in the office of the Commission.

Countersigned at 9706 - 4th Avenue NE, Suite 200, Seattle, WA 98115-2143  
this 3rd day of November, 2006

Insurance Company File No. CA300008888  
(Policy Number)

Donald Richardson  
(Authorized Company Representative) 

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