



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 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

need additional \$300-

TYPE OF PAYMENT

Check Money Order Amex Discover 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): Robert N. Hoffman Date: 1/30/07
 Signature: [Signature] Title: Owner

FOR OFFICIAL USE ONLY

Date Filed: <u>2/5/07</u>	Application #: <u>TV 070256</u>	Motcar: <u>4358</u>	Permit Issued: HG- <u>62675</u>
Staff Assigned:	Insurance: <u>[Signature]</u>	Inspection:	DOL/SOS: <u>[Signature]</u>
Reception #: <u>111-0268-207-02 250.00 111-0268-202-01 111-0268-013-20</u>			

0003488
0003505 #300 -
 Check No. 1104 PAGE 1
[Signature]

BUSINESS INFORMATION

Name of Applicant Robert N. Hoffman
(must be individual, partners of a partnership, or corporation)

Trade Name, if applicable Bobs Moving

Physical Address 107 SW 14th Circle, Battle Ground, Wa 98604

Mailing Address Same

Telephone Number (360) 904-7085 Fax Number () _____

UBI # 602 613 810 Email: Bobsmoving@comcast.net

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: Clark County is the fastest growing county in the state. Most of the movers servicing Clark County are from Portland. I know the folks in Clark County would appreciate more local options

Briefly describe your experience in the transportation/household goods moving industry: I have over 10 years experience with logistics & trucking as a warehouse manager. Although it's not household goods moving I feel a lot of my knowledge will translate nicely.

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	\$ 3,000.00	Salaries/Wages Payable	\$
Notes Receivable	\$	Accounts Payable	\$
Accounts Receivable	\$	Notes Payable	\$
Investments	\$	Mortgages Payable	\$
Other Current Assets	\$	Other	\$
Prepaid Expenses	\$ 4,000.00	TOTAL LIABILITIES	\$ 0
Land and Buildings	\$	NET WORTH	
Trucks and Trailers	\$ 12,000.00	Preferred Stock	\$
Office Furniture	\$	Common Stock	\$
Other Equipment	\$	Retained Earnings	\$
Other Assets	\$	Capital	\$
TOTAL ASSETS	\$ 19,000	TOTAL LIABILITIES & NET WORTH	\$ 19,000

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
1989	Ford F700	B668883	1FDNK74P0KVA4013	23,900 #

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: Robert N. Hoffman Position: Owner

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: Robert N. Hoffman Position: Owner

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: Robert N. Hoffman Position: Owner

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: Robert N. Hoffman Position: Owner

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: Robert N. Hoffman Position: Owner

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: Robert N. Hoffman Position: Owner

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: Robert N. Hoffman Position: Owner

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: Robert N. Hoffman Position: owner

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: Robert N. Hoffman Position: 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.

Robert N. Hoffman Robert N. Hoffman 1/30/07 - Vancouver, Wa
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: Robert Hoffman

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:

Owner Sign A Rama

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

11700 NE 95th Street Suite 150
Vancouver, WA 98682

Phone Number: 360-882-7454

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:

Wife + I are considering moving closer to town so
would require local mover.

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:

Applicant is a life long resident of Clark County knows the area well
and is extremely diligent and hard working

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.

John S. Peterson USN Ret
Signature of Person Completing Form

15 December 2006
Date and Location

JANET GALANG
944-6909

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: **BOBS MOVING**

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:
JANET GALANG, SENIOR LOAN OFFICER, PREMIER MTG. RESOURCES

Address (include street address, mailing address, city, state, zip, and county):
**201 NE PARK PLAZA DR. SUITE 242
VANCOUVER, WA. 98684
CLARK COUNTY**

Phone Number
(360) 944-6636

Do you currently need the services of a residential household goods moving company?
 No Yes If yes, please describe your current moving needs:
I DO MORTGAGE LOANS & WORK WITH CLIENTS THAT NEED THE SERVICES OF A MOVING CO. IT IS DIFFICULT TO FIND A CO. THAT ISN'T BOOKED & DEPENDABLE

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 DEAL WITH PEOPLE DAILY THAT ARE MOVING.

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:
THE COMPANIES THAT PROVIDE THIS SERVICE SEEM TO BE BOOKED WELL IN ADVANCE. SINCE PEOPLE ARE NOT SURE OF MOVING DATES THIS CAN BE A PROBLEM

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?
HE HAS A REPUTATION OF BEING A HARD WORKER AND VERY DEPENDABLE. I WOULD REFER BUSINESS TO THIS COMPANY.

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

Janet Galang
Signature of Person Completing Form

12/28/2006 VANCOUVER
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: Robert Hoffman "Bobs Moving"

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: DAN FRASIER - owner - CURVES

Address (include street address, mailing address, city, state, zip, and county):
155 SW First Street
Stevenson, Wa.
98648

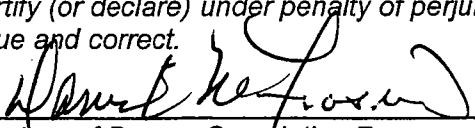
Phone Number: 1-509-427-2787

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:
yes - possible relocation of our business and would refer them to the hundreds of our 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:
see above

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.
 12-14-06 Carson Wa.
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:

Bob Hoffman - Bobs Moving

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:

Carol Lantz

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

2504 NE 172nd ave
Vancouver, wa 98684

Phone Number:

360 882-9832

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

X 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 X Yes If yes, please describe your future moving needs:

Moving purchased household items to home and also moving to new 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:

there is a or seems to be a shortage of available, reasonable moving services.

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 Lantz

Signature of Person Completing Form

12/12/06

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: Bob Hoffman - Bob's Moving

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: Wally's Kim Lantz

Address (include street address, mailing address, city, state, zip, and county):
7780 NE Lessard Road
Camas WA 98607

Phone Number: 360.833.9898

Do you currently need the services of a residential household goods moving company?
 No Yes If yes, please describe your current moving needs: We've just completed building our new home. We are preparing to move in to our new home. Our stuff is currently in storage. - will need moved as well.

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:
The benefit to us is that we will have piece of mind knowing our movers are reliable and trustworthy.

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?
In our experience, there is a lack of dependable, reliable movers in our area.

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: [Handwritten Signature]

Date and Location: 12/13/06 Vanc, WA

PRODUCER Nicholson & Associates 118 W. Pine Street Centralia WA 98531-4290 Phone: 360-736-7601 Fax: 360-330-0970	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
	INSURERS AFFORDING COVERAGE	NAIC #
INSURED Bob's Moving Bob Hoffman DBA 107 S W 14th Circle Battle Ground WA 98604	INSURER A: Alpha Property and Casualty	
	INSURER B: National Indemnity Company	
	INSURER C:	
	INSURER D:	
	INSURER E:	

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMTY APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input checked="" type="checkbox"/> UIM	BINDER 800065507A26R4931	01/25/07	01/25/08	COMBINED SINGLE LIMIT (Ea accident) \$ \$750,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$
	EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				<input type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
B	Cargo - Broad Form	70MTS000607	01/26/07	01/26/08	Cargo \$20,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

Verification of Insurance

CERTIFICATE HOLDER

INSURED

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL **30** DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE
Todd Working
Todd Working

02/05/07

Tina,

Here's the additional \$300 to change my household goods application from Temporary to Permanent Authority. Sorry for the misunderstanding, thanks for knowing what I meant...

Robert Hoffman
Bobs Moving

RECEIVED
FEB 07 2007
WASH. UT. & TP. COMM

ROBERT N HOFFMAN
 SHELLY L HOFFMAN
 101 NE 1ST AVE #221
 BATTLE GROUND, WA 98604-8549

1141

2/5/07 Date

98-8334/3233

Pay to the Order of Washington State Utilities & Transportation Co. \$ 300.00
Three Hundred & ⁰⁰/₁₀₀ Dollars



BONUS ACCOUNT

[Handwritten Signature]

For 05071477

© HARLAND 2000

CRJS Coding (if applicable):

Trans Code	Fund	Appn #	P/I	Sub Obj	Sub-Sub Obj	Project	Amount	Vendor #
	111	010						
	111	010						
	111	010						
	111	010						
	111	010						
	111	010						
	111	010						
	111	010						
	111	010						
	111	010						

PERMIT #	RECEPTION #	PAYOR NAME					
	0003505	Bobs Moving / Robert N Hoffman					
REFERENCE	FUND	SOURCE	IND	SUB-SCE	AMOUNT	LINE	
Check # 1141	111	02-68	207	02	300.00	1	
	111	02-68				2	
	111	02-68				3	
PRIOR BIENNIUM RECOVERY	111	04-86	035	07		4	
CURRENT BIENNIUM RECOVERY	111	09-02	035	07		5	
DATE	NSF	111	09-40			6	
						7	
						8	
		108	01-70			9	