

**HOUSEHOLD GOODS CARRIER
 PERMIT APPLICATION**



TV-070336

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 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 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

Check Money Order Amex Mastercard Visa

CK# 2230442604

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): Fsidro Apolaca Date: 11-7-06

Signature: [Signature] Title: owner

FOR OFFICIAL USE ONLY

Date Filed: <u>11/14/06-29</u>	Application #: <u>P 79483</u>	Motcar: <u>24760</u>	Permit Issued: HG- <u>THG 062685</u>
Staff Assigned: <u>[Signature]</u>	Insurance: <u>0003104</u>	Inspection: <u>[Signature]</u>	DOL/SOS: <u>[Signature]</u>
Reception #: <u>111-0268-207-02</u>	<u>\$550.00</u>	<u>111-0268-202-01</u>	<u>111-0268-013-20</u>

RECEIVED

NOV 13 2006

BUSINESS INFORMATION

Name of Applicant Isidro Rodasce individual
(must be individual partners of a partnership, or corporation)

Trade Name, if applicable Father and Best Careful Sons

Physical Address 8112 B pac, hwy E. Tacoma Wa

Mailing Address same 98422
3910

Telephone Number (253) 227-8211 Fax Number () _____

UBI # 602 668 099 OP 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:

<u>Name</u>	<u>Title</u>	<u>Stock Distribution or Percentage of Shares</u>
	<u>owner</u>	<u>Individual</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: Pierce & King

Describe the services you wish to provide. Explain how your services will enhance customer choice, promote competition, or fill an unmet need for service: Good and (we think) Best Service
No more household goods at reasonable price
And Fast & Ready Service

Briefly describe your experience in the transportation/household goods moving industry:
I have a big family, St Vincent De Paul, may flower,

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<input checked="" type="checkbox"/> Check	<input type="checkbox"/> Money Order	<input type="checkbox"/> Amex	<input type="checkbox"/> Mastercard	<input type="checkbox"/> Visa							
Expiration Date: _____						Amount: _____					
<p>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.</p>											
Name (printed): <u>Isidro R. Podace</u>						Date: <u>1-18-07</u>					
Signature: _____						Title: <u>Owner of business</u>					
FOR OFFICIAL USE ONLY											
Date Filed:			Application #:			Motcar:			Permit Issued: HG-		
Staff Assigned:			Insurance:			Inspection:			DOL/SOS:		
Reception #: 111-0268-207-02				111-0268-202-01				111-0268-013-20			

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:
Family arguments - Affidavit agreement settled marriage breakup Prob

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	\$ 3,500.00	Salaries/Wages Payable	\$ 0.00
Notes Receivable	\$ 0.00	Accounts Payable	\$ 0.00
Accounts Receivable	Com/Conbus	Notes Payable <u>Buy Buy Hats Co.</u>	\$ 36,000.00
Investments	\$ 0.00	Mortgages Payable	\$ 0.00
Other Current Assets <u>Notes</u>	\$ 6,000.00	Other	\$
Prepaid Expenses	\$	TOTAL LIABILITIES	\$ 36,000.00
Land and Buildings	\$	NET WORTH	
Trucks and Trailers <u>94/47 MC</u>	\$ 7,500.00	Preferred Stock	\$ 0.00
Office Furniture	\$ 500.00	Common Stock	\$ 0.00
Other Equipment <u>Tools</u>	\$ 1,000.00	Retained Earnings	\$ 0.00
Other Assets	\$	Capital	\$
TOTAL ASSETS	\$ 14,550.00	TOTAL LIABILITIES & NET WORTH	\$ 36,000.00

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
1994	GMC	A10845Z	100 16DJ7H1J4RJ- 515060	under ^{25,950} 21,000

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: Isidro Apodaca Position: owner + driver

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: Isidro Apodaca Position: owner + 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: Isidro Apodaca Position: owner + 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: Isidro Apodaca Position: owner + driver

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: Isidro Apodaca Position: owner + 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: Isidro Apodaca Position: owner + 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: Isidro Apodaca Position: owner + driver

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

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: Isidro Apodaca Position: Business Buyer / 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: Isidro Apodaca 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.

Isidro Apodaca
Print name of applicant

[Signature]
Signature of Applicant

Tacoma Wash.
10-28-06
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: Isidro Rodas

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: A Father + Fast Careful son / Movers

Address (include street address, mailing address, city, state, zip, and county): 8112 Pacific Hwy east, Fife (Tacoma) WA 98422

Phone Number: 253-735 7834

Do you currently need the services of a residential household goods moving company? [X] Yes If yes, please describe your current moving needs: We want to offer to our rental clients good reliable moving services; And there have not that need

Do you anticipate a future need for the services of a residential household goods moving company? [X] Yes If yes, please describe your future moving needs: we have clients/renters moving in and out often.

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 are concerned about our properties, and damages to our properties and these movers are very careful

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

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: [Signature]

Date and Location: 2/12/2007 "The Lodge" Federal Way

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Applicant Name: *Isidro Prodzca / Father and Fast Careful Sons*

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: *Dearne Smith, Past Mgr, Senior Housing Assn Group*

Address (include street address, mailing address, city, state, zip, and county):
*15th & A Street NE
Rubicon, Wa. 98003*

Phone Number: *253-735-6662*

Do you currently need the services of a residential household goods moving company?
 No Yes If yes, please describe your current moving needs:
we need the services of Father and Fast Careful Sons - to move residents into and out of our units

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:
People applying regularly need these services

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:
These people are carefully moving our residents, and protect our facilities with no damage to walls etc.

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?
Good people & we hear nothing but positive good about their work.

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: *Dearne Smith* Date and Location: *1-18-07 Rubicon WA 98003*

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Applicant Name:

Jordan Goddard Father and Son Careful Sons

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:

Kathleen L. Nussell / Mgr. Senior Housing Assistance Group

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

*Unit 2 154 N E B Street
Auburn, WA 98003*

Phone Number:

253-235-6663

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

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

We appreciate the good work these people do, bring new residents to our facility. Residents and coming and moving away every month

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 are reasonably priced and great residents very well and that is our goal also

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:

Father & Sons are very careful of our building and careful of all residents

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

These folks are especially careful of some residents needs and we always hear afterwards how pleased they are in moving furniture

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

Kathleen L. Nussell
Signature of Person Completing Form

1-19-07 Auburn, WA
Date and Location

ISIDRO LYNN APODACA
A FATHER AND FAST, CAREFUL SONS MOVI
8112 PACIFIC HWY E # B
TACOMA WA 98422

003824

DETACH BEFORE POSTING



STATE OF
WASHINGTON

MASTER LICENSE SERVICE
PO Box 9034 • Olympia, WA 98507-9034 • (360) 664-1400
REGISTRATIONS AND LICENSES

Sole Proprietorship

Unified Business ID #: 602 668 099
Business ID #: 1
Location: 1

ISIDRO LYNN APODACA
A FATHER AND FAST, CAREFUL SONS MOVING
8112 PACIFIC HWY E # B
TACOMA WA 98422

TAX REGISTRATION

REGISTERED TRADE NAMES:
A FATHER AND FAST, CAREFUL SONS MOVING

The licensee named above has been issued the business registrations or licenses listed. By accepting this document the licensee certifies the information provided on the application for these licenses was complete, true, and accurate to the best of his or her knowledge, and that business will be conducted in compliance with all applicable Washington state, county, and city regulations.

Elizabeth A. Luse
Director, Department of Licensing