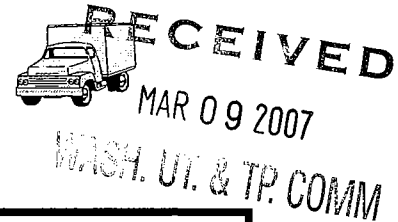




HOUSEHOLD GOODS CARRIER PERMIT APPLICATION



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 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 checked="" 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): Andy Chen Date: 3/5/07

Signature: [Signature] Title: Owner

FOR OFFICIAL USE ONLY

Date Filed:	Application #:	Motcar:	Permit Issued: HG-
Staff Assigned:	Insurance:	Inspection:	DOL/SOS:
Reception #: 111-0268-207-02 <u>550.00</u> 111-0268-202-01 111-0268-013-20			

0003600

BUSINESS INFORMATION

Name of Applicant Andy Chen
(must be individual, partners of a partnership, or corporation)

Trade Name, if applicable Hing's Professional Moving

Physical Address 3227 - 16th Ave. S., Seattle, WA 98144

Mailing Address 3227 - 16th Ave. S., Seattle, WA 98144

Telephone Number (206) 679-3388 Fax Number (206) 917-1166

UBI # 601 342 967 Email: none

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>Andy Chen</u>	<u>Owner</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: Residential and Office moving.

Primary customers will be Chinese/Asian, in which the communities lack Chinese speaking moving companies.

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

I have over 10 years of moving furniture.

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	\$ 10,000	Salaries/Wages Payable	\$
Notes Receivable	\$	Accounts Payable	\$
Accounts Receivable	\$	Notes Payable	\$
Investments	\$ 3,000	Mortgages Payable	\$
Other Current Assets	\$	Other	\$
Prepaid Expenses	\$	TOTAL LIABILITIES	\$ 660,000
Land and Buildings	\$ 900,000	NET WORTH	
Trucks and Trailers	\$ 32,000	Preferred Stock	\$
Office Furniture	\$	Common Stock	\$
Other Equipment	\$	Retained Earnings	\$
Other Assets	\$	Capital	\$
TOTAL ASSETS	\$ 945,000	TOTAL LIABILITIES & NET WORTH	\$ 945,000

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
1995	Ford	A35104K	1FDKE37G75HA62185	8,500
2000	International	A61916X	1HTSCABM2YH2397K5	26,000

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: Andy Chen 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: Andy Chen 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: Andy Chen 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: Andy Chen 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: Andy Chen 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: Andy Chen 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: Andy Chen 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: Andy Chen

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: Andy Chen

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.

Andy Chen

Print name of applicant



Signature of Applicant

3/5/07 Renton

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: Andy M. Chen d/b/a Hing's Professional Moving

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:

Kirk Wu, Director, Choice Escrow, Inc.

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

12826 SE 40th Lane #105

Bellevue, WA 98006

King County, WA

Phone Number: (425) 373-0777

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 am the director of Choice Escrow, Inc. We close many purchases within the Chinese community, and I know there is a need for a Chinese-speaking moving company.

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?

I have personally known Mr. Chen for a number of years and know him to be an honest, hard-working person who serves his customers first.

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

KL

Signature of Person Completing Form

3/6/07 Bellevue

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: Andy M. Chen d/b/a Hing's Professional Moving

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:

Ryan S-F Yee, Attorney at Law

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

12826 SE 40th Lane #103

Bellevue, WA 98006

King County, WA

Phone Number: (425) 373-0012

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

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

We are currently looking for a new home and have many items to move.

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:

As a professional member of the Chinese community, I have personal knowledge that there is a shortage of Chinese speaking moving companies to meet the needs of the Chinese community.

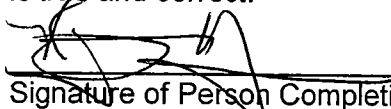
Briefly describe how granting this company a permit to provide household goods moving services in Washington State will benefit you, your business, and/or your community:

see above.

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

Mr. Chen is well known in the Chinese community in the Puget Sound area, and is known for his hard work and integrity. He takes a lot of pride in his 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

3/5/07 Bellevue

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: Andy M. Chen d/b/a Hing's Professional Moving

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:

Terence K. Wong, Attorney at Law

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

8614 - 138th Place SE
Newcastle, WA 98059
King County, Washington

Phone Number: (206) 390-4349

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

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

I just recently purchased a home and still have many items that need to be moved to my new home.

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:

In addition to being an attorney, I am also a mortgage broker, and there are still many home purchases, and those clients need movers.

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:

Mr. Chen has a reputable presence in the Chinese community, and I have personal knowledge that the community has the most utmost respect for Mr. Chen.

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. Chen for a number of years and know him to be a hardworking and honest individual.

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



3/4/07 Newcastle

Signature of Person Completing Form

Date and Location