



**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 2 - 6 and Attachment E	\$ 50
<input type="checkbox"/> Temporary authority (to meet a short-term need) – Complete pages 2 - 6 and Attachment A	\$ 250
<input type="checkbox"/> Permanent authority (at least six months must be served on a temporary provisional basis) – Complete pages 2 - 6 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 2 - 6 and Attachment B	\$ 550
<input checked="" type="checkbox"/> Permanent authority to transfer or acquire control under the exceptions in WAC 480-15-260 – Complete pages 2 - 6 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 2 - 3 and include a statement justifying the reinstatement	\$ 250
<input type="checkbox"/> Name Change – Complete pages 2 - 3 and Attachment D	\$ 35
<input type="checkbox"/> Extension of authority – Complete pages 2 - 6 and Attachment A	\$ 550

**TYPE OF PAYMENT**

Check    
  Money Order    
  Amex    
  Mastercard    
  Visa

Amount: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

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): \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

**FOR OFFICIAL USE ONLY**

Date Filed: 3/13/07	DOL/SOS: [Signature]	ID:	Permit Issued: HG-
Staff Assigned:	Insurance:	Inspection:	Docket #
Reception #: 111-0268-207-02 250.00	111-0268-202-01	111-0268-013-20	

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**RECEIVED**  
MAR 12 2007  
WASH. UT. & TP. COMM

**BUSINESS INFORMATION**

Name of Applicant Greg Wakefield AAA Moving & Storage, Inc  
(must be individual, partners of a partnership or corporation) (Washington)

Trade Name, if applicable \_\_\_\_\_

Physical Address 5655 8th St E, Fife, WA 98424

Mailing Address 5655 8th St. E, Fife, WA 98424

Telephone Number (253) 588-9555 Fax Number (253) 588-9406

UBI # 602 327 052 Email: jamiel@aaa-moving.com / greg@aaa-moving.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>
<u>Jeanette Wakefield</u>	<u>President</u>	<u>25%</u>
<u>Greg Wakefield</u>	<u>CEO</u>	<u>25%</u>
<u>Lorna Stern</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: We offer a diversified portfolio of services to help customers with their moving needs for all budgets.

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

We have been servicing household goods moves for the private, government & commercial sector for over 23 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: MC# 251830

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# 0466500

MC# 251830

Do you operate interstate as an agent of another company?  No  Yes If yes, what is the name of the

company? Covan World Wide Movers

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 must complete the following financial statement or attach a balance sheet, profit and loss statement, or  
business plan **\*\*See attachment**

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	\$	<b>TOTAL LIABILITIES</b>	\$
Land and Buildings	\$	<b>NET WORTH</b>	
Trucks and Trailers	\$	Preferred Stock	\$
Office Furniture	\$	Common Stock	\$
Other Equipment	\$	Retained Earnings	\$
Other Assets	\$	Capital	\$
<b>TOTAL ASSETS</b>	<b>\$</b>	<b>TOTAL LIABILITIES &amp; NET WORTH</b>	<b>\$</b>

## EQUIPMENT LIST

Describe the equipment you will use (attach additional sheets if necessary). **\*\* See attachment**

Year	Make	License Number	Vehicle ID Number	Gross Vehicle Weight
1990	International	A07479J	H698625	42,000
1997	Freight Liner	AF0F26K	6UH759217	26,000
1997	GMC	A03738N	XJJ850001	28,000
2002	Frieghtliner	09198RP	BCG52W5304	68,000

### SAFETY AND OPERATIONS

List the person and position responsible for understanding and complying with the Federal Motor Carrier Safety Regulations (FMCSR) and Washington State Laws and commission rules (WAC) as described below. 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 DRIVER'S LICENSE (CDL) STANDARDS REQUIREMENTS AND PENALTIES** (Title 49, Code of Federal Regulations Part 383). If you operate commercial motor vehicles, your drivers must have a valid CDL.
- **DRIVER QUALIFICATION REQUIREMENTS** (Title 49, Code of Federal Regulations Part 391). Each of your drivers must meet minimum qualification requirements. You must maintain driver qualification files for each driver.
- **DRIVERS HOURS OF SERVICE** (Title 49, Code of Federal Regulations Part 395). Each of your drivers must maintain hours of service logs. You must maintain true and accurate hours of service records for each driver.
- **CONTROLLED SUBSTANCE AND ALCOHOL USE AND TESTING** (Title 49, Code of Federal Regulations Part 382 and Part 40). If you operate commercial motor vehicles, your drivers must be in a Controlled Substance and Alcohol Use and Testing program. You must have an alcohol and controlled substances testing program.
- **INSPECTION, REPAIR AND MAINTENANCE** (Title 49, Code of Federal Regulations Part 396). You must systematically inspect, repair and maintain all motor vehicles.
- **SAFETY REGULATIONS, GENERAL** (Title 49, Code of Federal Regulations Part 390). You must follow safety regulations.
- **DRIVING COMMERCIAL MOTOR VEHICLES** (Title 49, Code of Federal Regulations Part 392). You must follow regulations for driving commercial motor vehicles.
- **PARTS AND ACCESSORIES NECESSARY FOR SAFE OPERATION** (Title 49, Code of Federal Regulations Part 393). You must maintain parts and accessories in safe condition.
- **LIABILITY INSURANCE REQUIREMENTS** (WAC 480-15-530). You must file and maintain proof of public liability and property damage insurance (\$300,000 minimum coverage for vehicles under 10,000 pounds GVWR and \$750,000 minimum coverage for vehicles 10,000 pounds GVWR or more).
- **CARGO INSURANCE REQUIREMENTS** (WAC 480-15-550). You 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: <b>Jaime Comstock</b>	Position: <b>General Manager</b>
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## OPERATIONAL RESPONSIBILITIES

**ANNUAL REPORTS and REGULATORY FEES (WAC 480-15-480).** You must annually file a report of your financial operations and pay regulatory fees.

Name: <b>Greg Wakefield</b>	Position: <b>CEO</b>
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**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 the 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: <b>Rose Criswell</b>	Position: <b>Accounting</b>
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## 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 receive 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.

My employees are sufficiently trained to comply with commission rules regarding estimates, bills of lading, rates and charges and terms and conditions of household goods moves. In addition, my employees are sufficiently trained to comply with commission rules regarding vehicle operation, maintenance, and all other safety requirements. My company will provide a copy of the customer survey to each customer for whom we provide transportation service.

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.

**Jaime Comstock**

Print name of applicant



Signature of Applicant

**3/1/07 Fife, WA**

Date and Location

**ATTACHMENT A**

**HOUSEHOLD GOODS STATEMENT OF SUPPORT**

Your application must include at least three shipper or public statements supporting the proposed household goods moving service. Shipper statements may come from persons or organizations with a need for household goods moving services, or who support your request for a permit to provide those services. These forms may be copied by you as needed.

Applicant Name:	<b>AAA Moving &amp; Storage, Washington</b>	<b>Greg Wakefield</b>
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**The following must be completed by the Supporter of the applicant**

Name, Title, and Business Name:  
**Adam Burke, Domestic Traffic Manager, Pioneer Van Lines**

Address (include street address, mailing address, city, state, zip, and county):  
**5655 8th St E. Ste 200  
Fife, WA 98424  
  
Pierce County**


Phone Number: **253- 588-9555**

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 and company such as AAA Moving & Storage, Washington to act as an agent to service domestic interstate household goods traffic.**

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:  
**We will better be able to service the needs of private and DOD traffic from Washington to points in the continental United States.**

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.*  
  
**Adam Burke**  
Signature of Person Completing Form

**February 12, 2007**  
Date and Location

**ATTACHMENT B**

**Transfer or Acquisition of Control**

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

Transfer  Acquisition of Control

~~AAA Moving & Storage, WASHINGTON~~ AAA Moving & Storage, Inc

Current Name on Permit (Seller)  
~~AAA Moving & Storage, ALASKA~~ N/A

Current Trade Name on Permit (Seller)  
717 E. Shipcreek Ave

Address (Seller)  
HG- 11885 253 588-9555

Permit Number

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 or penalties owed to the commission been paid?  No  Yes

Has the closing annual report been filed with the commission?  No  Yes

A customer may file a loss or damage claim for up to nine months following a move and may file a loss or damage lawsuit for up to two years following a move. Who will be responsible for handling claims filed by customers for loss 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- 11885 to the following:

AAA Moving & Storage, WASHINGTON  
Name of Buyer

AAA Moving & Storage, WASHINGTON  
Trade Name of Buyer

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

C1  
Seller's Signature

March 1, 2007  
Date and Location

Ah  
Buyer's Signature

March 1, 2007  
Date and 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.

Documentation supporting the checked box, above, must be included with your application. You may submit 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: The parent company is seperating its units into smaller operating units.
    - 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: Parent Corporation will maintain financial and operational responsibility for Washington corporation.



1/3/2007  
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AAA MOVING & STORAGE, INC.  
SHORT BALANCE SHEET  
For Calendar 12/2006 (Fiscal 12/2006)  
Year-To-Date Does Not Include Adjustments

Page 1

G/L Number Account Name

Year-To-Date

**ASSETS**

**CURRENT ASSETS**

TOTAL CASH IN BANK AND ON HAND	409,188.19
TRADE RECEIVABLES	3,172,884.70
EMPLOYEE RECEIVABLES	208,491.69
TOTAL PREPAID AMOUNTS	50,419.56
TOTAL INVENTORIES	172,597.75
TOTAL OTHER CURRENT ASSETS	0.00
TOTAL CURRENT ASSETS	4,013,581.89

**FIXED ASSETS**

TOTAL LEASEHOLD IMPROVEMENTS	76,571.05
TOTAL FUR., FIX. AND EQUIPMENT	611,323.02
TOTAL FIXED ASSETS	687,894.07
TOTAL OTHER ASSETS	286,591.11

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TOTAL ASSETS 4,988,067.07

**LIABILITIES**

**CURRENT LIABILITIES**

TOTAL SHORT TERM NOTES PAYABLE	14,663.63
TOTAL TRADE ACCOUNTS PAYABLE	7,490.64
TOTAL OTHER CURRENT PAYABLES	(12,561.30)
TOTAL TAX LIABILITY	164,951.71
TOTAL ACCRUED LIABILITIES	0.00

1/ 3/2007  
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AAA MOVING & STORAGE, INC.  
SHORT BALANCE SHEET  
For Calendar 12/2006 (Fiscal 12/2006)  
Year-To-Date Does Not Include Adjustments

Page 2

G/L Number	Account Name	Year-To-Date
	TOTAL CURRENT LIABILITIES	174,544.68
	TOTAL LONG TERM DEBT	0.00
<hr/>		
	TOTAL LIABILITIES	174,544.68

**EQUITY**

	TOTAL STOCKHOLDERS EQUITY	4,813,522.39
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	Difference	0.00

**FIFE**

T01	1996	Isuzu	Truck	JALF5A122T3700184
T02				
T03	1998	GMC	TRUCK	J8DC4B1K1W7001718
T05	1984	Ford	pass van	1FMCA11U7RZB34624
T06				
T08	1998	GMC	TRUCK	J8DC4B1K7W7001691
T10	1995	Freightliner	Truck	1FV3HFACOSL785837
T11	1997	Freightliner	Truck	1FV6HJAC6VH759217
T-12	1997	Freightliner	Truck	1FV6HLACOVH805832
T13	1997	GMC	Van	1GDJG31F1V1030139
T14	1995	INTL	Tractor	1HSHEAUN0SH680770
T-15	1996	Volvo	Tractor	4V4WDBJH3TN6933348
T-16	1997	GMC	St Truck	1GDK7H1JXVJ850001
T-17	1996	KW	Tractor	IXKWER9X3T5720831
T-18				
T-19				
T-20	1997	Freightliner	Tractor	2FUPCSZB1V809324
T-21	2002	Freightliner	Tractor	1FUJBBCG522LJ15304
T-22	2000	GMC	VAN	1GTHG35F6Y1230399
T-23				
T-24	1999	GMC	VAN	1GTHG35F7X1139379
T-25	1966	Freightliner	Tractor	1FUYDDYBXT545373
T-101	1998	Kenworth	Tractor	1XKADB9X7WR788336
T-102	1999	Kenworth	Tractor	1XWDB9X5XJ830315
T-104	2000	FREIGHTLINER	TRACTOR	1FUYSSEB4YLG64357

# EMPLOYERS' NOTICE OF INSURANCE

**TO THE EMPLOYEES OF THE UNDERSIGNED:**  
Your employer is insured by

VANLINER INSURANCE COMPANY

Insurer (Or Insurance Company)

ONE PREMIER DRIVE

Street and Number

FENTON

MO

63026

City

State

Zip Code

For the period from

12-31-2006

through 31-2007

Alaska Adjusting Company

Street and Number

City

State

Zip Code

Telephone

This insurance pays benefits for job-connected injuries, illnesses or death as provided by the Alaska Workers' Compensation Act.

AAA MOVING & STORAGE, INC.

Employer

By

Title

Witness

Witness

Immediately (not later than 30 days from injury or death date) give your employer and the Alaska Workers' Compensation Board written notice of a job-related injury, illness, or death. Get the "Report of Occupational Injury or Illness" form from your employer for this purpose.

If you have questions about your rights or benefits under the Alaska Workers' Compensation Act, contact the insurer at the above address and the Alaska Workers' Compensation Board at the nearest office listed below:

**ANCHORAGE**

3301 Eagle Street

Box 107019

Anchorage, AK 99510-7019

(907) 269-4980

**FAIRBANKS**

675 Seventh Avenue

Station H2

Fairbanks, AK 99701-4593

(907) 451-2889

**JUNEAU**

1111 West 8th Street

Box 25512

Juneau, AK 99802-5512

(907) 465-2790

**NOTICE TO EMPLOYER: AS 23.30.060 requires that you post this notice in three conspicuous places on the employer's premises.**