

BUSINESS INFORMATION

Name of Applicant GREAT WEST MOVING AND STORAGE INC.
(must be individual, partners of a partnership or corporation)

Trade Name, if applicable _____

Physical Address 13818 234 CH NE.

Mailing Address WOODINVILLE WA

Telephone Number (425) 827-0496 Fax Number (425) 286-6945

UBI # 602 601 541 Email: ROB@GREATWESTMOVING.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:

| Name | Title | Stock Distribution or Percentage of Shares |
|---------------------|------------------|--|
| <u>ROBERT IRWIN</u> | <u>PRESIDENT</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: MOVING RESIDENTIAL
GOODS

Briefly describe your experience in the transportation/household goods moving industry:
6 YEARS MOVING GOOD UNDER HG 61024

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: HC 01024

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# _____

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: SMALL CLAIM FOR DAMAGES. IT WAS RESOLVED.

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 | | | |
| ASSETS | | LIABILITIES | |
| Cash in Bank | \$ 2,000 | Salaries/Wages Payable | \$ 1,500 |
| Notes Receivable | \$ 0 | Accounts Payable | \$ 0 |
| Accounts Receivable | \$ 0 | Notes Payable | \$ 0 |
| Investments | \$ 0 | Mortgages Payable | \$ 0 |
| Other Current Assets | \$ 0 | Other | \$ 0 |
| Prepaid Expenses | \$ 0 | TOTAL LIABILITIES | \$ 1,500 |
| Land and Buildings | \$ 0 | NET WORTH | |
| Trucks and Trailers | \$ 25,000 | Preferred Stock | \$ 0 |
| Office Furniture | \$ 2,000 | Common Stock | \$ 0 |
| Other Equipment | \$ 0 | Retained Earnings | \$ 0 |
| Other Assets | \$ 0 | Capital | \$ 0 |
| TOTAL ASSETS | \$ 29,000 | TOTAL LIABILITIES & NET WORTH | \$ 3,000 |

EQUIPMENT LIST

Describe the equipment you will use (attach additional sheets if necessary).

| Year | Make | License Number | Vehicle ID Number | Gross Vehicle Weight |
|------|---------------|----------------|-------------------|----------------------|
| 99 | VOLVO | B09839A | 4VG7DATHSXN780179 | 60,000 |
| 99 | INTERNATIONAL | A2952SW | 1HTSCAMXX643719 | 25,000 |
| 96 | INTERNATIONAL | A51952R | 1HTSCABM6TH230852 | 25,000 |

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: ROBERT IRWIN

Position: PRESIDENT

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: ROBERT IRWIN

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 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: ROBERT IRWIN

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 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.

ROBERT IRWIN

Print name of applicant



Signature of Applicant

3-20-07

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: <u>ROBERT IRWIN</u> |
|-------------------------------------|

The following must be completed by the Supporter of the applicant

| |
|---------------------------------|
| Name, Title, and Business Name: |
|---------------------------------|

| |
|--|
| Address (include street address, mailing address, city, state, zip, and county): <u>DENISE TADDEO-SMITH</u> <u>17027 N 2 116 ST</u> <u>REDMOND WA 98077</u> |
|--|

| |
|-----------------------------------|
| Phone Number: <u>425 788-6103</u> |
|-----------------------------------|

| |
|---|
| Do you currently need the services of a residential household goods moving company? <input type="checkbox"/> No <input checked="" type="checkbox"/> 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? <input type="checkbox"/> No <input checked="" type="checkbox"/> 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: <u>I have always used these guys & they provide excellent service</u> |
|---|

| |
|--|
| Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit? <u>No.</u> |
|--|

| | |
|---|----------------|
| I certify (or declare) under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct. <u>Denise Taddeo Smith</u> | <u>9.20.07</u> |
|---|----------------|

| | |
|-------------------------------------|-------------------|
| Signature of Person Completing Form | Date and Location |
|-------------------------------------|-------------------|

ATTACHMENT B

Transfer or Acquisition of Control

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

Transfer Acquisition of Control

Current Name on Permit (Seller)

Current Trade Name on Permit (Seller)

Address (Seller)

HG-

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-_____ to the following:

Name of Buyer

Trade Name of Buyer

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

Seller's Signature

Date and Location

Buyer's Signature

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: _____
 - 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: _____

ATTACHMENT D

CHANGE OF CORPORATE/INDIVIDUAL NAME

(WAC 480-15-400)

Name CHG PER DOCKET TV-061577

This application is for name change only and must not involve a change in ownership, management, or control of the household goods operating authority.

A company must file a name change application to:

- Change a corporation's name
- Change an individual's name
(may be sole proprietor or individual in a partnership)
- Change or add a trade name

NOTE: You may not advertise to operate under the changed name until a permit is issued in the new name.

WESTERN MOVING AND STORAGE INC

Current Name on Permit

Current Trade Name on Permit

13818 234 ct NE.

Address

WOODINVILLE WA. 98077

Phone Number

425 827-0496

Fax Number

425 286-6945

Email Address

If a corporation, list names, titles, stock distribution or major stockholders under the current name:

ROBERT IRWIN PRESIDENT 100%

I request the name on household goods permit HG- 61042 be changed to:

GREAT WEST MOVING AND STORAGE INC 602 601 541

New Name

UBI Number


New Trade Name (if applicable)

Address (if changed)

If a corporation, list names, titles, stock distribution or major stockholders under the new name:

ROBERT IRWIN PRESIDENT 100%

I certify that this information is true and correct, that I am authorized to execute and file this document on behalf of the applicant and that all information is current and valid.

 PRESIDENT

3-20-07

Signature and Title of Applicant

Date and Location

ATTACHMENT E

SUPPORT FOR EMERGENCY TEMPORARY AUTHORITY (WAC 480-15-270)

The Commission may approve Emergency Temporary Authority (ETA) for a specific move or for a period of time (not more than 30 days) when it is necessary to meet a customer's immediate and urgent need for service due to an emergency situation. An immediate and urgent need may consist of unavailability of an existing household goods carrier; a request for special service or equipment that is not available from an existing household goods carrier; natural disasters such as a flood, volcano eruption, forest fire, or earthquake. An approved ETA will be immediately cancelled if the commission determines that no true emergency exists.

An application for ETA must be accompanied by a sworn statement from the customer needing the service. The customer must complete the following:

CUSTOMER SWORN STATEMENT OF IMMEDIATE AND URGENT NEED FOR SERVICE

Customer Name _____
Address NAME change a requirement of
DOCKET TV-061577

Telephone Number () _____ Fax Number () _____

Describe your immediate and urgent need for service: I need immediate authority for
ongoing clients.

What date(s) do you need the service? _____

What do you need transported? _____

Where do you need it transported from? _____ to? _____

List the permitted moving companies you have contacted?

Name _____ Phone Number () _____
Explain why they are not able to provide you service: _____

Name _____ Phone Number () _____
Explain why they are not able to provide you service: _____

Name _____ Phone Number () _____
Explain why they are not able to provide you service: _____

I certify or declare under penalty of perjury under the laws of the State of Washington that the information contained in this statement is true and correct.

ROBERT IRWIN
Print name

[Signature]
Signature

3-20-07
Date and Location