

TV-070657

WASHINGTON



UTILITIES AND TRANSPORTATION COMMISSION

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
Yes <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 2 - 6 and Attachment B	\$ 550
No <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 V 002832

Amount: 550.00 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): STUART L. MORROW Date: MARCH 31, 2007

Signature: Stuart L Morrow Title: Owner

FOR OFFICIAL USE ONLY

Date Filed: <u>4/4/07</u>	DOL/SOS: <u>DMO</u>	ID: <u>4468</u>	Permit Issued: HG-
Staff Assigned: <u>0003745</u>	Insurance:	Inspection:	Docket #
Reception #: <u>111-0268-207-02</u>	<u>550.00</u>	111-0268-202-01	111-0268-013-20

BUSINESS INFORMATION

Name of Applicant NCMS Acquisition Co, LLC ^{OW}
(must be individual, partners of a partnership or corporation)

Trade Name, if applicable North Coast Moving & Storage, Inc.

Physical Address 13045 S.E. 32nd Street Bellevue WA 98005

Mailing Address Same

Telephone Number (425) 643-2100 Fax Number (425) 644-2610

UBI # 602-692-782 Email: pwst@alliedagent.com / smorrow@alliedagent.com

TYPE OF BUSINESS STRUCTURE

- Individual
- Partnership
- Corporation
- Other LLC
(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>Stuart L Morrow</u>	<u>Member</u>	<u>50%</u>
<u>Mary N Morrow</u>	<u>member</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:

Continuation of existing moving, storage, packing services for individual, corporate & governmental customers

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

Ten years with Burlington Northern R.R. Gen Manager for 3rd Party relationships & performance for North America
Specialized Manager for 30 employees Trucking/Transloading operation for Amer. Pres. Line Las Vegas

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: HAG 604891

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: _____

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 <u>business plan</u> <i>See attached 5 year Plan</i>			
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	\$

SLM

EQUIPMENT LIST > See Attachment

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

Year	Make	License Number	Vehicle ID Number	Gross Vehicle Weight

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:

Pat Waters

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: Stuart L Morrow

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 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: Stuart Morrow

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 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.

Stuart L. Morrow
Print name of applicant

Stuart L. Morrow
Signature of Applicant

March 31, 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

North Coast Moving & Storage, Inc
Current Name on Permit (Seller)

Same
Current Trade Name on Permit (Seller)

13045 SE 32nd Bellevue, WA 98005
Address (Seller)

HG-004891 425-432-1905
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?

Pat Waters

RELEASE OF AUTHORITY

I, the seller, have sold or otherwise released interest in my household goods permit number HG-004891 the following:

Stuart L. Morrison
Name of Buyer

NCMS Acquisition Co, LLC DBA North Coast Moving & Storage, Inc
Trade Name of Buyer

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

[Signature]
Seller's Signature

March 31 2007 Bellevue, WA 98005
Date and Location

Stuart L. Morrison
Buyer's Signature

March 31 2007 Bellevue, WA 98005
Date and Location

VEHICLE SCHEDULE FOR
2007-2008 TERM

Operat or	Pol #	Year	Make	Type	Serial #	Class Code	Cost New	Radius	LIAB	UM	PHYS DMGE
	1	2002	Chevrolet Astro	PP	16GCDM19X92B155875	7398	-	-	X	X	
	2	2001	Mercedes-Benz	PP	WDBJF65101B298478	7398	-	-	X	X	
	3	1990	International	Hvy Trk	1HTSLNDM8MH329405	33499	-	L	X	X	
	4	1995	International	Hvy Trk	1HTSCAM35H646650	33499	-	L	X	X	
	5	1995	International	Hvy Trk	1HTSCAM35H646651	33499	-	L	X	X	
	6	1996	Freightliner	:x-Hvy Trc	1FUWHLBA6TL558781	50499	-	LH	X	X	
	7	1985	Kenworth*	:x-Hvy Trc	1XKED29XOFJ366619	50499	-	LH	X	X	
	8	1990	Kenworth*	:x-Hvy Trc	1XKAD29X8LSS33912	50499	-	LH	X	X	
	9	1993	Freightliner*	:x-Hvy Trc	1FUYDZYB3RPP5431	50499	-	LH	X	X	
	10	1997	Freightliner*	:x-Hvy Trc	1FUYSSSEB1VL836479	50499	-	LH	X	X	deleted 11/2/06
	11	1999	Volvo VNL770*	:x-Hvy Trc	4VGTDBJXXN795067	50499	-	LH	X	X	
	12	1999	Volvo VNL770*	:x-Hvy Trc	4VGTDBJ1XN795067	50499	-	LH	X	X	
	13	1990	Kenworth	:x-Hvy Trc	1XKADB9X8LJ548710	50499	-	LH	X	X	
	14	1995	Kenworth*	:x-Hvy Trc	1XKADB9X2SR626897	50499	-	LH	X	X	
	15	1995	Freightliner Box	Hvy Trk	1FV3GJAC6SL622714	23499	-	L	X	X	
	16	2000	GMC Straight	Med Trk	JBDC4B14OY7Q04419	23499	-	L	X	X	
	17	1990	Chevrolet	Lt Trk	2GBHG31KOL4125186	23499	-	L	X	X	
	18	2002	GMC Straight	Med Trk	JBDCA814027001527	23499	-	LH	X	X	
	19	1993	Freightliner*	Hvy Trk	1FV6HFAA8PL425475	33499	-	LH	X	X	
	20	1993	Freightliner*	Hvy Trk	1FV6HFAA8PL425476	33499	-	LH	X	X	
	21	2001	Freightliner*	:x-Hvy Trc	1FUJAHCG41PH33696	50499	-	LH	X	X	
	22	1991	Chevrolet	Lt Trk	1GCGG152XM7126482	03499	-	L	X	X	
	23	1987	Kenworth*	Trailer	1KKVE4821HL078078	68499	-	LH	X	X	
	24	1994	Kenworth*	Trailer	1KKVES024RL097520	68499	-	LH	X	X	
	25	1996	Kenworth*	Trailer	1KKVF5022TL104310	68499	-	LH	X	X	
	26	1996	Kenworth*	Trailer	1KKVE5029TL104839	68499	-	LH	X	X	
	27	1996	Kenworth*	Trailer	1KKVE4828TL105608	68499	-	LH	X	X	
	28	1996	Kenworth*	Trailer	1KKVE5023TL106778	68499	-	LH	X	X	deleted 11/2/06
	29	1997	Kenworth*	Trailer	4KKVE5397VL119134	68499	-	LH	X	X	
	30	2000	Kenworth*	Trailer	1KKVE5332YL201554	68499	-	LH	X	X	
	31	2001	Kenworth*	Trailer	1KKVE5331L204709	68499	-	LH	X	X	
	32	2007	Sun-Valley	Trailer	159CB53207P297958	68499	\$57,880	LH	X	X	\$1,000 Ded added 12/11/06
			Trailer Interchange				ACV				
			Non-owned Autos				ACV				
			Hired Autos				ACV				

*Run under Allied Van Lines authority; Instead of Contingent Liability, they're rated as local vehicles

Tom

Agent Name

NCMS, Inc.

Agent Code

1630 Date

3/1/2007

Five Year Net Linehaul Projection

	Previous 12 Months	First Year of Affiliation	Second Year of Affiliation	Third Year of Affiliation	Fourth Year of Affiliation	Fifth Year of Affiliation
National Account	\$ 436,040	\$ 462,202	\$ 494,556	\$ 531,647	\$ 574,179	\$ 631,596
Consumer	\$ 789,412	\$ 836,776	\$ 895,350	\$ 962,501	\$ 1,039,501	\$ 1,143,451
Mill/Gov	\$ 62,069	\$ 65,793	\$ 70,400	\$ 75,678	\$ 81,732	\$ 89,905
Total	\$ 1,287,521	\$ 1,364,771	\$ 1,460,306	\$ 1,569,826	\$ 1,695,412	\$ 1,864,952
		Additional Investment Projection				
Yellow Pages	\$ 34,279	\$ 35,000	\$ 37,000	\$ 38,500	\$ 41,000	\$ 43,000
Sales Staff	\$ 144,425	\$ 150,000	\$ 150,000	\$ 150,000	\$ 150,000	\$ 150,000
Additional Marketing	\$ 8,258	\$ 10,000	\$ 12,500	\$ 15,000	\$ 15,000	\$ 18,000
Equipment Purchase	\$ -	\$ -	\$ -	\$ 100,000	\$ -	\$ -
Painting/Refurbishing	\$ -	\$ -	\$ 15,000	\$ -	\$ -	\$ 15,000
Other	\$ 9,560	\$ -	\$ 5,000	\$ -	\$ 10,000	\$ -
Total	\$ 196,522	\$ 195,000	\$ 219,500	\$ 303,500	\$ 216,000	\$ 286,000

	Year 1	Year 2	Year 3	Year 4	Year 5	Average Growth
Revenue	6.0%	7.0%	7.5%	8.0%	10.0%	7.7%
Growth						