

TV-070697



HOUSEHOLD GOODS CARRIER RECEIVED PERMIT APPLICATION



APR 05 2007

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: 4/11/07	DOL/SOS:	ID:	Permit Issued: HG-
Staff Assigned:	Insurance:	Inspection:	Docket #
Reception #: 111-0268-207-02 250.00	111-0268-202-01	111-0268-013-20	

0003749

✓# T352

BUSINESS INFORMATION

Name of Applicant David N. O'Brien
(must be individual, partners of a partnership or corporation)

Trade Name, if applicable O'Brien Logistics & Warehouses

Physical Address 8900 Imperial Way SW Port Orchard, WA 98367

Mailing Address 8900 Imperial Way SW Port Orchard, WA 98367

Telephone Number (360) 674-2626 Fax Number (360) 674-2562

UBI # 600282830 Email: bts@donobi.net

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>
David N. O'Brien	President	100%

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: _____

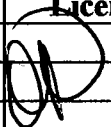
Describe the services you wish to provide. Explain how your services will enhance customer choice, promote competition, or fill an unmet need for service: to continue long established household goods moving & storage services

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

30 years experience in all aspects of the household goods moving industry including 20 years as operations manager and the past year as C.E.O.

EQUIPMENT LIST

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

Year	Make	License Number	Vehicle ID Number	Gross Vehicle Weight
				
	** SEE ATTACHED**			

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:

David N. O'Brien

Position:

President

OPERATIONAL RESPONSIBILITIES

BREMERTON TRANSFER & STORAGE CO., LTD
8900 IMPERIAL WAY SW
PORT ORCHARD, WA 983671
PH: (360)674-2626 FAX: (360)674-2562
BTS@DONOBI.NET

YEAR	VEHICLE	MODEL	GVW	VIN#
1988	GMC	24' FLATBED	20,000	1GDJ7D1B7JV518064
1987	GMC	7000 VAN	26,000	1GDL7D1B0HV500721
1996	GMC	CABCHASI	32,000	1GDL7H1M7TJ516214
1984	FORD	F-700	18,000	1FDNF70HXEVA28963
1998	FREIGHTLINER	FL70	26,000	1FV6HLAC8WH956645
1997	ISUZU	BOXVAN	14,000	JALC4B1KXV7009590
1998	FREIGHTLINER	FL70	26,000	1FV3HJAA1WH977763
1999	ISUZU	FLATBED	26,000	4GTJ7C13XXJ600229
1999	FREIGHTLINER	CARGO	22,000	1FV6GJAC7XHA67847
2003	KENWORTH	T3000	36,000	2NKMHZ7X13M703596
2001	FORD	FIPU	6,000	1FTRX18L81KE45311
2001	ISUZU	NPR/TB	19,000	JALC4B14X17003459
2001	KENTUCKY	53' TRAILER	65,000	1KKVE53231L205187
2005	YALE GL050	FORKLIFT	8,960	SER# e187V23771B

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

Name:

David N. O'Brien

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:

David N. O'Brien

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.

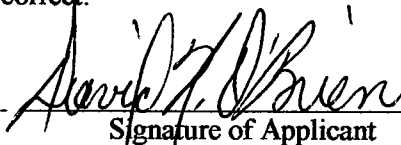
I understand that if the commission grants my application as a new entrant I will receive temporary authority to provide service as a household goods carrier on a provisional basis for at least six months. During this time, the commission will evaluate whether I have met the criteria in WAC 480-15-330 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.

David N. O'Brien

Print name of applicant



Signature of Applicant

4-04-2007

Date and Location

Port Orchard, WA

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# _____

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 business plan

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	\$

SEE ATTACHED

BREMERTON TRANSFER & STORAGE, LTD.

FINANCIAL STATEMENTS

September 30, 2006

CATHERINE ANN WOLF, CPA, PS
P O BOX 2129
BELFAIR, WA 98528

(360) 275-0998 phone
(360) 275-2606 fax
Cathy@belfaircpa.com

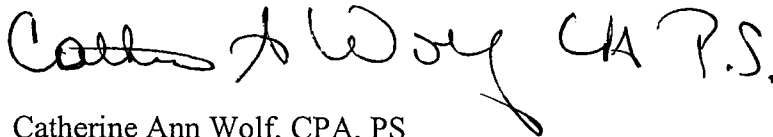
ACCOUNTANTS' COMPILATION REPORT

Board of Directors
Bremerton Transfer & Storage
Port Orchard, WA 98367

We have compiled the accompanying balance sheet of Bremerton Transfer & Storage, LTD. (a corporation), as of September 30, 2006 and the related statement of income for current month and year to date then ended in accordance with the Statements on Standards for Accounting and Review Services issued by the American Institute of Certified Public Accountants.

A compilation is limited to presenting in the form of financial statements information that is the representation of management. We have not audited or reviewed the accompanying financial statements and, accordingly, do not express an opinion or any other form of assurance on them.

The management has elected to omit substantially all of the disclosures and the statement of cash flows ordinarily included in financial statements required by U. S. generally accepted accounting principles. If the omitted disclosures were included in the financial statements, they might influence the user's conclusions about the Corporation's financial position, results of operations, and cash flows. Accordingly, these financial statements are not designed for those who are not informed about such matters.



Catherine Ann Wolf, CPA, PS
Belfair, Washington
October 31, 2006

BREMERTON TRANSFER & STORAGE, LTD.

Balance Sheet

September 30, 2006

ASSETS

CURRENT ASSETS

Cash in Transit/Cash on Hand	\$	979.00
Checking - Wells Fargo		5,834.29
Checking - Washington Mutual		17,838.94
Checking - Peoples Bank		2,837.75
Savings - Peoples Bank		166,703.52
Petty Cash		21.68
Accounts Receivable		161,369.46
Allowance for doubtful account		(4,841.08)
Notes Receivable - Employees		14,700.00
Prepaid Taxes and Licenses		28,020.00
Prepaid Postage		132.43
Inventory - Packing Material		9,943.71

TOTAL CURRENT ASSETS

403,539.70

PROPERTY AND EQUIPMENT

Revenue Equipment	391,750.97
Office Equipment	20,590.04
Warehouse Equipment	24,580.26
Leasehold Improvements	30,821.28
Accumulated Depreciation	(280,656.00)

TOTAL PROPERTY AND EQUIPMENT

187,086.55

OTHER ASSETS

Goodwill	5,382.50
Operating Authorities	40,450.00

TOTAL OTHER ASSETS

45,832.50

TOTAL ASSETS

\$ 636,458.75

BREMERTON TRANSFER & STORAGE, LTD.

Balance Sheet

September 30, 2006

LIABILITIES AND STOCKHOLDER'S EQUITY

CURRENT LIABILITIES

B & O - State - BTS	\$	1,949.23
B & O - State - ATS		1,417.62
B & O - State - ABC		1,100.33
Accrued Wages Payable		4,540.00
Payroll Tax Payable		18,707.14
B & O Tax/City		37.42
Current Portion - L. Term Debt		9,446.38

TOTAL CURRENT LIABILITIES

37,198.12

LONG-TERM LIABILITIES

Peoples Bank - Truck	22,709.28
Less Current Portion LT Debt	(9,446.38)

TOTAL LONG-TERM LIABILITIES

13,262.90

TOTAL LIABILITIES

50,461.02

STOCKHOLDER'S EQUITY

Common Stock	500.00
Additional paid in capital	36,960.00
Retained Earnings	453,130.73
Net Income (Loss)	95,407.00

TOTAL STOCKHOLDER'S EQUITY

585,997.73

TOTAL LIABILITIES AND EQUITY

\$ 636,458.75

BREMERTON TRANSFER & STORAGE, LTD.**Income Statement****For the Current Month and Year to Date Ending September 30, 2006**

	<u>Current Month</u>	<u>Pct</u>	<u>Year to Date</u>	<u>Pct</u>
<u>SALES</u>				
Interstate Line/Haul County	0.00	0.00	9,768.58	0.84
Intrastate Line/Haul County	0.00	0.00	1,848.52	0.16
Commercial Local	0.00	0.00	57,067.51	4.93
Commercial Local - County	4,397.50	5.57	16,546.39	1.43
S.I.T. P/U & D/O	16,787.26	21.26	223,939.58	19.34
Ov/Seas St-Thru-Del	361.24	0.46	8,370.06	0.72
Pick & Hold	314.30	0.40	4,452.47	0.38
Pack/Unpack Interstate	23,142.29	29.31	361,128.79	31.18
Pack/Unpack Overseas	2,765.70	3.50	18,091.16	1.56
Pack/Unpack Code 2's	0.00	0.00	6,368.60	0.55
Navy Exchange	5,827.50	7.38	67,930.00	5.87
Trans Charges - Other - Truck	628.88	0.80	11,218.20	0.97
Trans Charges - Other - Labor	2,072.08	2.62	37,585.95	3.25
Auxillary Services	0.00	0.00	618.10	0.05
3rd Party Services	0.00	0.00	(395.30)	(0.03)
Private Storage	1,168.25	1.48	5,164.55	0.45
Warehouse Handling - All	3,788.59	4.80	52,297.12	4.52
Storage - In - Transit	4,314.07	5.46	63,070.69	5.45
Booking Commission	15,228.56	19.28	224,407.38	19.38
Container Sales	0.00	0.00	269.80	0.02
Removals	0.00	0.00	116.43	0.01
Container Sales	0.00	0.00	70.00	0.01
Fast Pay Discounts	(1,826.05)	(2.31)	(11,908.21)	(1.03)
TOTAL SALES	78,970.17	100.00	1,158,026.37	100.00
<u>OPERATING EXPENSES</u>				
<u>SALARIES AND WAGES</u>				
Wages - Officers	12,300.00	15.58	112,100.00	9.68
Wages - Clerical	8,845.00	11.20	93,567.51	8.08
Wages - Regular	12,197.98	15.45	258,355.15	22.31
Wages - Vacations	844.00	1.07	11,274.00	0.97
Wages - Holidays	1,476.00	1.87	9,920.00	0.86
Employee Bonuses	10,209.79	12.93	19,120.60	1.65
Sick Leave	220.00	0.28	15,992.00	1.38
	46,092.77	58.37	520,329.26	44.93
<u>EMPLOYEE BENEFITS</u>				
Insurance - Officer's Life/Med	0.00	0.00	17,476.30	1.51
Insurance - Management BTS	0.00	0.00	2,042.40	0.18
Insurance - Employee	2,725.92	3.45	9,036.26	0.78
Insurance - Officers	58.70	0.07	1,802.74	0.16
Employee Recognition	0.00	0.00	4,103.30	0.35
Employees Special Deductions	505.53	0.64	5,062.00	0.44

See Accountant's Compilation Report

BREMERTON TRANSFER & STORAGE, LTD.
Income Statement
For the Current Month and Year to Date Ending September 30, 2006

	<u>Current Month</u>	<u>Pct</u>	<u>Year to Date</u>	<u>Pct</u>
Pension Expense	458.70	0.58	4,995.02	0.43
Drug Tests & Driver Physicals	35.40	0.04	472.90	0.04
Uniforms	0.00	0.00	2,121.58	0.18
Payroll Taxes	5,573.01	7.06	103,312.07	8.92
	<hr/> 9,357.26	11.85	<hr/> 150,424.57	12.99
 <u>VEHICLE MAINTENANCE</u>				
Gas & Oil Expense	3,031.03	3.84	33,022.76	2.85
Vehicle Expense	1,884.01	2.39	13,005.81	1.12
Tires/Batteries/Accessories	0.00	0.00	3,571.49	0.31
	<hr/> 4,915.04	6.22	<hr/> 49,600.06	4.28
 <u>GENERAL AND OTHER EXPENSES</u>				
Office Supplies	0.00	0.00	6,612.10	0.57
Packing Materials	5,668.72	7.18	63,904.17	5.52
Misc Whse Supplies	0.00	0.00	10,837.54	0.94
Building Repairs	0.00	0.00	225.35	0.02
Equipment Lease	39.99	0.05	2,570.84	0.22
Equipment Repairs - Office	0.00	0.00	135.75	0.01
Equipment Repairs - Whse	0.00	0.00	3,524.58	0.30
Equipment Rental	393.72	0.50	393.72	0.03
Janitorial Services	0.00	0.00	1,095.00	0.09
Alarm Services	700.06	0.89	6,318.73	0.55
Professional Services	258.75	0.33	15,057.23	1.30
Ferry Charges	97.00	0.12	721.53	0.06
Weight Tickets	125.00	0.16	1,435.00	0.12
Advertising	1,082.10	1.37	12,980.76	1.12
Bank Charges	0.00	0.00	191.41	0.02
Utilities	465.51	0.59	4,321.48	0.37
Communications	527.27	0.67	11,019.66	0.95
Travel	0.00	0.00	4,474.78	0.39
Charitable Contributions	0.00	0.00	1,650.00	0.14
Travel	0.00	0.00	1,571.55	0.14
Membership & Dues	105.00	0.13	7,498.72	0.65
Postage	76.05	0.10	222.09	0.02
Misc Corp Expense	0.00	0.00	285.73	0.02
Unloading Expense	0.00	0.00	17,057.65	1.47
Rent	6,000.00	7.60	84,000.00	7.25
Vehicles Licenses/Permits	0.00	0.00	13,086.10	1.13
Taxes - State/Local/Other	(3,203.66)	(4.06)	15,035.53	1.30
Vehicle Insurance	2,084.30	2.64	28,705.43	2.48
Claims - Int'l Damage	0.00	0.00	652.69	0.06
Claims - Interstate	0.00	0.00	1,055.54	0.09
Claims - Local	0.00	0.00	550.75	0.05
Claims	0.00	0.00	123.00	0.01

See Accountant's Compilation Report

BREMERTON TRANSFER & STORAGE, LTD.
Income Statement
For the Current Month and Year to Date Ending September 30, 2006

	<u>Current Month</u>	<u>Pct</u>	<u>Year to Date</u>	<u>Pct</u>
Licenses/Permits Local Vehicle	0.00	0.00	185.00	0.02
	<u>14,419.81</u>	<u>18.26</u>	<u>317,499.41</u>	<u>27.42</u>
<u>DEPRECIATION/AMORTIZATION</u>				
Depreciation	1,086.50	1.38	13,002.00	1.12
Allowance for doubtful account	(943.42)	(1.19)	(920.42)	(0.08)
	<u>143.08</u>	<u>0.18</u>	<u>12,081.58</u>	<u>1.04</u>
TOTAL OPERATING EXP.	<u>74,927.96</u>	<u>94.88</u>	<u>1,049,934.88</u>	<u>90.67</u>
OPERATING INCOME(LOSS)	<u>4,042.21</u>	<u>5.12</u>	<u>108,091.49</u>	<u>9.33</u>
<u>OTHER INCOME (EXPENSE)</u>				
Other (Expense) Income	(1,384.37)	(1.75)	(9,454.28)	(0.82)
Interest Expense	(182.58)	(0.23)	(3,230.21)	(0.28)
	<u>1,566.95</u>	<u>1.98</u>	<u>12,684.49</u>	<u>1.10</u>
NET INCOME (LOSS)	<u>\$ 2,475.26</u>	<u>3.13</u>	<u>\$ 95,407.00</u>	<u>8.24</u>

ATTACHMENT B

Transfer or Acquisition of Control

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

Transfer Acquisition of Control

LaDonna D. Latham

Current Name on Permit (Seller)

Bremerton Transfer & Storage Company, LTD

Current Trade Name on Permit (Seller)

7730 SE Southworth Drive Port Orchard, WA 98366

Address (Seller)

HG-

(360)871-0728

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-8016 to the following:

David N. O'Brien

Name of Buyer

O'Brien Logistics & Warehouses d/b/a Bremerton Transfer & Storage Co., LTD

Trade Name of Buyer

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

LaDonna Latham
Seller's Signature

4 April 2007 Port Orchard, WA 98367
Date and Location

David N. O'Brien
Buyer's Signature

4-04-2007 Port Orchard, WA 98367
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: Current owner has retired and has decided to step away from
the industry completely.
 - 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: 20 years as operations manager of company being purchased and
have served as C.E.O. for the past year.

APR 05 2007

[About MCInfo](#) | [Contact/Support](#) | [Rules/Regulations](#) | [User Manual](#)

TP.COMM



Motor Carrier Information Exchange

National Online

[Create Filing](#)[Search Filings](#)[Search Motor Carrier](#)[Reports](#)[My Profile](#)

L

You have submitted the following motor carrier insurance filings. Your application will be sent to the corresponding state agency automatically and your account will be billed \$ 3.50 If you filed a paper filing, please print out the form now and either mail/fax to the state. Paper filings are not submitted to states via the system

Insurance Information

Insurance Company	Granite State Insurance Company		
Authorized Signature		Insurance Agent ID	
Form Type	Form E	Reinstate	<input type="checkbox"/>

Certificate of Insurance

Policy Number	005354182	USDOT	
Underlying Limit	Amount entered will be multiplied by 1000	Liability Limit	1,000.00 Amount entered will be multiplied by 1000
Effective Date	Dec 01 2006	FHWA	

Motor Carrier Information

Electronic Filing States

Oregon

Insurer #		State MC ID	
Legal Name	Bremerton Transfer & Storage Co Ltd		
DBA			
Address	8900 Imperial Way SW		
City	Port Orchard	State *	WASHINGTON
Zip	98367	Country	
Notes			

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
11/29/2006

PRODUCER (425)827-7400 FAX (425)827-7402
McDonald Insurance Group Inc
416 6th St S
PO Box 3089
Kirkland, WA 98083-3089

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURED Bremerton Transfer & Storage Co, Inc.
Affordable Transfer & Storage Co, Inc.
ABC Moving & Storage Co., Inc.
8900 Imperial Way Sw
Port Orchard, WA 98366

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: Granite State Ins Co	
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR	INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A		GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	01-LX-1573869	12/01/2006	12/01/2007	EACH OCCURRENCE	\$ 1,000,000
						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
						MED EXP (Any one person)	\$ 5,000
						PERSONAL & ADV INJURY	\$ 1,000,000
						GENERAL AGGREGATE	\$ 2,000,000
						PRODUCTS - COMP/OP AGG	\$ 2,000,000
A		AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	02-CA-5354182	12/01/2006	12/01/2007	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
						BODILY INJURY (Per person)	\$
						BODILY INJURY (Per accident)	\$
						PROPERTY DAMAGE (Per accident)	\$
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT	\$
						OTHER THAN AUTO ONLY: EA ACC	\$
						AGG	\$
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE	\$
						AGGREGATE	\$
							\$
							\$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				WC STATU-TORY LIMITS	OTH-ER
						E.L. EACH ACCIDENT	\$
						E.L. DISEASE - EA EMPLOYEE	\$
						E.L. DISEASE - POLICY LIMIT	\$
A		OTHER Cargo Legal Warehouse Legal Liab	01-LX-1573869	12/01/2006	12/01/2007	\$250,000/\$500,000 \$400,000 Bldg 1, \$300,000 Bldg 2 and 3	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
Evidence of Insurance.

CERTIFICATE HOLDER

Port of Bremerton
8850 SE State Hwy #3
Port Orchard, WA 98366

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

Dick Goff/LAURA

