

**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 checked="" 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 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

RECEIVED
JUL 20 2007
WASH. UT. & TP. COMM

TYPE OF PAYMENT

Check Money Order Amex Mastercard Visa

Mc 020052

Amount: 250⁰⁰ Expiration Date: 6/1/07

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): ALEX R. WHITE Date: 6/1/07

Signature: [Signature] Title: OWNER

FOR OFFICIAL USE ONLY

Date Filed: <u>7/20/07</u>	DOL/SOS:	ID: <u>4667</u>	Permit Issued: HG-
Staff Assigned:	Insurance: <u>0000085</u>	Inspection:	Docket #
Reception #: <u>111-0268-207-02</u>	<u>250.00</u>	111-0268-202-01	111-0268-013-20

BUSINESS INFORMATION

Name of Applicant ALEX WHITE - ARAJ'S MOVING SERVICE LLC
(must be individual, partners of a partnership or corporation)

Trade Name, if applicable _____

Physical Address 2717 90TH ST SE EVERETT, WA 98208

Mailing Address SAME

Telephone Number (425) 231-6247 Fax Number () _____

UBI # _____ Email: ALEXRAYWHITE@HOTMAIL.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>ALEX WHITE</u>	<u>OWNER</u>	<u>—</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: PROVIDE MOVING + LABOR SERVICES

IN TRANSPORTING GOODS BOTH RESIDENTIAL + COMMERCIAL IN NATURE.

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

I HAVE WORKED IN THE HOUSEHOLD GOODS MOVING INDUSTRY FOR 2.5 YEARS AS BOTH A LEAD SUPERVISOR + AS A DRIVER.

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? ADAM'S MOVING SERVICE

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: RECKLESS DRIVING / RECKLESS ENDANGERMENT - SPEEDING ON A MOTORCYCLE BOTH OFFENSES.

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	\$ 12,000	Salaries/Wages Payable	\$ 0
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	\$ 13,000	Preferred Stock	\$ 0
Office Furniture	\$	Common Stock	\$
Other Equipment	\$	Retained Earnings	\$
Other Assets	\$	Capital	\$
TOTAL ASSETS	\$ 25,000	TOTAL LIABILITIES & NET WORTH	\$ 0

EQUIPMENT LIST

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

Year	Make	License Number	Vehicle ID Number	Gross Vehicle Weight
1998	FREIGHTLINER	B62941B	IFV3QFAL1WA 92054	19,500

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:

ALEX WHITE

Position:

OWNER

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:

ALEX WHITE

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:

ALEX WHITE

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.

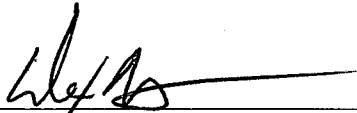
I understand that if the commission grants my application as a new entrant I will receive temporary authority to provide service as a household goods carrier on a provisional basis for at least six months. During this time, the commission will evaluate whether I have met the criteria in WAC 480-15-330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

ALEX WHITE

Print name of applicant



Signature of Applicant

6/1/07 Everett, WA

Date and Location

Form E
UNIFORM MOTOR CARRIER BODILY INJURY AND PROPERTY
DAMAGE LIABILITY CERTIFICATE OF INSURANCE

Filed with the WASHINGTON UTILITIES & TRANSPORTATION COMMISSION-OPERATIONS DIVISION (hereinafter called Commission) of PO BOX 47250, OLYMPIA, WA 98504

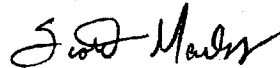
This is to certify, that the United Financial Casualty Company (hereinafter called Company) of PO BOX 94739, CLEVELAND, OH 44101 has issued to ARAYS MOVING SERVICE, LLC of 2717 90TH ST SE, EVERETT, WA 98208 a policy or policies of insurance effective from 06/26/2007 12:01 A.M. standard time at the address of the insured stated in said policy or policies and continuing until cancelled as provided herein, which, by attachment of the Uniform Motor Carrier Bodily Injury and Property Damage Liability Insurance Endorsement, has or have been amended to provide automobile bodily injury and property damage liability insurance covering the obligations imposed upon such motor carrier by the provisions of the motor carrier law of the State in which the Commission has jurisdiction or regulations promulgated in accordance therewith.

Whenever requested, the Company agrees to furnish the Commission a duplicate original of said policy or policies and all endorsements thereon.

This certificate and the endorsement described herein may not be cancelled without cancellation of the policy to which it is attached. Such cancellation may be effected by the Company or the insured giving thirty (30) days notice in writing to the State Commission, such thirty (30) days notice to commence to run from the date notice is actually received in the office of the Commission.

Countersigned at 6300 WILSON MILLS, MAYFIELD VILLAGE, OH 44143
this 2nd day of July, 2007

Insurance Company File No. CA 05817642
(Policy Number)



(Authorized Company Representative)

MC1633a(08/99)

IRB3539B

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:

ALEX WHITE

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:

Stephen Fleming

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

4802 University View Pl NE
Seattle WA 98105 King

Phone Number:

623 340-8497

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:

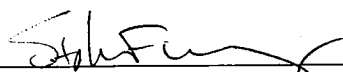
Briefly describe how granting this company a permit to provide household goods moving services in Washington State will benefit you, your business, and/or your community:

I have worked with Alex supervising me. Alex handles himself and business in a professional way.

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

A very honest, trustworthy business minded professional

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

6/8/07
Date and Location

ATTACHMENT A

HOUSEHOLD GOODS STATEMENT OF SUPPORT

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Applicant Name:

ALEX WHITE

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:

Anthony OUELLETTE

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

14508 Stone Ave N. Shoreline, WA 98133

Phone Number:

509) 293-2501

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:

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:

Alex is a trustworthy person that takes pride in his work
He will conduct his business in a safe professional manner

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

I've worked with alex as my supervisor and I can say that he is a responsible, reliable person that you would want as a business owner.

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

6-4-07
Date and Location

ATTACHMENT A

HOUSEHOLD GOODS STATEMENT OF SUPPORT

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Applicant Name:
ALEX WHITE

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: *Dwayne Garton*

Address (include street address, mailing address, city, state, zip, and county):
*2705 90th ST. SE
Everett, Washington
98208-3614 Snohomish County*

Phone Number: *(425) 337-4359*

Do you currently need the services of a residential household goods moving company?
 No Yes If yes, please describe your current moving needs:
We may be moving in the near future, we will need help from a professional.

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:
We are looking to move.

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:
It will benefit the community because Alex is a trustworthy, hard working individual who will not take advantage of anyone and he is very reliable.

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?
Alex is very conscious and trustworthy.

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

Dwayne Garton
Signature of Person Completing Form
2 June 2007 Everett, WA.
Date and Location

ATTACHMENT A

HOUSEHOLD GOODS STATEMENT OF SUPPORT

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Applicant Name: ALEX WHITE

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: LUKE HOUSE

Address (include street address, mailing address, city, state, zip, and county): 3626 Wallingford Ave. N. #2E Seattle, WA 98107

Phone Number: 727-412-1988

Do you currently need the services of a residential household goods moving company? [X] 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 [X] Yes If yes, please describe your future moving needs: I plan to move from my current residence in the near future and would use Alex Whites service.

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: I have known Alex White to provide only professional and courteous service to any customer that he has had occasion to work for while employed as a mover. I believe that anyone using his service will receive top quality service.

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

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: Luke House Date and Location: 06/07/07 / 3626 Wallingford Ave Seattle, WA

ATTACHMENT A

HOUSEHOLD GOODS STATEMENT OF SUPPORT

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Applicant Name:

ALEX WHITE

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:

Andrene Zuanich Owner Andrene's Hair SALON

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

1110 5th St Suite #1
Marysville WA 98270
Snohomish

Phone Number:

360 658-2780 ex #2

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:

Moving to a new residence

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:

They will provide a friendly efficient service that will serve the community.

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

Alexander is not only a hard worker but he also is a positive & fun person to be around.

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

Andrene Zuanich
Signature of Person Completing Form

6-5-07 Marysville Washington
Date and Location

ATTACHMENT A

HOUSEHOLD GOODS STATEMENT OF SUPPORT

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Applicant Name:

ALEX WHITE

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:

Jean Hart

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

23404 135th Ave. NE
Arlington, Wa 98223

Phone Number:

360-435-2244

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

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

Live on acreage & May move to Town in the future

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:

See above

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:

There is always a need for more moving companies in this area.

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

This will be a very reliable company with respect & integrity.

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

Jean Hart
Signature of Person Completing Form

6/7/07 Arlington, Wa.
Date and Location

ATTACHMENT A

HOUSEHOLD GOODS STATEMENT OF SUPPORT

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Applicant Name:

ALEX WHITE

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:

Bernice Easley

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

38428 SR 530 NE

Arlington Wa 98223

Snohomish County

Phone Number:

(360) 436-1355

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:

We may downsize in the future

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:

There is a need for dependable moving services in this area

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

Alex is a hard worker with integrity

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

Bernice Easley
Signature of Person Completing Form

6-7-07 Arlington Wa
Date and Location

ATTACHMENT A

HOUSEHOLD GOODS STATEMENT OF SUPPORT

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Applicant Name:

ALEX WHITE

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:

Kenneth J. Coutyane

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

PO Box 334 Arlington wa 98223, Snohomish Co.

Phone Number:

360-435-2777

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:

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:

A good moving service will provide reliable service to Washington State customers. Service with integrity is their first and

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

formost priority

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

KJ Coutyane
Signature of Person Completing Form

6-7-07
Date and Location

Arlington wa
98223

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:

ALEX WHITE

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:

Dan Howell

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

10043 36th Ave SW Seattle, WA 98146 King County

Phone Number:

(206) 427-9586

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 will be moving in the next few months

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:

It will provide more legitimate competition in the moving industry

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

I have worked with Alex for over a year and I am confident in his ability to run a moving business in a safe and professional manner.

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

Dan Howell

Signature of Person Completing Form

Date and Location

HOUSEHOLD GOODS STATEMENT OF SUPPORT

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Applicant Name:
ALEX WHITE

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:
Terry Manley RT (MRI) (R)

Address (include street address, mailing address, city, state, zip, and county):
1495 38th DR SE
Bothell, WA 98012
Snohomish

Phone Number: 425-244-4089

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 will need assistance of a moving company to move house hold furniture/goods in the near future.

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: I have worked with this individual through another company and he is extremely motivated, courteous, and knowledgeable. Any person using his services will benefit from his professionalism.

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit? Alex is a highly motivated individual who strives toward success.

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

[Signature] _____ 6/10/07 Bothell, WA
Signature of Person Completing Form Date and Location