

TV-071590

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
<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 checked="" 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 002100

Amount: \$ 250.00

Expiration Date: 1/35571

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): DAVID POWELL Date: 7/20/07

Signature: [Signature] Title: President

FOR OFFICIAL USE ONLY

Date Filed: 7/25/07	DOL/SOS:	ID:	Permit Issued: HG-
Staff Assigned:	Insurance:	Inspection:	Docket #

Reception 0100106 250.00 111-0268-202-01 111-0268-013-20

BUSINESS INFORMATION

Name of Applicant MOVING & STORAGE SOLUTIONS INC.
(must be individual, partners of a partnership or corporation)

Trade Name, if applicable _____

Physical Address 4600 GUIDE MERIDIAN SUITE 108
BELLINGHAM, WA 98226

Mailing Address SAME

Telephone Number (360) 676-5267 Fax Number (360) 715-8821

UBI # 601-791-747 Email: MSS& MOVING STORAGE SOLUTIONS CO. INC.
phone call

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>DAVID POWELL</u>	<u>PRESIDENT</u>	<u>50%</u>
<u>KIM POWELL</u>	<u>SECRETARY</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: MOVING & STORAGE

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

12 YRS OPERATING HERE IN BELLINGHAM
I AM JUST REINSTATING

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UBI # _____ Email: MSS@MOVINGSTORAGE SOLUTIONS.COM

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12 YRS OPERATING HERE IN BELLINGHAM
I AM JUST REINSTATING

Office and residential moves
Local, out-of-state and
international destinations
agent for
ARPIN
VAN LINES



Your relocation specialist.

Date: July 20th, 2007

UTC

1300 S. Evergreen Park Dr. S.W.
Olympia, WA 98504-7250

Toll Free 888.676.5267

Office 360.676.5267

Fax 360.715.8821

To whom it may concern, I am asking to be reinstated with my HG # 011850 because it simply was a mistake in the part of my insurance company and the filing of Form E. They sent it in on time but sent it in under the name of Moving Solutions rather than Moving & Storage Solutions, Inc. The first name was our old name that should have still been on file. I understand notices were supposed to have been sent out letting me know that I was being cancelled but I did not receive by mail. My insurance company has already filed the corrected Form E with the back dated date of March 2007. I have provided my credit card information but am asking that I not be charged since it was not anybody's fault other than misunderstanding of company names.

Sincerely,

A handwritten signature in black ink, appearing to read 'David Powell', is written over a horizontal line.

David Powell

Moving & Storage Solutions, Inc.
www.MovingStorageSolutions.com
Agent for Arpin Van Lines
www.Arpin.com
Office: 360-676-5267
Cell: 360-739-9145

4600 Guide Meridian • Bellingham, WA 98226 USA • e-mail: mss@movingstoragesolutions.com



www.movingstoragesolutions.com

