

**HOUSEHOLD GOODS CARRIER
 PERMIT APPLICATION**

PERMIT

TV-080306-CT
RECEIVED
 FEB 14 2008
 WASH. UT. & TP. COMM

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 checked="" 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

TYPE OF PAYMENT											
<input checked="" type="checkbox"/> Check	<input type="checkbox"/> Money Order	<input type="checkbox"/> Amex	<input type="checkbox"/> Mastercard	<input type="checkbox"/> Visa							
Amount: <u>\$ 550.00</u>						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): <u>ROBERT PIERCE</u>						Date: <u>1-14-08</u>					
Signature: <u>[Signature]</u>						Title: <u>DIRECTOR</u>					
FOR OFFICIAL USE ONLY											
Date Filed: <u>2/14/08</u>		DOL/SOS:		ID: <u>4952</u>		Permit Issued: HG-					
Staff Assigned: <u>[Signature]</u>		Insurance:		Inspection:		Docket #					
Reception #: <u>55000</u>											
111-0268-207-02				111-0268-202-01				111-0268-013-20			

0005841

BUSINESS INFORMATION

Name of Applicant: O’Keeffe Enterprises LLC
(must be individual, partners of a partnership or corporation)

Trade Name, if applicable: Havenwood Caregiver Services

Physical Address: 907 W. Sharp Ave, Spokane, WA 99201

Mailing Address: SAME

Telephone Number (509) 535-1546 Fax Number (509) 535-4635

UBI # 602-513-639 Email: bpierce@havenwoodhomecare.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:

<u>Name</u>	<u>Title</u>	<u>Stock Distribution or Percentage of Shares</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: We will provide relocation services exclusively for senior citizens in the Spokane market. It is a niche market that is not being serviced due to the financial restraints of this population and the relatively small ticket sale. A typical sale would range from \$300 to \$500

Briefly describe your experience in the transportation/household goods moving industry: Havenwood has been providing this service for it’s client base in the past not recognizing that it was a regulated service requiring a UTC permit.

Do you currently hold, or have you ever held, a permit to operate as a motor carrier of property?

X 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?

X No Yes If yes, please explain: _____

Do you currently operate interstate? No X Yes If yes, please indicate your: DOT# _____
MC# _____

Do you operate interstate as an agent of another company? X 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? X No Yes If yes, please explain: _____

Have you ever been convicted of a Class A or B Felony? X No Yes If yes, please explain: _____

Have you been cited for violation of state laws or Commission rules? X 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	\$ 36,652.00	Salaries/Wages Payable	\$ 27,000.00
Notes Receivable	\$	Accounts Payable	\$ 8,700.00
Accounts Receivable	\$ 84,886.00	Notes Payable	\$
Investments	\$	Mortgages Payable	\$ 1,650.00
Other Current Assets	\$	Other	\$
Prepaid Expenses	\$	TOTAL LIABILITIES	\$ 37,350
Land and Buildings	\$	NET WORTH	
Trucks and Trailers	\$	Preferred Stock	\$
Office Furniture	\$ 2000.00	Common Stock	\$
Other Equipment	\$ 1500.00	Retained Earnings	\$
Other Assets	\$	Capital	\$
TOTAL ASSETS	\$ 124,538.00	TOTAL LIABILITIES & NET WORTH	\$ 87,188.00

EQUIPMENT LIST

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

Year	Make	License Number	Vehicle ID Number	Gross Vehicle Weight
n/a	GMC	n/a	10 ft.	8600-9600
n/a	GMC	n/a	15 ft.	11500-12000
n/a	GMC	n/a	24 ft.	25000

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 Pierce

Position:
Director of Operations

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 Pierce

Position:
Director of Operations

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 Pierce

Position:
Director of Operations

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 Pierce
Print name of applicant

Signature of Applicant

01/17/08 Spokane, WA
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:
O'Keeffe Enterprises LLC dba Havenwood Caregiver Services

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:
The Academy Retirement Village

Address (include street address, mailing address, city, state, zip, and county):
1216 N. Superior Ave. Spokane, WA 99207

Phone Number:
509-484-4099

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 refer residents moving in and out of the community to use a moving company when assistance is needed.

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:

We often refer residents and family to use Havenwood because they have provided excellent service.

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

no.

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

Bunbenberger
Signature of Person Completing Form

01/21/08 Academy Retirement
Date and Location Community.

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:
O'Keeffe Enterprises LLC dba Havenwood Caregiver Services

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:
Moran Vista Retirement Village

Address (include street address, mailing address, city, state, zip, and county):
3319 E. 57th Ave. Spokane, WA 99223

Phone Number:
509-443-1944

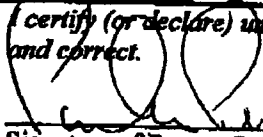
Do you currently need the services of a residential household goods moving company?
 No Yes If yes, please describe your current moving needs: we have seniors moving from their homes to our apartments

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: same as 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: Because the work with seniors especially, the patience & care with which they move their possessions is exemplary.

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit? I have personally used their services twice for my mother-in-law and was very appreciative of their service.

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

1/22/08 Moran Vista
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:
O'Keeffe Enterprises LLC dba Havenwood Caregiver Services

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:
Northpointe Retirement Village

Address (include street address, mailing address, city, state, zip, and county):
1110 E. Westview Ct. Spokane, WA 99218

Phone Number:
509-465-8440

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:

We often rely on Havenwood to move our seniors. They have always been dependable. We average 5 moves in per month.

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

They are well respected in the community and provide exceptional services for our seniors.

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

[Signature]
Signature of Person Completing Form

1/24/08
Date and Location

MOVING MANAGER

WASHINGTON DRIVER LICENSE

NUMBER	ISSUE DATE	EXPIRES
BEACDAB4561	011299	011201

SEX HEIGHT WEIGHT EYES BIRTHDATE


M 6 00 180 BRN 022174

042DL1911

WASHINGTON DRIVER LICENSE

BEACBURN DWAYNE ANTHONY
6980 KAMTAKIN TRAIL
FARMFIELD AFB WA 99011

Dwayne A. Blackburn





Monday, January 28, 2008

Utilities & Transportation Commission
1300 S. Evergreen Park Drive S.W.
POB 47250
Olympia, WA 98504-7250

RECEIVED
FEB 14 2008
WASH. UT. & TP. COMM

Re: Application for Household Goods Permit

Dear Tina:

I spoke with Ken in your office last week and he was very helpful. I am submitting this application but I do not have the insurance policy information and numbers at this time. I have been holding the application for a couple of weeks trying to track down the insurance information needed. I will have the policy in place no later than next week. I am hoping that you can start processing the application without it. There seems to be a lot of confusion with our insurance agent about getting Form E coverage on leased trucks that we don't actually own. We have the questions answered now, or least I hope we do.

Please call me at the Havenwood Office if you have questions or concerns.

Sincerely,

Robert Pierce
Director of Operations
Havenwood Home Care
509-535-1546
Honoring Elders Geriatric Care Managers
509-458-6800