



HOUSEHOLD GOODS CARRIER PERMIT
APPLICATION

TV-080452
RECEIVED
MAR 07 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: _____						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>Guy Skeefe</u>						Date: <u>3/4/08</u>					
Signature: <u>[Signature]</u>						Title: <u>President</u>					
FOR OFFICIAL USE ONLY											
Date Filed: <u>3/10/08</u>			DOL/SOS:			ID: <u>4985</u>			Permit Issued: HG-		
Staff Assigned:			Insurance:			Inspection:			Docket #		
Reception #: <u>111-0268-207-02 550.00</u> 111-0268-202-01 111-0268-013-20											

0005960

BUSINESS INFORMATION

Name of Applicant GTS Shipping Window
(must be individual, partners of a partnership or corporation)

Trade Name, if applicable NW Relocation

Physical Address _____

Mailing Address 17 SE 3rd ave #502, Portland, OR 97214

Telephone Number (503) 236-6241 Fax Number (503) 295-1136

UBI # _____ Email: info@nwrelocation.us

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>Guy Skeele</u>	<u>President</u>	<u>100%</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 plan to cater the SW Washington area. Our rates are highly competitive and our company is customer service orientated. Most companies care only about the move. We care about the person behind the move.

Briefly describe your experience in the transportation/household goods moving industry: NW Relocation has been working in the North West region of the USA for 4 years as an interstate carrier

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: DOT# 1383516

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# 1383516
 MC# 527314

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	\$ 17,650. ⁰⁰	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	\$

Attached

EQUIPMENT LIST

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

Year	Make	License Number	Vehicle ID Number	Gross Vehicle Weight
2001	Frt	TS38262	IFVARS AK81HJ	30326,000

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: <i>Guy Skeele</i>	Position: <i>President</i>
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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: Guy Skeele 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: Guy Skeele 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.

Guy Skeele [Signature] 1/29/08 office
Print name of applicant Signature of Applicant Date and Location

Northwest Relocation
Balance Sheet
As of December 31, 2007

	<u>Dec 31, 07</u>
ASSETS	
Current Assets	
Checking/Savings	
Pacific Continental Bank	7.46
Total Checking/Savings	7.46
Accounts Receivable	
Accounts Receivable	-574.50
Total Accounts Receivable	-574.50
Other Current Assets	
Loan to Ronald Hill	2,000.00
Total Other Current Assets	2,000.00
Total Current Assets	1,432.96
Fixed Assets	
Office Equipment	2,770.90
Total Fixed Assets	2,770.90
TOTAL ASSETS	<u>4,203.86</u>
LIABILITIES & EQUITY	
Liabilities	
Current Liabilities	
Accounts Payable	
American Express	-24,372.57
Accounts Payable	-1,026.28
Total Accounts Payable	-25,398.85
Other Current Liabilities	
Loan from Gil Dorfman	-2,500.00
Total Other Current Liabilities	-2,500.00
Total Current Liabilities	-27,898.85
Total Liabilities	-27,898.85
Equity	
Retained Earnings	-12,300.32
Net Income	44,403.03
Total Equity	32,102.71
TOTAL LIABILITIES & EQUITY	<u>4,203.86</u>

**Northwest Relocation
 Profit & Loss
 January through December 2007**

	Jan - Dec 07
Ordinary Income/Expense	
Income	
Fees	3,702.00
Services	4,380.57
Transfer Service Revenue	807,869.58
Total Income	815,952.15
Expense	
Advertising	2,773.16
Automobile Expense	8,593.77
Bank Service Charges	353.75
Claims Services	15,296.70
Credit Card Expense	1,525.12
Distributions	24,556.17
Dues and Subscriptions	1,775.00
Education and Training	231.00
Equipment Rental	63,961.94
Fuel	99,710.25
Insufficient Funds Charge	30.00
Insurance	
Health Insurance	1,659.00
Liability Insurance	8,044.86
Total Insurance	9,703.86
Interest Expense	
Finance Charge	747.90
Interest Expense - Other	35.00
Total Interest Expense	782.90
Internet	59.99
Licenses and Permits	594.00
Miscellaneous	6,273.92
Office Supplies	6,423.98
Outside Services	396,543.03
Packing Materials	28,480.15
Postage and Delivery	529.00
Printing and Reproduction	3,013.91
Professional Fees	
Legal Fees	1,719.16
Total Professional Fees	1,719.16
Refund	12,165.08
Rent	38,979.44
Repairs	
Computer Repairs	306.50
Equipment Repairs	213.86
Repairs - Other	409.82
Total Repairs	930.18
Software & Website	8,552.90
Taxes	
Local	173.00
State	10.00
Taxes - Other	12,315.05
Total Taxes	12,498.05
Telephone	12,394.97
Traffic Fines	796.00
Travel & Ent	
Hotels	1,555.11
Meals	1,016.59
Travel	5,172.41
Travel & Ent - Other	1,500.00
Total Travel & Ent	9,244.11

11:48 AM
03/04/08
Accrual Basis

Northwest Relocation
Profit & Loss
January through December 2007

	<u>Jan - Dec 07</u>
Utilities	
Garbage Service	1,270.46
Gas and Electric	1,094.81
Utilities - Other	692.36
Total Utilities	<u>3,057.63</u>
Total Expense	<u>771,549.12</u>
Net Ordinary Income	<u>44,403.03</u>
Net Income	<u><u>44,403.03</u></u>

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: GTS Shipping Window, DBA: NW Relocation

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:
Linda Iakes, Relocation Director Signature GMAC Real Estate

Address (include street address, mailing address, city, state, zip, and county):
1503 NE 7th St., Ste 7
Vancouver, WA 98665

Phone Number:
360-574-1111

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:
Clients moving locally as well as to other states

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:
The more Companies I can refer to clients, the more I can be a useful resource to my clients.

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?
I often have clients moving between Oregon & Washington

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

2/15/08 Vancouver, WA
Date and Location

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Applicant Name: GTS Shipping Window, DBA: NW Relocation

The following must be completed by the Supporter of the applicant	
Name, Title, and Business Name: <u>Guy Jensen Realtor - Signature GMAC Real Estate</u>	
Address (include street address, mailing address, city, state, zip, and county): <u>1503 WE 78th ST #7 Vancouver WA 98665</u>	
Phone Number:	
Do you currently need the services of a residential household goods moving company? <input checked="" type="checkbox"/> No <input type="checkbox"/> 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? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, please describe your future moving needs: <u>Clients need moving service.</u>	
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: <u>Having alternatives in Clark County will be good.</u>	
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.	
<u>[Signature]</u> Signature of Person Completing Form	<u>2-15-08 Vancouver WA</u> 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: GTS Shipping Window, DBA: NW Relocation

The following must be completed by the Supporter of the applicant	
Name, Title, and Business Name:	<u>Carrie Leder, Realtor, Signature GMAC Real Estate</u>
Address (include street address, mailing address, city, state, zip, and county):	<u>1503 NE 70th St Suite #7 Vancouver, WA 98665 Clark County</u>
Phone Number:	<u>360 574 1111</u>
Do you currently need the services of a residential household goods moving company? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If yes, please describe your current moving needs:	<u>As a realtor, there are many clients needing moving companies</u>
Do you anticipate a future need for the services of a residential household goods moving company? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If yes, please describe your future moving needs:	<u>Same as above</u>
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:	<u>The business of real estate in Clark County will benefit from having a moving service available to clients.</u>
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.	
<u>[Signature]</u> Signature of Person Completing Form	<u>02/11/08 Vancouver WA</u> Date and Location

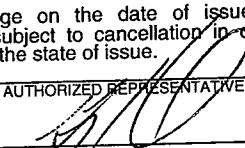
CERTIFICATE OF LIABILITY INSURANCE

American Family Insurance Company
 American Family Mutual Insurance Company if selection box is not checked.
 6000 American Pky Madison, Wisconsin 53783-0001

Insured's Name and Address
 Guy Skeele DBA NW Relocation Corp
 17 Se 3rd Ave Ste 303
 Portland, OR 97214-1026

Agent's Name, Address and Phone Number (Agt./Dist.)
 Tim King (503) 282-1528
 2621 NE Broadway
 Portland, OR 97212-1720 (027/501)

**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 listed below.**

COVERAGES				
This is to certify that 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.				
TYPE OF INSURANCE	POLICY NUMBER	POLICY DATE		LIMITS OF LIABILITY
		EFFECTIVE (Mo, Day, Yr)	EXPIRATION (Mo, Day, Yr)	
Homeowners/ Mobilehomeowners Liability				Bodily Injury and Property Damage Each Occurrence \$,000
Boatowners Liability				Bodily Injury and Property Damage Each Occurrence \$,000
Personal Umbrella Liability				Bodily Injury and Property Damage Each Occurrence \$,000
Farm/Ranch Liability				Farm Liability & Personal Liability \$,000 Each Occurrence Farm Employer's Liability \$,000 Each Occurrence
Workers Compensation and Employers Liability †				Statutory ***** Each Accident \$,000 Disease - Each Employee \$,000 Disease - Policy Limit \$,000
<input checked="" type="checkbox"/> General Liability Commercial General Liability (occurrence) <input type="checkbox"/> <input type="checkbox"/>	36-X22423-01-00	11/28/2006	11/28/2007	General Aggregate \$ 2,000,000 Products - Completed Operations Aggregate \$,000 Personal and Advertising Injury \$,000 Each Occurrence \$ 1,000,000 Damage to Premises Rented to You \$ 100,000 Medical Expense (Any One Person) \$ 5,000
Businessowners Liability				Each Occurrence †† \$,000 Aggregate †† \$,000
Liquor Liability				Common Cause Limit \$,000 Aggregate Limit \$,000
Automobile Liability <input type="checkbox"/> Any Auto <input type="checkbox"/> All Owned Autos <input type="checkbox"/> Scheduled Autos <input type="checkbox"/> Hired Auto <input type="checkbox"/> Nonowned Autos <input type="checkbox"/>				Bodily Injury - Each Person \$,000 Bodily Injury - Each Accident \$,000 Property Damage \$,000 Bodily Injury and Property Damage Combined \$,000
Excess Liability <input type="checkbox"/> Commercial Blanket Excess <input type="checkbox"/>				Each Occurrence/Aggregate \$,000
Other (Miscellaneous Coverages) \$10,000 coverage for loss or damage to customers personal property				
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / RESTRICTIONS / SPECIAL ITEMS Moving & Storage				† The individual or partners shown as insured <input type="checkbox"/> Have <input type="checkbox"/> Have not elected to be covered as employees under this policy. †† Products-Completed Operations aggregate is equal to each occurrence limit and is included in policy aggregate.
CERTIFICATE HOLDER'S NAME AND ADDRESS			CANCELLATION	
			<input type="checkbox"/> Should any of the above described policies be cancelled before the expiration date thereof, the company will endeavor to mail * (days) written notice to the Certificate Holder named, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives. *10 days unless different number of days shown. <input checked="" type="checkbox"/> This certifies coverage on the date of issue only. The above described policies are subject to cancellation in conformity with their terms and by the laws of the state of issue.	
			DATE ISSUED 5/16/2007	AUTHORIZED REPRESENTATIVE 

Named insured

GTS SHIPPING WINDOW INC
NORTHWEST RELOCATION
17 SE 3RD AVE #304
PORTLAND, OR 97214

Policy number: 03424664-2

Underwritten by:
Artisan and Truckers Casualty Co
February 27, 2008
Policy Period: Mar 8, 2008 - Mar 8, 2009
Page 1 of 2



progressiveagent.com

Online Service

Make payments, check billing activity, print policy documents, or check the status of a claim.

310-215-2920

WESTERN TRCK INS INC

Contact your agent for personalized service.

800-444-4487

For customer service if your agent is unavailable or to report a claim.

Commercial Auto Insurance Coverage Summary

This is your Renewal Declarations Page

Your coverage begins on March 8, 2008 at 12:01 a.m. This policy expires on March 8, 2009 at 12:01 a.m.

This coverage summary replaces your prior one. Your insurance policy and any policy endorsements contain a full explanation of your coverage. The policy limits shown for an auto may not be combined with the limits for the same coverage on another auto, unless the policy contract allows the stacking of limits. The policy contract is form 6912 (03/05). The contract is modified by forms Z435 (12/06), Z228 (07/05), 2852OR (10/05), 4852OR (10/05), 4881OR (09/05) and MCS90 (10/99).

The named insured organization type is a corporation.

Outline of coverage

Description	Limits	Deductible	Premium
Liability To Others			\$3,655
Bodily Injury and Property Damage Liability	\$750,000 combined single limit		
Uninsured Motorist Bodily Injury	\$25,000 each person/\$50,000 each accident		19
Uninsured Motorist Property Damage	Rejected		--
Comprehensive			151
See Schedule Of Covered Autos	Limit of liability less deductible		
Collision			815
See Schedule Of Covered Autos	Limit of liability less deductible		
Subtotal policy premium			\$4,640
Fees			25
Total 12 month policy premium			\$4,665
Discount if paid in full			-233
Total 12 month policy premium if paid in full			\$4,432

Rated drivers

1. GUY SKEELE
2. GIL DORFMAN