

TU-080581



**HOUSEHOLD GOODS MOVING COMPANY
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 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

- Check Money Order Amex Mastercard Visa

Amount: \$ 550.00

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): Justin Tong

Date: 4/1/08

Signature: *Justin Tong*

Title: President

FOR OFFICIAL USE ONLY

Date Filed: 4/2/08	DOL/SOS: [Signature]	ID: 5024	Permit Issued: HG-
Staff Assigned: [Signature]	Insurance:	Inspection:	Docket #
Reception #: 0006237	111-0268-207-02 \$550.00	111-0268-202-01	111-0268-013-20

V001643

BUSINESS INFORMATION

Name of Applicant Express Installation Services Inc.
(must be individual, partners of a partnership or corporation)

Trade Name, if applicable _____

Physical Address 1904 Occidental Ave S. Seattle, WA 98134

Mailing Address _____

Telephone Number (206) 550-1848 Fax Number () _____

UBI #: 602-707-451 DD Email: expressinstallation@gmail.com

TYPE OF BUSINESS STRUCTURE

- Individual
- Partnership
- Corporation (LP, LLP, LLC)
- Other _____

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>Justin Tong</u>	<u>President</u>	<u>90%</u>
<u>Kumuth Chom</u>	<u>Vice President</u>	<u>5%</u>
<u>Patrick Thalasinios</u>	<u>Treasurer</u>	<u>5%</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: Carrier Services, delivery, Home and office moving services, Installation, Freight Forwarding

Briefly describe your experience in the transportation/household goods moving industry: We are currently a home furnishing installation company specializing in office and storage installations

Do you currently hold, or have you ever hold, 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 USDOT# _____
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 crime? 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	\$
Investments	\$	Notes Payable	\$
Other Current Assets	\$	Mortgages Payable	\$
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	\$

Balance Sheet attached

EQUIPMENT LIST

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

Year	Make	License Number	Vehicle ID Number	Gross Vehicle Weight
2007	Mitsubishi FE14	B88589D	VQ8595	14,500

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 REQUIREMENT 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.

PARTS AND ACCESSORIES NECESSARY FOR SAFE OPERATION (Title 49, Code of Federal Regulations Part 393). You must maintain parts and accessories in a safe condition.

LIABILITY INSURANCE REQUIREMENTS (WAC 480-15-530). You must file and maintain proof of public liability and proper 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: Justin Tong	Position: General Manager
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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: <u>Justin Tong</u>	Position: <u>General Manager</u>
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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: <u>Justin Tong</u>	Position: <u>General Manager</u>
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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.

<u>Justin Tong</u>		<u>3/25/08</u>	<u>1904 Occidental Ave.</u>
Print name of applicant	Signature of Applicant	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: **EXPRESS INSTALLATION SERVICES INC.**

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: **ELFRINA LUBRIN, MANAGER, CALUGARIS SHOP**

Address (include street address, mailing address, city, state, zip, and county):
1006 Western Ave., Seattle, WA 98104

Phone Number: **(206) 381-8305**

Do you currently need the services of a residential household goods moving company?
 No Yes If yes, please describe your current moving needs:
Residential + Commercial Furniture Delivery + Installation

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:
Residential + Commercial Furniture Delivery + Installation

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:
More Effective time, logistics + organization

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

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

[Signature] **3/25/2008**
Signature of Person Completing Form Date and Location

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Applicant Name:
EXPRESS INSTALLATION SERVICES INC.

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:
Hilary Rielly Sales Asst. Inform Interiors

Address (include street address, mailing address, city, state, zip, and county):
1220 Western
Seattle, WA. 98101

Phone Number:
206-622-1608

Do you currently need the services of a residential household goods moving company?
 No Yes If yes, please describe your current moving needs: Delivery of sold furniture goods, transfer of furniture from our warehouse to showroom.

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: To deliver sold pieces to clients, transfer of furniture from our warehouse to showroom.

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: Continue great delivery service to our clients and transferring of our goods from the warehouse to the showroom.

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

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: *[Signature]*
Date and Location: 03/22/08 / Inform Interiors Seattle WA.

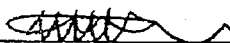
ATTACHMENT A

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Applicant Name: EXPRESS INSTALLATION SERVICES INC.
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The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: MICHAEL HSU, MANAGER, ALCHEMY COLLECTIONS
Address (include street address, mailing address, city, state, zip, and county): 2029 2nd Ave Seattle WA 98121
Phone Number: 206-448-3309
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: FURNITURE DELIVERY + INSTALLATION TO RESIDENTIAL/COMMERCIAL ADDRESS
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: 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: Allow more efficient logistic + time management
Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit? None
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:  _____
Date and Location: 03/22/2008 _____

04/01/08

Express Installation Services Inc.
Balance Sheet
As of April 1, 2008

	<u>Apr 1, 08</u>
ASSETS	
Current Assets	
Checking/Savings	
Checking	11825.79
Guardian Checking	64.24
Payroll	9,554.60
Petty Cash	127.85
Tax Savings	9,114.33
Total Checking/Savings	<u>30686.81</u>
Accounts Receivable	
Accounts Receivable	-2,112.00
Total Accounts Receiva...	<u>-2,112.00</u>
Total Current Assets	<u>28574.81</u>
TOTAL ASSETS	<u><u>28,574.81</u></u>
LIABILITIES & EQUITY	
Liabilities	
Current Liabilities	
Accounts Payable	
Accounts Payable	-52.99
Total Accounts Paya...	<u>-52.99</u>
Credit Cards	
Business Visa	2,288.01
Total Credit Cards	<u>2,288.01</u>
Total Current Liabilities	<u>2,235.02</u>
Total Liabilities	2,235.02
Equity	
Retained Earnings	24695.58
Shareholder Distributio...	-7,112.00
Start up money	3,498.75
Net Income	5,257.46
Total Equity	<u>26339.79</u>
TOTAL LIABILITIES & EQUITY	<u><u>28,574.81</u></u>