



HOUSEHOLD GOODS CARRIER PERMIT APPLICATION

TV-081004-AT



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 checked="" 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 checked="" 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: \$ 35.00

Expiration Date: 04-11

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): TODD BRENDEN Date: 11-28-07

Signature: [Handwritten Signature] Title: OWNER CEO

FOR OFFICIAL USE ONLY

Date Filed: 12/10/07 DOL/SOS: ID: 5094 Permit Issued: HG-

Staff Assigned: [Handwritten] Insurance: Inspection: Docket #

Reception #: 111-0268-207-02 6069 111-0268-202-01 111-0268-013-20

\$250

NO MONEY ENCLOSED

BUSINESS INFORMATION

Name of Applicant ACCESS GENTLE MOVING COOP (TODD BRENDEN) ACCESSGENTLEMVING INC. *RECURS*
(must be individual, partners of a partnership or corporation)

Trade Name, if applicable ACCESS GENTLE MOVING

Physical Address 16220 193rd Ave Renton Wa 98058

Mailing Address SAME

Telephone Number (425) 830 5286 Fax Number () N/A

UBI # 6025020020 Email: ac move @ gmail.com

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>TODD BRENDEN</u>	<u>CFO</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: MOVING SERVICES residential and commercial

Briefly describe your experience in the transportation/household goods moving industry:
worked for Allied Van Lines from 1978-1990 as Van Foreman and Sales Rep. MOVING INDUSTRY from 1990 to 2007 - has been my career @ ACCESS GENTLE MOVING

BUSINESS INFORMATION

Name of Applicant

Access Gentle Moving Corp.
(must be individual, partners of a partnership or corporation)

Trade Name, if applicable

ACCESS GENTLE MOVING

Physical Address

16220 193rd Ave SE Renton WA 98058

Mailing Address

SAME

Telephone Number

(425) 830 5296

Fax Number

(425) 996 7133

UBI #:

602502002

Email:

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

TODD BRENDER

PRES.

100%

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 (relocations), packing and pre-move planning. Our skill and experience saves time and money for the customer.

Briefly describe your experience in the transportation/household goods moving industry: 1980-1998 Allied Van Lines. 98-2008-ACCESS moving packing, inventory, warehouse, loading, storage - OFFICE and residential - Including pianos and safe and vault moving

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 146 11859

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: late revenue payment '06

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	\$ 603 ⁰⁰	Salaries/Wages Payable	\$ 800
Notes Receivable	\$ 250	Accounts Payable	\$ 3000
Investments	\$ 0	Notes Payable	\$ 3800
Other Current Assets	\$ 0	Mortgages Payable	\$ 1200
Prepaid Expenses	\$ 0	TOTAL LIABILITIES	\$ 8800
Land and Buildings	\$ 0	NET WORTH	-1647
Trucks and Trailers	\$ 6000 ⁰⁰	Preferred Stock	\$ 0
Office Furniture	\$ 200	Common Stock	\$ 0
Other Equipment	\$ 100	Retained Earnings	\$ 0
Other Assets	\$ 0	Capital	\$ 0
TOTAL ASSETS	\$ 7153 ⁰⁰	TOTAL LIABILITIES & NET WORTH	\$ 7143

EQUIPMENT LIST

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

Year	Make	License Number	Vehicle ID Number	Gross Vehicle Weight
93	INTL 470	A46897R	IHTSLPM9PH-504908	25,990 LB

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.

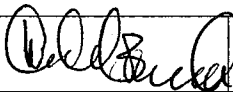
INSPECTION, REPAIR AND MAINTENANCE (Title 49, Code of Federal Regulations Part 396). You must systematically inspect, repair, and maintain all motor vehicles.

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:

TODD BRENDEN 

Position:

President

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: **TODD BRENOEN**

Position: **Pres.**

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: **TODD BRENOEN**

Position **Pres**

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.

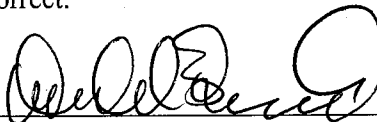
I understand that if the commission grants my application as a new entrant I will receive temporary authority to provide service as a household goods carrier on a provisional basis for at least six months. During this time, the commission will evaluate whether I have met the criteria in WAC 480-15-330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

TODD BRENOEN

Print name of applicant



Signature of Applicant

6-05-08

Date and Location

ISSUED WA 98027

ATTACHMENT B

Transfer or Acquisition of Control

Applicant is seeking one of the following – please check one:

- Transfer
- Acquisition of Control

Current Name on Permit (Seller): ~~ACCESS GENTLE MOVING~~ TUOD BRENDEN DBA ACCESS MOVING

Current Trade Name on Permit (Seller) TODD BRENDEN DBA ACCESS MOVING

Address (Seller) 16220 193rd Ave Renton Wa 98058

HG Permit Number: HE 11859 Phone Number (Seller) (425) 830 5286

Does the transfer of this permit fall under the provisions of WAC-480-15-260? No Yes
 If yes, please complete Attachment C.

Have all fines or penalties owed to the commission been paid? No Yes

Has the closing annual report been filed with the commission? No Yes

A customer may file a loss or damage claim for up to nine months following a move and may file a loss or damage lawsuit for up to two years following a mover. Who will be responsible for handling claims filed by customers for loss or damage that occurred on moves taking place prior to the sale and transfer/acquisition?

RELEASE OF AUTHORITY

I, the seller, have sold or otherwise released interest in my household goods permit number HG-11859 to the following:

Name of Buyer: ACCESS GENTLE MOVING CORP

Trade Name of Buyer: ACCESS GENTLE MOVING CORP

We, as applicants, hereby jointly declare and affirm that all information is true to the best of our knowledge.

<u>[Signature]</u> Seller's Signature	<u>6 05 08</u> <u>Olympia WA</u> Date and Location
<u>[Signature]</u> Buyer's Signature	<u>6 05 08</u> <u>Olympia WA</u> Date and Location

ATTACHMENT C

TRANSFER OR ACQUISITION OF PERMANENT HOUSEHOLD GOODS AUTHORITY UNDER EXCEPTIONS IN WAC 480-15-260

1. The commission will grant an application for permanent authority without public notice or comment if the applicant is fit, willing and able to provide service and the application is filed to transfer or acquire control of permanent authority for one of the following reasons (check one, if applicable):
- A partnership has dissolved due to the death, bankruptcy, or withdrawal of a partner, and that partner's interest is being transferred to one or more of the remaining partners or a spouse;
 - A shareholder in a corporation has died and that shareholder's interest is being transferred to a surviving spouse or one or more surviving shareholders;
 - A sole proprietor has died and the interest is being transferred as property of the estate;
 - An individual has incorporated, and the same individual remains the majority shareholder;
 - An individual has added a partner, but the same individual remains the majority partner;
 - A corporation has dissolved and the interest is being transferred to the majority shareholder;
 - A partnership has dissolved and the interest is being transferred to the majority partner;
 - A partnership has incorporated and the partners are the majority shareholders; or
 - Ownership is being transferred from one corporation to another corporation when both are wholly owned by the same shareholders.

Documentation supporting the checked box, above, must be included with your application. You may submit a corporate resolution, partnership agreement, court order, death certificate, will or other proof of right to inherit, estate executor's statement, community property agreement or other such documentation that may support your request.

2. The Commission will grant an application for permanent authority without temporary permit operations following public notice or comment if the applicant is fit, willing and able to provide service and the application is filed to transfer or acquire control of permanent authority for the following reason:
- Ownership or control of a permit is being transferred to any shareholder, partner, family member, employee, or other person familiar with the company's operations and the household goods moving services provided. If you check this option, please complete the following:
 - a. Has the permit been actively used by the current owner to provide household goods moving services during the last twelve-month period? No Yes
 - b. Explain why the transfer of ownership or control is necessary to ensure the company's economic viability: _____

 - c. Describe the steps taken by the applicant and the current owner to ensure that safe operations and continuity of service to the customers are maintained: _____

RECEIVED

MAR 24 2009

WASH. UT. & TR. COMM.

ATTACHMENT D

CHANGE OF CORPORATE/INDIVIDUAL NAME (WAC 480-15-400)

This application is for name change only and must not involve a change in ownership, management, or control of the household goods operating authority.

A company must file a name change application to:

- Change a corporation's name
Change an individual's name (may be sole proprietor or individual in a partnership)
Change or add a trade name

NOTE: You may not advertise to operate under the changed name until a permit is issued in the new name.

Current Name on Permit: TODD BRENDEN DBA ACCESS MOVING

Current Trade Name on Permit: TODD BRENDEN DBA ACCESS MOVING

Address: 16220 193rd Ave Renton WA 98058

Phone Number: (425) 830 5286 Fax Number: N/A

Email Address: acmove@gmail.com

If a corporation, list names, titles, stock distribution or major stockholders under the current name:

I request the name on household goods permit HG-11859 be changed to:

New Name: ACCESS GENTLE MOVING CORP UBI Number: 602 502-00211

New Trade Name (if applicable): (SAME)

Address (if changed) (SAME)

If a corporation, list names, titles, stock distribution or major stockholders under the current name: TODD BRENDEN CEO 100%

I certify that this information is true and correct, that I am authorized to execute and file this document on behalf of the applicant and that all information is current and valid.

Signature and Title of Applicant: [Signature] CEO Date and Location: 3-20-09 Renton, Wa.

ATTACHMENT D

**CHANGE OF CORPORATE/INDIVIDUAL NAME
(WAC 480-15-400)**

This application is for name change only and must not involve a change in ownership, management, or control of the household goods operating authority.

A company must file a name change application to:

- Change a corporation's name
- Change an individual's name
(may be sole proprietor or individual in a partnership)
- Change or add a trade name

NOTE: You may not advertise to operate under the changed name until a permit is issued in the new name.

TODD BRENDEN DBA ACCESS MOVING
Current Name on Permit

TODD BRENDEN DBA ACCESS MOVING
Current Trade Name on Permit

16220 193rd Ave Renton Wa 98058
Address

425 830 5286
Phone Number

N/A
Fax Number

acmove@gmail.com
Email Address

If a corporation, list names, titles, stock distribution or major stockholders under the current name:

TODD BRENDEN CFO 100%

I request the name on household goods permit HG-11859 be changed to: 602502002
accessgentlemoving INC

accessgentlemoving INC
New Name

UBI Number

16220 193rd Ave Renton Wa 98058 (same)
New Trade Name (if applicable)

Address (if changed)

If a corporation, list names, titles, stock distribution or major stockholders under the new name:

TODD BRENDEN CFO 100%

I certify that this information is true and correct, that I am authorized to execute and file this document on behalf of the applicant and that all information is current and valid.

Todd Brenden CFO
Signature and Title of Applicant

11-28-07 Renton Wa 98058
Date and Location



Corporations Division • 801 Capitol Way South • PO Box 40234 • Olympia, WA 98504-0234 • 360/753-7115 • Fax 360/664-0055

06/05/08 1305124-001
\$346.25 K #1003
dd:1518562

FILED
SECRETARY OF STATE

APPLICATION FOR REINSTATEMENT
OF A

JUN 05 2008

DOMESTIC (WASHINGTON) CORPORATION
RCW 23B.14.220

STATE OF WASHINGTON

Pursuant to RCW 23B.14.220 of the Washington Business Corporation Act, the undersigned corporation applies for reinstatement and states the following:

- 1) **This form must be submitted along with corporate reinstatement report and Appropriate fees.**
- 2) The corporate name on the date of administrative dissolution was:
ACCESS GENTLE MOVING CORP.
- 3) The date of administrative dissolution was: September 1, 2006
- 4) The corporate name listed above meets the requirements of RCW 23B.04.010. If the corporate name no longer meets these requirements, Articles of Amendment are included with the reinstatement application.
- 5) The following is an explanation to show that the grounds for administrative dissolution either did not exist or have been eliminated. **(Check one or more of the following statements):**

- The license fees are hereby tendered.
- NSF/Account closed fees are hereby tendered.
- The annual report (list of officers/directors) has been completed and is hereby submitted for filing.
- Their registered agent and/or registered office address in Washington has been designated on the corporate reinstatement report. (If the registered agent is other than the agent at the time of dissolution, the written consent of the new registered agent must appear in the space provided.)

Signature of Officer or Chairman of Board of Directors

Date

6/5/08

Type or Print Name and Title

TODD H BRENDEN PRES.



Washington
Secretary of State
SAM REED

Customer Receipt

Access Gentle Moving Corp

Received: \$346.25

Check #1003

Received On: 06/05/2008

Transaction Number: 1305124

Tracking ID: 1518562

Thank you!

LETTER OF INTENT

M-32722
3-8-08 RECEIVED

MAR 11 2008

WASH. UT. & TP. COMM

TO: Sheri Hoyt: W.U.T.C.

FROM TODD M BRENDEN ACCESS MOVING


I, TODD M BRENDEN INTEND TO PAY
THE \$250.00 FEE (REQUIRED) ALONG WITH
NECESSARY FILING FORM(S) ON OR BY

APR-08, ~~08~~

ACCESS GENTLE MOVING CORP. WILL BE THE

NAME CHANGE(S) IMPLEMENTED.

WE APOLOGIZE FOR MISUNDERSTANDING THE FILING FEES!

Thank you
SIGNED 

RECEIVED

MAR 11 2008

CONSUMER AFFAIRS



STATE OF WASHINGTON

WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION

1300 S. Evergreen Park Dr. S.W., P.O. Box 47250 • Olympia, Washington 98504-7250
(360) 664-1160 • TTY (360) 586-8203

December 12, 2007

Todd Brenden
Access Gentle Moving, Inc.
16220 193rd Ave. SE
Renton, WA 98058

Dear Mr. Brenden:

I have received your household goods application which is marked with "Name Change" with no monies enclosed. Since this is not just a Name Change but actually a Transfer, you would need to complete the required application pages and include the \$250.00 filing fee. We cannot continue to process until these items are completed. I am enclosing the appropriate forms for your use.

Also, according to your application, you have listed Access Gentle Moving, Inc. but the Department of Licensing shows that you are registered as Access Gentle Moving Corp. This needs to be the same. And, your corporation status has been terminated with the Secretary of State's Office. This also needs to be activated.

If you have any questions or concerns, please feel free to contact me at (360) 664-1170.

Sincerely,


Tina Leipski
Transportation Specialist

cc: Sheri Hoyt

1/25 BP has taken over - gave info to Sheri

