

HOUSEHOLD GOODS MOVING COMPANY PERMIT APPLICATION



	Type of Household Goods Authority Requested - Check one	Fee Required
	Emergency temporary authority (to meet an urgent need for up to thirty days) - Complete pages 2 - 6 and Attachment E	\$ 50
Q	Temporary authority (to meet a short-term need) – Complete pages 2 - 6 and Attachment A	\$ 250
0	Permanent authority (at least six months must be served on a temporary provisional basis) – Complete pages 2 - 6 and Attachment A	\$ 550
	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
X	Permanent authority to transfer or acquire control under the exceptions in WAC 480-15-335 – Complete pages 2 - 6 and Attachments B & C	\$ 250
ā	Reinstatement of permit (must be filed within 30 or 60 days of cancellation, depending on criteria set forth in WAC 480-15-450) – Complete pages 2 - 3 and include a statement justifying the reinstatement	\$ 250
	Name Change – Complete pages 2 - 3 and Attachment D	\$ 35
	Extension of authority – Complete pages 2 - 6 and Attachment A	\$ 550

	TYPE OF PAYMENT				
Check □ N	Money Order ☐ A	mex	ard 🗆 Visa	•	
Amount: 250	<u> </u>		E	Expiration Date:	
CERTIFICATION: I, the that I am authorized to ex			applicant and that all is	nformation on file	is current and valid.
Name (printed): Now A	DNICK & SONS	INC	Date:	10/8/08 025EDEN +	
Signature:			Title: Pa	resedent	
	ŀ	OR OFFICIAL	USE ONLY		
Date it o 08	DOL/SOS:	ID:	Permit Issue	ed: HG-	· · · · · · · · · · · · · · · · · · ·
Staff Assigned	Insurance:	Inspection:			· · · · · · · · · · · · · · · · · · ·
lun	# GOBE:		Docket #		
Reception #: 111-0268-207-02 2-50). (7) 111-026	8-202-01	111-0268-013	3-20	

BUSINESS INFORMATION
Name of Applicant Nowantek & Sous Inc. (must be individual, partners of a partnership or corporation)
Trade Name, if applicable DBA NORTHWEST TRANSPORTATION & WAREhoure
Physical Address 9726 47411 AUE 17A TACOMA NA 98499
Mailing Address P.O. Box 98929 TACOMA WA 98496
Telephone Number (253) 582-4656 Fax Number (25) 582-0/5/
UBI#: 600-127-454 Email: BONNIE KRIS.O COLYMPIC
TYPE OF BUSINESS STRUCTURE MOVERS, NET
☐ Individual ☐ Partnership (Corporation ☐ Other
List the name, title and percentage of partner's share or stock distribution for major stockholders:
Name <u>Title</u> <u>Stock Distribution or Percentage of Shares</u>
Kris D'BANNON PRESEDENT 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: TRAUS PORTATION OF UHHG.
Briefly describe your experience in the transportation/household goods moving industry:
22 YEAR IN THE MOVING INDUSTRY
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• -	If yes, please indicate your permit number <u>CC-33990</u> , HG-23990
•	applied for and been denied a permit to operate as a motor carrier of property in
Washington? No □ Yes	If yes, please explain
Do you curren MC# 4	tly operate interstate? No XYes If yes, please indicate your USDOT# 70719 which is the name of which is the name
Do you operate the company?	e interstate as an agent of another company? \(\text{No Yes} \) If yes, what is the name of \(\text{WHEA FOW VAN LIMES} \)
Do you have, of any other state	or have you ever had a business related legal proceeding against you in Washington, or in? No \(\subseteq \text{Yes} \) If yes, please explain:
Have you ever	been convicted of a crime? No □ Yes If yes, please explain:
Have you beer explain:	cited for violation of state laws or Commission rules? Not SURE - PLEASE CHECK OUR RECORDS

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	\$ 101,698	Salaries/Wages Payable	\$ 28880-	
Notes Receivable	\$ 411,000	Accounts Payable	\$ 2,579	
Investments	\$ —	Notes Payable	\$13,098-	
Other Current Assets	\$	Mortgages Payable	\$	
Prepaid Expenses	\$	TOTAL LIABLITIES	\$ 44,557	
Land and Buildings	\$	NET WORTH	489,122	
Trucks and Trailers	\$19981	Preferred Stock	\$	
Office Furniture	\$ 1000	Common Stock	\$	
Other Equipment	\$	Retained Earnings	\$	
Other Assets	\$	Capital	\$	
TOTAL ASSETS	\$5,33,679	TOTAL LIABILITIES & NET WORTH	\$489.122	

EQUIPMENT LIST Describe the equipment you will use (attach additional sheets if necessary). Year Make License Number Vehicle ID Number Gross Vehicle Weight 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

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:	Position:	
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operations.

OPERATIONAL R	ESPONSIBILITIES
Annual Reports and Regulatory Fees (WAC 480-15-	480). You must annually file a report of your
financial operations and pay regulatory fees.	
Name: KRIS O'BANINON	Position:
STATE OF WASHINGTON – general laws, rules ar	nd regulations: Individuals and companies doing
business in the State of Washington must comply wi	th the regulations of local, state, and federal
agencies. Please state the name and position of the p	person in your organization who will be responsible
for ensuring compliance with the laws of the State of	f Washington, such as, but not limited to the
Department of Labor and Industries (industrial insura	ance, safety, prevailing wage); Department of
Licensing (vehicle and drivers licenses, business lice	
fuel permits, fuel tax; Secretary of State (corporate re	•
size or over-weight permits); Department of Revenue	
Employment Security.	
Name:	Position ₁
KRIS O'BANNON	PRISE DENT

DECLARATION OF APPLICANT

I understand that filing this application does not in itself constitute authority to operate as a household goods

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.

Kris & BANNON

Print name of applicant

Attachment

		TRUCK LIST 5/06	T 5/06									
• • •	oms#	Unit#	TVM	Lic#	VIN#	Yr	Make	Model	Fleet#	Reg Exp	GVW	Class
•	48	238-4	4	4 6408LH	53224	1977	KΥ	42' Trailer	555	07/16/07	N/A	N/A
	129	238-5	5	75679PR	1NKKLB9X2CJ299094	1982	XW	Tractor	501	10/31/06	66000	Α
	131	238-7	7	80693PR	1FUYDSEB9TL723967	1996	FRLN	Tractor	501	12/31/06	72000	A
	50	238-8	8	8 6953LJ	1KKVE4528DL000850	1983	KENT	45' Trailer	555		N/A	N/A
	52	238-10	.10	10 2059RR	1KKVE53284L214519	2004	KENT	54' Trailer			N/A	N/A
	133	238-23	23	23 66757PR	1XKED29X9KJ374307	1989	₹W	Tractor	501	04/30/07	66000	Α
	135	109-TRCR	17	TP3843	1FDNR74N7BVJ03523	1981	FORD	вох		12/31/07	30000	B
	54	109-CTN-TRLR	RLR	8604NK	1013	1966	THOS	4FB		12/31/07	N/A	N/A
*:	137	115	21	A29913B	1GDL7D1E2KV513620	1989 .	GMC	26' VAN		03/14/07	32000	В
	139	117	19	19 A95309B	1GDJ7H1J6RJ515240	1994	GMC	VAN		08/21/07	26000	C
	141	119	29	29 A37957N	1GDJ6H1J3TJ503573	1996	GMC	VAN		04/27/07	26000	C
	143	121		A59644U	1FV6HLAA6VH736840	1997	FRLR	BOBTAIL		12/31/06	32000	В
	145	303		A65262W	2GDHG31K7H4510789	1987	GMC	23" VAN		03/14/07	10000	C
	147	RANGER		A74304G	1FTYR14V7YPB18635	2000	FORD	Р		03/28/07	N/A	N/A
	149	149		NTW1	1FTYR14D07PA94359	2007	FORD	RANGER		05/24/09	NA	NA
	151	151		B37064C	1FTYR10D37PA71373	2007	FORD	RANGER		03/23/09	N/A	NA
	56	HAUL-MARK	쏫	8716MG	16HGB2626XU015528	1999	HMK	TRL		05/24/06	NA	NA
	127	INATL		TEMP	1HTMMAAM24H606829	2004	INATL	24'			26000	C
	123	CARGO VAN	A N	TEMP	1GCFG15X881134889	2008	CHEVY					೧
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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): NOWADNICK & SONS INC. DBA NORTHNEST TRANS
Current Trade Name on Permit (Seller)
Address (Seller) Same
HG Permit Number: $CC - 23990$ Phone Number (Seller) $253 - 582 - 4656$ Does the transfer of this permit fall under the provisions of WAC-480-15-335? \square 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 move. 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-23990 to the following:
Name of Buyer: KRIG D'BANNON
Trade Name of Buyer; Some
We, as applicants, hereby jointly declare and affirm that all information is true to the best of our knowledge.
SEE Panchosi & Sole Agrament.
Seller's Signature Date and Location
10/8/08 - TACOMA WA.
Buyer's Signature Date and Location

ATTACHMENT C

TRANSFER OR ACQUISITION OF PERMANENT HOUSEHOLD GOODS AUTHORITY UNDER **EXCEPTIONS IN WAC 480-15-335**

1.	apj	e commission will grant an application for permanent authority without public notice or comment if the plicant is fit, willing and able to provide service and the application is filed to transfer or acquire control of rmanent authority for one of the following reasons (check one, if applicable):
	ٔ ت	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;
	ا ت	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;
	o.	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
	۵	Ownership is being transferred from one corporation to another corporation when both are wholly owned by the same shareholders.
cor esta	pora	entation supporting the checked box, above, must be included with your application. You may submit a te resolution, partnership agreement, court order, death certificate, will or other proof of right to inherit, xecutor's statement, community property agreement or other such documentation that may support your
2.	fol	e Commission will grant an application for permanent authority without temporary permit operations lowing <u>public notice</u> or <u>comment if</u> the applicant is fit, willing and able to provide service and the plication is filed to transfer or acquire control of permanent authority for the following reason:
	X	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?
		b. Explain why the transfer of ownership or control is necessary to ensure the company's economic viability: FRIC NOWADNICK REFIRED AFTER THE DEATH OF HIS WIFE.
		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: WE FOLLOW ANN ASITEBE TO ALL PEGLATORS BODGES INCLUSING BUT NOT LIMITED TO WATC, US DOT, WDOT & FHWC