



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 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 480-15-335 – 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 480-15-450) – 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

Amount: _____ Expiration Date: 5/11

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): Doug K Jensen Date: _____

Signature: per phone call & faxed app Title: _____

FOR OFFICIAL USE ONLY

Date Filed: <u>5/2/09</u>	DOL/SOS: <u>OK/OK</u>	ID: <u>5442</u>	Permit Issued: HG-
Staff Assigned: <u>[Signature]</u>	Insurance:	Inspection:	Docket #
Reception #: <u>0017534</u>	111-0268-207-02 <u>250.00</u>	111-0268-202-01	111-0268-013-20

BUSINESS INFORMATION

Name of Applicant DOUG JENSEN AND MATT LARSON
(must be individual, partners of a partnership or corporation)

Trade Name, if applicable STREAMLINE FURNITURE DELIVERY AND MOVING SERVICES L.L.C.

Physical Address 12425 17573 AVE SE SNOHOMISH WA 98290

Mailing Address 19030 LENTON PL. S.E. SUITE #287 MONROE WA 98272

Telephone Number (360) 281-0800 Fax Number (360) 863-9278

UBI #: 602-856-398 Email: N/A

Have you established a Worker's Compensation Account with the Department of Labor & Industries?
 No Yes L & I Account No. 014-127-00 (required if you have employees.)

Have you registered with the Employment Security Department? No Yes
 ESD No. 561833-00-2 (required if you have employees)

Have you registered your business with the Department of Revenue? No Yes

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>DOUG JENSEN</u>	<u>OWNER</u>	<u>50%</u>
<u>MATT LARSON</u>	<u>OWNER</u>	<u>50%</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:

MATT AND MYSELF STARTED DELIVERING RETAIL FURNITURE DIRECTLY TO CONSUMERS IN JUNE 2001, MANY DELIVERIES HAD REQUESTS TO HAUL OLD FURNITURE TO FRIENDS AND RELATIVES, AS WELL AS HOUSEHOLD MOVES - WE RECEIVED OUR PERMANENT AUTHORITY 4 YEARS AGO.

Briefly describe your experience in the transportation/household goods moving industry:

I OWNED A RETAIL FURNITURE STORE FROM 1976 TO 1991 THEN STARTED DOING RETAIL DELIVERIES FOR OTHER STORES IN JAN 2000, THEN I DECIDED TO BE A SMALL LOCAL MOVER

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 H.6. 61643

Have you ever 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 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? N/A

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	\$ 18,000 ⁰⁰ -	Salaries/Wages Payable	\$ 0
Notes Receivable	\$ 3,565 ⁰⁰	Accounts Payable	\$ 2,000 -
Investments	\$ -	Notes Payable 1 TRUCK	\$ 25,000 -
Other Current Assets	\$ -	Mortgages Payable	\$ 0
Prepaid Expenses	\$ -	TOTAL LIABILITIES	\$ 27,100
Land and Buildings	\$ 150,000 ⁰⁰ -	NET WORTH	229,065
③ Trucks and Trailers	\$ 75,000 ⁰⁰ -	Preferred Stock	\$ 0
Office Furniture	\$ 2,500 -	Common Stock	\$ 0
Other Equipment	\$ 7,000 -	Retained Earnings	\$ 0
Other Assets	\$ -	Capital	\$ 21,565 -
TOTAL ASSETS	\$ 256,065	TOTAL LIABILITIES & (NET WORTH)	\$?

EQUIPMENT LIST

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

Year	Make	License Number	Vehicle ID Number	Gross Vehicle Weight
2003	MITSUBISHI	AD9310S	JW6CPT1S23L00745	17,995
2003	MITSUBISHI	AD1165U	JW6CPT1SX3L004591	17,995
2007	MITSUBISHI	B54342B	JL6CC1S37K001448	18,000

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.

Doug Jensen AND MATT LARSON

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:

Doug Jensen

Position:

OWNER / PARTNER

ATTACHMENT B

Transfer or Acquisition of Control

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

Transfer

Acquisition of Control

NAME CHANGE AND FORMED A PARTNERSHIP.

Current Name on Permit (Seller): Doug Jensen

Current Trade Name on Permit (Seller) DUG'S FURNITURE DELIVERY & MOVING CO.

Address (Seller) 19030 LENTON PL. S.E. #207 MONROE WA 98272

HG Permit Number: 61643

Phone Number (Seller) 360-281-0800

Does the transfer of this permit fall under the provisions of WAC-480-15-335? 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? NAME CHANGE ONLY

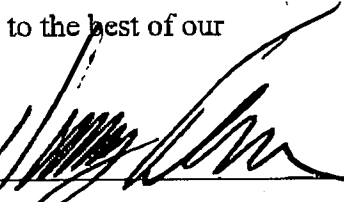
RELEASE OF AUTHORITY

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

Name of Buyer: N/A

Trade Name of Buyer: N/A

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

Not Signing / Just changed my name 

Seller's Signature

Date and Location

2/26/09

Buyer's Signature

Date and Location

ATTACHMENT C

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

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):

N/O

- 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; *50%*
- 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.

OK

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: MATT CARSON IS MY GODSON AND WE'VE BOTH OWN THE COMP. TOGETHER FOR 8 YEARS NOW.
- 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: NO CHANGE

Domestic Limited Liability Company

Washington Business ID #: 6828563
Business ID #: 1
Location: 1

STREAMLINE FURNITURE DELIVERY & MOVING SERVICES, LLC
12425 175TH AVE SE
SNOHOMISH WA 98290 8630

TAX REGISTRATION

REGISTERED TRADE NAMES:
STREAMLINE FURN. DEL. & MOVING SERVICE



2-27-09

TO: TINA, OR WHOM IT MAY CONCERN,

I'M WRITING TO YOU TODAY AN APPLICATION FOR
A CHANGE OF NAME.

FORMERLY DOUG'S FURN. DELIVERY & MOVING CO.

NOW: STREAMLINE FURN. DEL. & MOVING CO. LLC.

PLEASE LET ME KNOW IF I'VE GIVEN YOU
THE CORRECT INFORMATION.

PLEASE LET ME KNOW WHAT THE CORRECT COST
WILL BE, USING MY CHARGE CARD.

ALSO I WILL HAVE MY INS. CO. / FAX TO
YOU THIS A.M. A COPY OF PROOF OF
INSURANCE COVERAGE.

Thank you Doug Jensen

STREAMLINE FURNITURE DELIVERY
AND MOVING SERVICE LLC
19030 Lenton Pl. SE #287
Monroe, WA 98272
Call (360) 281-0600
Fax (360) 863-9278