

BUSINESS INFORMATION

Name of Applicant Tom's ACTION MOVING CO. INC.
 (must be individual, partners of a partnership or corporation)

Trade Name, if applicable _____

Physical Address 10744 ASHWORTH AVE NTH SEA. WA. 98133

Mailing Address 9792 EDMONDS WAY # 113

Telephone Number (206) 706-9802 Fax Number (206) 297-7100

UBI #: 601-981-486 Email: turbo.tom@comcast.net

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

Have you registered with the Employment Security Department? No Yes
 ESD No. _____ (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
THOMAS SHACKS	PRES	60%
DAN EDDY	VICE - PRES	10%
JAYCE STONE	SECRETARY	10%
JOHN KERR	TREASURER	10%
DIXIE BERNARD	DIRECTOR	10%

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: KING, PIERCE, SNOHOMISH, ISLAND

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 OF HOUSEHOLD GOODS. WE ARE ABLE TO PROVIDE A QUALITY MOVING SERVICE BY STAYING SMALL IN ORDER TO REALLY PERSONALIZE THE CUSTOMERS MOVE, WHILE OFFERING VERY REASONABLE RATES

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

MY FIRST PROFESSIONALLY PAID PUBLIC MOVE WAS IN 1980, I AM GOING ON MY 29TH YR INVOLVED IN THE MOVING INDUSTRY. I REALIZE THE CUSTOMERS GOODS ARE A VERY VALUABLE, EXPENSIVE, IMPORTANT PART OF THEIR HOME.

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 _____

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? _____

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: _____

THE CURRENT UTC COMPLAINT

Have you ever been convicted of a crime? No Yes If yes, please explain:

YR 85 NEG. DRIVING. YR 88 RECKLESS DRIVING. YR 94 MARIJUANA CHARGE. YR 95 NEG DRIVING. YR 99 NEG DRIVING.

Have you been cited for violation of state laws or Commission rules? No Yes If yes,

please explain: CURRENT UTC COMPLAINT, WHICH I WISH TO ADDRESS AND COMELY WITH IN GOOD FAITH.

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	\$ 25,000. ⁰⁰	Salaries/Wages Payable	\$ 7,500. ⁰⁰ mo.
Notes Receivable	\$	Accounts Payable	\$ 2,000. ⁰⁰ mo.
Investments	\$	Notes Payable	\$
Other Current Assets	\$	Mortgages Payable	\$ 2,000. ⁰⁰ mo.
Prepaid Expenses	\$	TOTAL LIABILITIES	\$ 11,500.⁰⁰ mo.
Land and Buildings	\$	NET WORTH	58,500.⁰⁰
Trucks and Trailers	\$ 30,000. ⁰⁰	Preferred Stock	\$
Office Furniture	\$ 5,000. ⁰⁰	Common Stock	\$
Other Equipment	\$ 5,000. ⁰⁰	Retained Earnings	\$
Other Assets	\$ 5,000. ⁰⁰	Capital	\$
TOTAL ASSETS	\$ 70,000.⁰⁰	TOTAL LIABILITIES & NET WORTH	\$ 58,500.⁰⁰

EQUIPMENT LIST

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

Year	Make	License Number	Vehicle ID Number	Gross Vehicle Weight
97	INTERNATIONAL	B97920E	1HTSCARM4VH434733	26,000
94	GMC	B86346D	1GD66H1J9R1508277	24,000

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 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:

THOMAS SHANKS

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: THOMAS SHANKS	Position: PRESIDENT
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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: THOMAS SHANKS	Position: PRESIDENT
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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.

THOMAS SHANKS
Print name of applicant


Signature of Applicant

3-12-09 SEATTLE
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: TOM'S ACTION MOVING CO. INC

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: JOE SHANKS PRESIDENT JOSEPH SHANKS INS. AGENCY INC.

Address (include street address, mailing address, city, state, zip, and county):
3811 A BROADWAY
EVERETT, WA. 9802

Phone Number: 425 - 259 - 1900

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:
BUSINESS AND PERSONAL MOVES ARE NEEDED DURING THE 2009 YEAR.

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 CHOICES - MOVE WITH SOMEONE WE CAN TRUST

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?
MORE COMPETITION IS BETTER FOR THE CONSUMER

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: 2/16/09 EVERETT

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: Tom's ACTION Moving CO. Inc

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:

William Shanks

Address (include street address, mailing address, city, state, zip, and county):

3027 11th Av. W.
Seattle, WA 98119

Phone Number:

425-478-5867

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:

packing of fragile household items, piano, large furniture, artwork, dishes, bicycles, etc.

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:

I feel that Action moving does excellent work, reasonably priced, friendly employees.

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

I have used Action moving 3-4 times and have always been satisfied with rates and performance

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

WA Shanks

Signature of Person Completing Form

2-17-09 Seattle

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: **TOM'S ACTION MOVING CO. INC**

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: **SEATTLE CATERING**

Address (include street address, mailing address, city, state, zip, and county):
**3902 Meridian Ave N
Seattle, WA 98103**

Phone Number: **206-633-3125**

Do you currently need the services of a residential household goods moving company?
 No Yes If yes, please describe your current moving needs:
**Large events and equipment moving
Also Family moves to and from college**

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:
**Furniture moving into Attic Space - outdoor
garden moves**

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 community needs freedom of choice and price range as in any other free enterprise. This is America!

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?
Issue a permit as you would any other permit based on criteria set forth by LAW.

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

P. Seel
Signature of Person Completing Form

2/18/09
Date and Location

Customer name: TOM'S ACTION MOVING CO INC
Address: 10744 ASHWORTH AVE N
SEATTLE WA 98133-8940
Policy: 124 4413-E26-47B
Status: PAID ON SFPP

Company: SF Mutual
Servicing agent: GEORGE FU
Eff date: 03-02-2009 to 05-26-2009
Description: 1997 INTERNATL 4700 BOX
VIN: 1HTSCAAM4VH434733
SFPP #: 1079138015
Open claim: CURRENTLY UNAVAILABLE

Coverage Details

The premium amounts shown reflect a six-month policy term.

Code	Description	Amount
A	Liability Coverage Limit - Each Accident \$750,000	443.70
P6	Personal Injury Protection Coverage (See Policy Schedule for Limits.)	20.66
D	Comprehensive Coverage - \$1,000 Deductible	40.61
G	Collision Coverage - \$1,000 Deductible	71.06
U	Underinsured Motor Vehicle Coverage Bodily Injury Limits Each Person, Each Accident \$750,000 \$750,000	128.30
U1	Underinsured Motor Vehicle Property Damage Coverage Limit - Each Accident \$750,000	2.00
Total		706.33

Vehicle Details

Year: 1997
Make: INTERNATL
Model: 4700
Body style: BOX
VIN: 1HTSCAAM4VH434733
Cost price new: 45,393.00

Odometer Information

Odometer reading: 205,336
Odometer date: 11-2008

Trade Secret Information
- Distribution on a Business Need to Know Basis Only -
State Farm Mutual Automobile Insurance Company, Bloomington, Illinois



GEORGE FU
AGENT
8028 Roosevelt Way NE
Seattle, WA 98115
Off: (206) 824-0380

Customer name: TOM'S ACTION MOVING CO INC
Address: 10744 ASHWORTH AVE N
SEATTLE WA 98133-8940
Policy: 124 4414-E26-47B
Status: PAID ON SFPP

Company: SF Mutual
Servicing agent: GEORGE FU
Eff date: 03-02-2009 to 05-26-2008
Description: 1994 GMC C6H042 BOX
VIN: 1GDG6H1J9RJ508277
SFPP #: 1079138015
Open claim: CURRENTLY UNAVAILABLE

Coverage Details

The premium amounts shown reflect a six-month policy term.

Code	Description	Amount
A	Liability Coverage Limit - Each Accident \$750,000	443.70
P6	Personal Injury Protection Coverage (See Policy Schedule for Limits.)	20.66
D	Comprehensive Coverage - \$1,000 Deductible	34.35
G	Collision Coverage - \$1,000 Deductible	59.47
U	Underinsured Motor Vehicle Coverage Bodily Injury Limits Each Person, Each Accident \$750,000 \$750,000	128.30
U1	Underinsured Motor Vehicle Property Damage Coverage Limit - Each Accident \$750,000	2.00
Total		688.48

Vehicle Details

Year: 1994
Make: GMC
Model: C6H042
Body style: BOX
VIN: 1GDG6H1J9RJ508277
Cost price new: 38,882.00

Odometer Information

Odometer reading: 245,742
Odometer date: 11-2008

Trade Secret Information

- Distribution on a Business Need to Know Basis Only -
State Farm Mutual Automobile Insurance Company, Bloomington, Illinois



GEORGE FU
AGENT
9026 Roosevelt Way NE
Seattle, WA 98115
Off: (206) 524-0330

MADISON AVENUE INSURANCE GROUP, INC.

DATE: 03/11/2009

SEND TO: Tom Shanks

FROM: McCullough Campbell

ATTN:

PHONE: 425.481.1430

PHONE:

FAX: 425.491.7415

FAX: 1.206.297.1700

of Pages, Including Cover: 2

COMMENTS:

Tom,

Please see the attached evidence of insurance for your Cargo coverage.

Thank you,

McCullough Campbell
19900 NE 180th St Ste 130
Bothell, WA 98011
mccullough@madisonaveins.com
425.481.1490
Fax 425.671.2011

12900 NE 180th ST, STE 130 BOTHELL, WA 98011
(425) 481-1430 / (866) 700-7510
McCullough@madisonaveins.com / www.madisonaveins.com



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
 03/11/2009

PRODUCER Madison Avenue Insurance Group, Inc. 12900 NE 180TH ST. STE 130 BOTHELL, WA 98011 425.481.1430 Fax 425.671.2011	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 BELOW.	
	INSURERS AFFORDING COVERAGE	NAIC #
INSURED Thomas Shanke DBA: Tom's Action Moving Co., Inc 10744 Ashowrth Ave N. Seattle, WA 98133	INSURER A:	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	

COVERAGES

THE 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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADDL INDR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
		GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC				EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (EA OCCURRENCE) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMPROP AGG \$
		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (EA ACCIDENT) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
		Garage Liability <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				<input type="checkbox"/> WC STAT-TORY LIMITS <input type="checkbox"/> OTHER S.L. EACH ACCIDENT \$ E.L. DISEASE - EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A		OTHER Motor Truck Cargo Coverage	MMTC0010	03/11/2009	03/11/2010	\$20,000 Motor Truck Cargo

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

CERTIFICATE HOLDER Thomas Shanks DBA: Tom's Action Moving Co., Inc 10744 Ashowrth Ave N. Seattle, WA 98133	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE
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ANNUAL VEHICLE INSPECTION REPORT



VEHICLE HISTORY RECORD	
REPORT NUMBER	FLEET UNIT NUMBER
1757	92
DATE 25 Feb 09	

MOTOR CARRIER OPERATOR Tom's Action Moving	INSPECTOR'S NAME (PRINT OR TYPE) Juan Tesfelo
ADDRESS 10744 Ashworth Ave N.	THIS INSPECTOR MEETS THE QUALIFICATION REQUIREMENTS IN SECTION 396.19. <input checked="" type="checkbox"/> YES
CITY, STATE, ZIP CODE Seattle Wa. 98133	VEHICLE IDENTIFICATION (✓) AND COMPLETE <input checked="" type="checkbox"/> LIC. PLATE NO. <input type="checkbox"/> VIN <input type="checkbox"/> OTH
VEHICLE TYPE <input type="checkbox"/> TRACTOR <input type="checkbox"/> TRAILER <input checked="" type="checkbox"/> TRUCK <input type="checkbox"/> (OTHER)	INSPECTION AGENCY/LOCATION (OPTIONAL) B863460

VEHICLE COMPONENTS INSPECTED

OK	NEEDS REPAIR	REPAIRED DATE	ITEM	OK	NEEDS REPAIR	REPAIRED DATE	ITEM	OK	NEEDS REPAIR	REPAIRED DATE	ITEM							
X			1. BRAKE SYSTEM a. Service Brakes b. Parking Brake System c. Brake Drums or Rotors d. Brake Hose e. Brake Tubing f. Low Pressure Warning Device g. Tractor Protection Valve h. Air Compressor i. Electric Brakes j. Hydraulic Brakes k. Vacuum Systems	X			4. FUEL SYSTEM a. Visible leak b. Fuel tank filler cap missing c. Fuel tank securely attached	X			9. FRAME a. Frame Members b. Tire and Wheel Clearance c. Adjustable Axle Assemblies (Sliding Subframes)							
X				X				5. LIGHTING DEVICES All lighting devices and reflectors required by Section 393 shall be operable.	X				10. TIRES a. Tires on any steering axle of a power unit. b. All other tires.					
X				X					6. SAFE LOADING a. Part(s) of vehicle or condition of loading such that the spare tire or any part of the load or dunnage can fall onto the roadway. b. Protection against shifting cargo.	X					11. WHEELS AND RIMS a. Lock or Side Ring b. Wheels and Rims c. Fasteners d. Welds			
NA				2. COUPLING DEVICES a. Fifth Wheels b. Pintle Hooks c. Drawbar/Towbar Eye d. Drawbar/Towbar Tongue e. Safety Devices f. Saddle-Mounts	X			7. STEERING MECHANISM a. Steering Wheel Free Play b. Steering Column c. Front Axle Beam and All Steering Components Other Than Steering Column d. Steering Gear Box e. Pitman Arm f. Power Steering g. Ball and Socket Joints h. Tie Rods and Drag Links i. Nuts j. Steering System		X			12. WINDSHIELD GLAZING Requirements and exception as stated pertaining to any crack, discoloration or visio reducing matter (reference 393.60 for exceptions)					
NA					X				8. SUSPENSION a. Any U-bolt(s), spring hanger(s), or other axle positioning part(s) cracked, broken, loose or missing resulting in shifting of an axle from its normal position. b. Spring Assembly c. Torque, Radius or Tracking Components.	X				13. WINDSHIELD WIPERS Any power unit that has an inoperative wiper, or missing or damaged parts that render it ineffective. List any other condition which may prevent safe operation of this vehicle.				
NA					X					3. EXHAUST SYSTEM a. Any exhaust system determined to be leaking at a point forward of or directly below the driver/sleeper compartment. b. A bus exhaust system leaking or discharging to the atmosphere in violation of standards (1), (2) or (3). c. No part of the exhaust system of any motor vehicle shall be so located as would be likely to result in burning, charring, or damaging the electrical wiring, the fuel supply, or any combustible part of the motor vehicle.	X							
NA					X							X						
NA					X										X			
NA																		

INSTRUCTIONS: MARK COLUMN ENTRIES TO VERIFY INSPECTION: OK NEEDS REPAIR. NA IF ITEMS DO NOT APPLY. _____ REPAIRED DATE

CERTIFICATION: THIS VEHICLE HAS PASSED ALL THE INSPECTION ITEMS FOR THE ANNUAL VEHICLE INSPECTION REPORT ACCORDANCE WITH 49 CF. 396.



STATE OF WASHINGTON

MASTER LICENSE SERVICE REGISTRATIONS AND LICENSES

PO Box 90000, Olympia, WA 98507, USA, (360) 354-1300

Domestic Profit Corporation

Unified Business ID #: 601 981 486
Business ID #: 1
Location: 1

ACTION MOVING CO., INC.
10744 ASHWORTH AVE N
SEATTLE WA 98133 8940

TAX REGISTRATION
INDUSTRIAL INSURANCE
UNEMPLOYMENT INSURANCE

REGISTERED TRADE NAMES:
TOM'S ACTION MOVING COMPANY INC.

The licensee named above has been issued the business registration and licenses listed. By accepting this document the licensee certifies the information provided on the application for these licenses was complete, true and accurate to the best of his or her knowledge, and that he or she will be in compliance with all applicable Washington state, county, and city regulations.

Director, Department of Licensing

ANNUAL VEHICLE INSPECTION REPORT



VEHICLE HISTORY RECORD	
REPORT NUMBER	FLEET UNIT NUMBER
1760	
DATE 3-10-09	

MOTOR CARRIER OPERATOR Tom's Action Moving Co	INSPECTOR'S NAME (PRINT OR TYPE) Kirk
ADDRESS 9792 Edmonds Way #113	THIS INSPECTOR MEETS THE QUALIFICATION REQUIREMENTS IN SECTION 396.19. <input checked="" type="checkbox"/> YES
CITY, STATE, ZIP CODE Edmonds WA 98020	VEHICLE IDENTIFICATION (✓) AND COMPLETE <input checked="" type="checkbox"/> LIC. PLATE NO. <input type="checkbox"/> VIN <input type="checkbox"/> OTHER B977920E
VEHICLE TYPE <input type="checkbox"/> TRACTOR <input type="checkbox"/> TRAILER <input checked="" type="checkbox"/> TRUCK <input type="checkbox"/> (OTHER)	INSPECTION AGENCY/LOCATION (OPTIONAL) Seattle

VEHICLE COMPONENTS INSPECTED

OK	NEEDS REPAIR	REPAIRED DATE	ITEM	OK	NEEDS REPAIR	REPAIRED DATE	ITEM	OK	NEEDS REPAIR	REPAIRED DATE	ITEM
X			1. BRAKE SYSTEM	X			4. FUEL SYSTEM	X			9. FRAME
X			a. Service Brakes	X			a. Visible leak	X			a. Frame Members
X			b. Parking Brake System	X			b. Fuel tank filler cap missing	X			b. Tire and Wheel Clearance
X			c. Brake Drums or Rotors	X			c. Fuel tank securely attached	NA			c. Adjustable Axle Assemblies (Sliding Subframes)
X			d. Brake Hose				5. LIGHTING DEVICES				10. TIRES
X			e. Brake Tubing	X			All lighting devices and reflectors required by Section 393 shall be operable.	X			a. Tires on any steering axle of a power unit.
NA			f. Low Pressure Warning Device				6. SAFE LOADING	X			b. All other tires.
NA			g. Tractor Protection Valve				a. Part(s) of vehicle or condition of loading such that the spare tire or any part of the load or damage can fall onto the roadway.	MA			11. WHEELS AND RIMS
NA			h. Air Compressor				b. Protection against shifting cargo.	X			a. Lock or Side Ring
X			i. Electric Brakes	X			7. STEERING MECHANISM	X			b. Wheels and Rims
X			j. Hydraulic Brakes				a. Steering Wheel Free Play	X			c. Fasteners
NA			k. Vacuum Systems				b. Steering Column	X			d. Welds
MA			2. COUPLING DEVICES	X			c. Front Axle Beam and All Steering Components Other Than Steering Column	X			12. WINDSHIELD GLAZING
MA			a. Fifth Wheels				d. Steering Gear Box				Requirements and exceptions as stated pertaining to any crack, discoloration or vision reducing matter (reference 393.60 for exceptions).
MA			b. Pintle Hooks				e. Pitman Arm				13. WINDSHIELD WIPERS
MA			c. Drawbar/Towbar Eye				f. Power Steering				Any power unit that has an inoperative wiper, or missing or damaged parts that render it ineffective.
MA			d. Drawbar/Towbar Tongue	X			g. Ball and Socket Joints				List any other condition which may prevent safe operation of this vehicle.
MA			e. Safety Devices	X			h. Tie Rods and Drag Links				
MA			f. Saddle-Mounts	X			i. Nuts				
X			3. EXHAUST SYSTEM				j. Steering System				
			a. Any exhaust system determined to be leaking at a point forward of or directly below the driver/sleeper compartment.	X			8. SUSPENSION				
			b. A bus exhaust system leaking or discharging to the atmosphere in violation of standards (1), (2) or (3).	X			a. Any U-bolt(s), spring hanger(s), or other axle positioning part(s) cracked, broken, loose or missing, resulting in shifting of an axle from its normal position.				
			c. No part of the exhaust system of any motor vehicle shall be so located as would be likely to result in burning, charring, or damaging the electrical wiring, the fuel supply, or any combustible part of the motor vehicle.	X			b. Spring Assembly				
							c. Torque, Radius or Tracking Components				

INSTRUCTIONS: MARK COLUMN ENTRIES TO VERIFY INSPECTION: OK, NEEDS REPAIR, ITEMS DO NOT APPLY, _____ REPAIRED DATE

CERTIFICATION: THIS VEHICLE HAS PASSED ALL THE INSPECTION ITEMS FOR THE ANNUAL VEHICLE INSPECTION REPORT IN ACCORDANCE WITH 49 CF. 396.