

V-100360



**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 480-15-335 - 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
 Visa

Amount: \$ 550.00 Expiration Date: 12/12

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): ABNER BANWEL Company Name: National Moving + Storage

Cardholder's Signature: _____ Date: 2/23/10

FOR OFFICIAL USE ONLY

Date Issued: <u>2/11/10</u>	DOL/SOS:	ID: <u>5882</u>	Permit Issued: THG-
Staff Assigned: <u>[Signature]</u>	Insurance:	Inspection:	
Reception #: <u>0019891</u>			Docket #

111-0268-207-02 111-0268-202-01 111-0268-013-20

\$550.00

BUSINESS INFORMATION

per UBI #

Name of Applicant National Moving & Storage, Inc
~~Brooks Banwen - Abner Banwen~~
(must be individual, partners of a partnership or corporation)

Trade Name, if applicable North West National Moving + Storage

Physical Address 18862 72nd Ave. So Kent, WA 98032

Mailing Address 18862 72nd Ave. So Kent, WA 98032

Telephone Number (425) 251-4917 Fax Number (425) 251-4907

UBI #: 002 974 395 Email: _____

USDOT #: 1999344 (If you currently don't have one, you can go online at www.fmcsca.dot.gov/online-registration to apply for one or call 360-596-3816 or 360-596-3803 for assistance.)

Have you established a Worker's Compensation Account with the Department of Labor & Industries?
 No Yes L & I Account No. 031.917-02 (required if you have employees.)

Have you registered with the Employment Security Department? No Yes
ESD No. 606 283-003 (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>Brooks Banwen</u>		<u>50%</u>
<u>Abner Banwen</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:

PROVIDE MOVING + STORAGE SERVICES; TRANSPORTATION,
PACKING, VALUATION STORAGE + CONSOLIDATION. EMPHASIS ON
ENVIRONMENTALLY SOUND PRACTICES, RECYCLING OF PACKING MATERIAL
WHEN POSSIBLE, POSSIBLE USE OF BIO DEGRADABLE VEHICLES, ETC.

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

Twenty Seven (27) years in the moving + storage
industry, warehouse, local, intra state, interstate,
helps driver packer, sales, office mgr. ^{CCU} Know'dge
in all aspects of moving + storage, Certified MOVA consultant
Certified Professional in OAR (CPA)

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 MC# _____ and USDOT# _____

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	\$ 10,200	Salaries/Wages Payable	\$ 7,123
Notes Receivable	\$ 10,583	Accounts Payable	\$
Investments	\$ N/A	Notes Payable	\$ N/A
Other Current Assets	\$ 32,072	Mortgages Payable	\$ N/A
Prepaid Expenses	\$ N/A	TOTAL LIABILITIES	\$ 7,123
Land and Buildings	\$ N/A	NET WORTH	47,732
Trucks and Trailers	\$ N/A	Preferred Stock	\$ N/A
Office Furniture	\$ N/A	Common Stock	\$ N/A
Other Equipment	\$ N/A	Retained Earnings	\$ N/A
Other Assets	\$ N/A	Capital	\$ N/A
TOTAL ASSETS	\$ 54,855	TOTAL LIABILITIES & NET WORTH	\$ 47,732

EQUIPMENT LIST

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

Year	Make	License Number	Vehicle ID Number	Gross Vehicle Weight
2004	Hino	A548242	JHBF2JP4B11326	26,000 ^{FF}
2005	Genie	B447494	1G DJC1C05F517535	26,000 ^{FF}
2004	Mitsubishi	B74349B	JW6AA-F1H51L00369	16,000 ^{FF}
	Freightliner			26,000 ^{FF}
1996	Chev. Van	A64634E	1GBFG15A8T10Y1028	9,000 ^{FF}

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. *ERIC EVANS*

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. *ERIC EVANS*

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. *ERIC EVANS*

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. *JULIE BALIN*

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

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. *ABNER BANWER*

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: *[Signature]*

Position: *Ops. mgr.*

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: Jean Marie Edwards Position: Accountant

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: Jean Marie Edwards Position: Accountant

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.

Abner Banwer

Print name of applicant

[Signature]

Signature of Applicant

2/23/10

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: Northwest National Moving & Storage Inc.

The following must be completed by the Supporter of the applicant

Name, Title and Business Name: CAROL PARKER - ReMAX Realty

Address (include street address, mailing address, city, state, zip, and county):
 ReMAX Eastside Broker
11555 SE 8th St
Bellvue WA 98004

Phone Number: (425) 357-1292

Do you currently need the services of a residential household goods moving company?
 No Yes. If yes, please describe your current moving needs: I moved I can confidently refer my real estate clients to without hesitation.

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: As the housing market continues to trend upwards, the need for a reliable, honest and trustworthy, move partner grows.

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 will be able to refer my clients to a clean & honest mover, who is environmentally conscious, honest, and active in the community.

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit? I have known the person involved with company for 3 years and have always known them to be honest and fair.

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: Carol A Parker Date and Location: 2/24/10 Bellvue WA

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: Northwest Northwest Moving & Storage Inc.

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: Chip Rutherford, Vice Pres, Seattle

Address (include street address, mailing address, city, state, zip, and county):
55 UNIVERSITY ST
SEATTLE WA 98101

Phone Number: 206-341-9990

Do you currently need the services of a residential household goods moving company?
 No Yes If yes, please describe your current moving needs: OUR BUSINESS REQUIRES PROFESSIONAL DELIVERY & INSTALLATION OF FURNITURE TO OUR CUSTOMERS - BOTH WITHIN WASHINGTON STATE AND OUT OF STATE.

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: WE WILL ALWAYS REQUIRE OUR FURNITURE TO BE DELIVERED AND INSTALLED BY LICENCED AND INSURED PROFESSIONALS.

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:
OUR BUSINESS WOULD NOT BE ABLE TO EXIST WITHOUT THIS COMPANY'S SERVICES.

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?
WE HAVE WORKED WITH THE PERSONNEL OF THIS COMPANY FOR MANY YEARS AND HAVE COMPLETE CONFIDENCE IN THE PROFESSIONALISM OF THEIR SERVICES.

I certify (or declare) under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.
Chip Rutherford
Signature of Person Completing Form
2/24/2010 - SEATTLE, WA
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:

Northwest National Moving & Storage Inc.

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:

PAUL NADALAY: Retail Seattle

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

*5701 6th Ave. S.O.
SEATTLE WA, 98*

Phone Number:

(206) 767-4625

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 Kitchen Cabinets stored at National Moving warehouse, to Retail Customers in homes throughout Washington State.

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:

Yes when our retail customers move to new homes, we will use National Moving + Storage for all their relocation needs.

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 will be able to refer to my customers a highly trained, fair and honest moving company to my customers, which will result in fewer claims, less customer dissatisfaction.

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

I have worked with the personnel involved with this company for 5+ years and have always found them to be honest, fair and trustworthy.

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

[Signature]
Signature of Person Completing Form

2/26/10
Date and Location