

TV-100477-CT



HOUSEHOLD GOODS MOVING COMPANY PERMIT APPLICATION



Table with 2 columns: Type of Household Goods Authority Requested - Check one, Fee Required. Rows include Emergency temporary authority (\$50), Temporary authority (\$250), Permanent authority (checked) (\$550), Permanent authority to transfer or acquire control (\$550), Permanent authority to transfer or acquire control under exceptions (\$250), Reinstatement of permit (\$250), Name Change (\$35), Extension of authority (\$550).

TYPE OF PAYMENT section. Includes checkboxes for Check, Money Order, Amex (checked), Mastercard, Visa. Amount: 550.00. Expiration Date: 9/11. CERTIFICATION: I, the undersigned, under penalty for false statement, certify that the following information is true and correct... Name (printed): JOHN GISH, Company Name: ACCOUNTABLE MOVING & STORAGE INC., Date: 3/8/10.

FOR OFFICIAL USE ONLY section. Includes fields for Date Filed (3/23/10), DOL/SOS, ID (5913), Permit Issued (THG-), Staff Assigned, Insurance, Inspection, Docket #, and Reception # (111-0268-207-02, 111-0268-202-01, 111-0268-013-20).

0019973

BUSINESS INFORMATION

Name of Applicant ACCOUNTABLE MOVING & STORAGE INC.
(must be individual, partners of a partnership or corporation)

Trade Name, if applicable: SAME

Physical Address 10116 E MONTGOMERY SPOKANE WA 99206

Mailing Address SAME

Telephone Number (509) 892-0500 Fax Number (509) 924-1764

UBI #: 602 655 897 Email: JOHN@ACCOUNTABLE

USDOT #: 1730278 (If you currently don't have one, you can go online at MOVING.COM
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. NO EMPLOYEES (required if you have employees.)

Have you registered with the Employment Security Department? No Yes
ESD No. NO EMPLOYEES (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>JOHN GISH</u>	<u>PRESIDENT</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:

WE HAVE AUTHORITY UNDER ACTION MOVING, AN AFFILIATE, THE STAFF AT THE WUTC SUGGESTED WE PURCHASE A PERMIT AS WE ARE MARKETING THE TWO COMPANIES SEPARATELY.

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

35 YEARS EXPERIENCE THAT ENTAILED ALL PHASES AND FUNCTIONS OF THE MOVING INDUSTRY

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 NG30411, & H467807

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# AGENT FOR BEKINS VAN LINES

Do you operate interstate as an agent of another company? No Yes If yes, what is the name of the company? BEKINS VAN LINES

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	\$ 32,435	Salaries/Wages Payable	\$ N/A
Notes Receivable	\$ 26,821	Accounts Payable	\$ 8,915
Investments	\$ N/A	Notes Payable	\$ N/A
Other Current Assets	\$ 5,218	Mortgages Payable	\$ N/A
Prepaid Expenses	\$ N/A	TOTAL LIABILITIES	\$ 8,915
Land and Buildings	\$ N/A	NET WORTH	58,409
Trucks and Trailers	\$ N/A	Preferred Stock	\$ N/A
Office Furniture	\$ 2,850	Common Stock	\$ N/A
Other Equipment	\$ N/A	Retained Earnings	\$ N/A
Other Assets	\$ N/A	Capital	\$ N/A
TOTAL ASSETS	\$ 67,324	TOTAL LIABILITIES & NET WORTH	\$ 67,324

EQUIPMENT LIST

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

Year	Make	License Number	Vehicle ID Number	Gross Vehicle Weight
		N/A		

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:

JOHN GISH

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:

JOHN GISH

Position:

PRESIDENT

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:

JOHN GISH

Position

PRESIDENT

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.

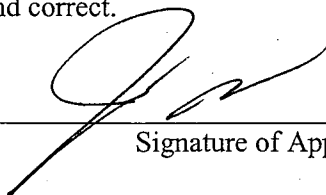
I understand that if the commission grants my application as a new entrant I will receive temporary authority to provide service as a household goods carrier on a provisional basis for at least six months. During this time, the commission will evaluate whether I have met the criteria in WAC 480-15-330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

JOHN GISH

Print name of applicant



Signature of Applicant

3/8/10

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:

ACCOUNTABLE MOVING + STORAGE

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:

Kyle Osborne, Operator/Grant Writer/ Knock Out Grants

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

2918 W. Fairview Ave. Spokane, WA. 99205

Phone Number:

509-435-2525

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: *if a current grant I have in process is funded, we will have \$6,000 in each package for moving expenses to relocate the customer up to 1,500 miles.*

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 have previously worked with this ownership, but a different moving affiliate, and I would not want to move with anyone else

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

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

Kyle Osborne
Signature of Person Completing Form

3/18/10
Date and Location

ATTACHMENT A

HOUSEHOLD GOODS STATEMENT OF SUPPORT

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Applicant Name:

ACCOUNTABLE MOVING & STORAGE

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:

CORY NEBNER

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

837 E 37th AVE

Spokane WA 99203

Phone Number:

(509) 315-5773

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:

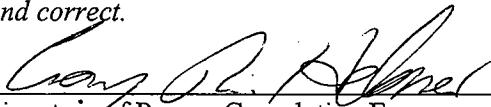
Briefly describe how granting this company a permit to provide household goods moving services in Washington State will benefit you, your business, and/or your community:

Good company to have 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?

No

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

3/18/2010 Spokane, WA
Date and Location

ATTACHMENT A

HOUSEHOLD GOODS STATEMENT OF SUPPORT

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Applicant Name:

ACCOUNTABLE MOVING & STORAGE

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:

Sue Howser

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

3410 S. Loretta Dr.
Spokane, WA 99206

Phone Number:

509-879-4401

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:

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:

Good reputation.

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

NO

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

Sue Howser

Signature of Person Completing Form

3/18/10 Spokane WA

Date and Location

ACORDTM

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

03/18/2010

PRODUCER 509.325.3024 FAX 509.325.1803 Moloney, O'Neill, Corkery & Jones, Inc. 818 W Riverside, #800 Spokane, WA 99201		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.	
INSURED Accountable Moving & Storage, Inc 10115 E Knox Ave Spokane, WA 99206		INSURERS AFFORDING COVERAGE	NAIC #
		INSURER A: New Hampshire Insurance Co	
		INSURER B: Granite State Insurance Co	
		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	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS				
A		GENERAL LIABILITY	01LX0196588131	01/01/2010	01/01/2011	EACH OCCURRENCE	\$ 1,000,000			
	<input checked="" type="checkbox"/>	COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000			
	<input type="checkbox"/>	CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person)	\$ 5,000			
						PERSONAL & ADV INJURY	\$ 1,000,000			
		GEN'L AGGREGATE LIMIT APPLIES PER:				GENERAL AGGREGATE	\$ 2,000,000			
		<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				PRODUCTS - COMP/OP AGG	\$ 2,000,000			
B		AUTOMOBILE LIABILITY	02CA0196554991	01/01/2010	01/01/2011	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000			
	<input checked="" type="checkbox"/>	ANY AUTO				BODILY INJURY (Per person)	\$			
	<input type="checkbox"/>	ALL OWNED AUTOS				BODILY INJURY (Per accident)	\$			
	<input checked="" type="checkbox"/>	SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident)	\$			
<input checked="" type="checkbox"/>	HIRED AUTOS									
<input checked="" type="checkbox"/>	NON-OWNED AUTOS									
		GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$			
		<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC	\$			
						AUTO ONLY: AGG	\$			
		EXCESS / UMBRELLA LIABILITY				EACH OCCURRENCE	\$			
		<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE	\$			
		<input type="checkbox"/> DEDUCTIBLE					\$			
		<input type="checkbox"/> RETENTION \$					\$			
A		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	01LX0196588131	01/01/2010	01/01/2011	<input type="checkbox"/> Y <input type="checkbox"/> N				
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)							WC STATU-TORY LIMITS	
		If yes, describe under SPECIAL PROVISIONS below							OTHER	
		WASHINGTON STOP GAP				E.L. EACH ACCIDENT	\$ 1,000,000			
						E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000			
						E.L. DISEASE - POLICY LIMIT	\$ 1,000,000			
A		OTHER Motor Carrier's Liability (Cargo)	01LX0196588131	01/01/2010	01/01/2011	\$250,000 per Conveyance \$250,000 per Disaster \$1,000 Ded, Special Form				

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

CERTIFICATE HOLDER

WUTC
 1300 S Evergreen Park Dr SW
 PO Box 4725
 Olympia, WA 98504-7250

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 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
 J Michael Dunford/CJY *J Michael Dunford*