

WASHINGTON



UTILITIES AND TRANSPORTATION COMMISSION

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 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

COULD I HAVE HG 61024

TYPE OF PAYMENT

- Check
- Money Order
- Amex
- Mastercard
- Visa

Amount: 550.00

Expiration Date: 09/13

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): ROB IRWIN

Company Name: GREAT WEST MOVING AND STORAGE INC

Cardholder's Signature:

Date: 4-21-10

FOR OFFICIAL USE ONLY

Date Filed: 4/29/10	DOL/SOS:	ID: 4451	Permit Issued: THG-
Staff Assigned:	Insurance:	Inspection:	Docket #
Reception #: 0020299	111-0268-207-02	111-0268-202-01	111-0268-013-20

550.00

## BUSINESS INFORMATION

Name of Applicant GREAT WEST MOVING AND STORAGE INC.  
(must be individual, partners of a partnership or corporation)

Trade Name, if applicable \_\_\_\_\_

Physical Address 13818 234 Ct. NE. WOODINVILLE WA 98077

Mailing Address SAME

Telephone Number (206) 919-4285 Fax Number (425) 286-6945

UBI #: 602 601 541 Email: ROB@GREATWESTMOVING.COM

USDOT #: 1174912 (If you currently don't have one, you can go online at [www.tnseca.dor.gov/online-registration](http://www.tnseca.dor.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. 115,533-00 (required if you have employees.)

Have you registered with the Employment Security Department?  No  Yes  
 ESD No. 334936 00 4 (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
ROBERT IRWIN	PRESIDENT / CEO	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:

I WILL BE PROVIDING MOVING FOR SMALL RESIDENCES & BUSINESSES WITH OPTIONS FOR STORAGE.

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

I WAS PREVIOUSLY OPERATING UNDER HHG LIC NO. HG61024 BUT HAVE GONE THRU A RESTRUCTURING TO ELIMINATE SOME DEBT BURDEN DUE TO BAD ECONOMY. WE ARE WANTING TO RESTART AND BEGIN TO BUILD UP BUSINESS AGAIN.

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 HG-61024

cancelled 6/11/09

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: Only one case in which a customer had items damaged - case settled.

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	\$ 0	Salaries/Wages Payable	\$ 0
Notes Receivable	\$ )	Accounts Payable	\$ 0
Investments	\$ )	Notes Payable	\$ 40,000
Other Current Assets	\$ )	Mortgages Payable	\$ 0
Prepaid Expenses	\$ )	<b>TOTAL LIABILITIES</b>	<b>\$ 40,000</b>
Land and Buildings	\$ 0	<b>NET WORTH</b>	<b>0</b>
Trucks and Trailers	\$ 5,000	Preferred Stock	\$ 0
Office Furniture	\$ 0	Common Stock	\$ )
Other Equipment	\$ )	Retained Earnings	\$ )
Other Assets	\$ )	Capital	\$ )
<b>TOTAL ASSETS</b>	<b>\$ 5,000</b>	<b>TOTAL LIABILITIES &amp; NET WORTH</b>	<b>\$ 0</b>

### EQUIPMENT LIST

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

Year	Make	License Number	Vehicle ID Number	Gross Vehicle Weight
1999	CHEV	A75564Y	GW001	61000

## 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: ROBERT IRWIN

Position: OWNER

**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: Stephanie Cooksey

The following must be completed by the Supporter of the applicant	
Name, Title, and Business Name:	<u>Estate Design</u>
Address (include street address, mailing address, city, state, zip, and county):	<u>16530 SR 9 Snohomish WA 98296</u>
Phone Number:	<u>425 212-0862</u>
Do you currently need the services of a residential household goods moving company? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If yes, please describe your current moving needs:	<u>Real Estate Staging</u>
Do you anticipate a future need for the services of a residential household goods moving company? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If yes, please describe your future moving needs:	<u>Moving</u>
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:	<u>they are very committed to doing a careful move and do what they say everytime.</u>
Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?	<u>They will not let you down.</u>
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	<u>4/20/10 Snohomish, WA.</u> Date and Location

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Applicant Name: Charlie Bump

**The following must be completed by the Supporter of the applicant**

Name, Title, and Business Name:

Address (include street address, mailing address, city, state, zip, and county):  
16141 Cleveland rd  
Redmond

Phone Number: 425 328 9946

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:  
These guys guarantee not to charge extra fees during my move and I have a bad back

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.  
Charles M. Bump 4/20/10  
Signature of Person Completing Form Date and Location