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TV-101098-CT

JUN 17 2010



WASH. UT. & TP. COMM 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 (at least six months) (\$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 with checkboxes for Check, Money Order, Amex, Mastercard, Visa. Check is selected.

Grid of 12 empty boxes for payment details.

Amount: 550.00 Expiration Date: _____

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): _____ Company Name: Fisher Moving Cardholder's Signature: _____ Date: _____

FOR OFFICIAL USE ONLY

Table with 4 columns: Date Filed (6/18/10), DOL/SOS (OK N/A), ID (6044), Permit Issued: THG-; Staff Assigned (signature), Insurance, Inspection; Docket #

Reception #: 111-0268-207-02 24431 111-0268-202-01 111-0268-013-20

\$550.00

CV# 1670

BUSINESS INFORMATION

Name of Applicant FISHER MOVING Anthony Robert Fisher
(must be individual, partners of a partnership or corporation)

Trade Name, if applicable _____

Physical Address 21 NE 62ND AVE PORTLAND, OR 97213

Mailing Address SAME

Telephone Number ~~(503)~~ 819-3247 Fax Number ~~(503)~~ 477-4155

UBI #: 60302023 Email: FISHER MOVING @ COMCAST.NET

USDOT #: 970193 (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. _____ (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 (LP, LLP, LLC) Other _____

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>TONY FISHER</u>	<u>OWNER</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:

MOVING HOUSEHOLD GOODS FOR INDIVIDUALS WHO NEED MOVING SERVICES.
I AM A LICENSED MOVER IN OREGON. THERE SEEMS TO BE A NEED
FOR A QUALITY MOVING CO IN SW WASHINGTON. I CAME TO THIS CONCLUSION
BY THE NUMBER OF CALLS I RECEIVE FROM PEOPLE IN WASHINGTON.

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

I HAVE BEEN IN THE MOVING INDUSTRY SINCE 1997. BEFORE
OBTAINING AUTHORITY TO TRANSPORT HOUSEHOLD GOODS WITH ODOT, MY
BUSINESS WAS A PACK & LOAD MOVING CO.

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 262644 7

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: PROVIDING A TRUCK FOR A MOVE WITHOUT AUTHORITY

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	\$ 5000.00	Salaries/Wages Payable	\$
Notes Receivable	\$ 2300.00	Accounts Payable	\$
Investments	\$	Notes Payable	\$
Other Current Assets	\$	Mortgages Payable	\$
Prepaid Expenses	\$	TOTAL LIABILITIES	\$
Land and Buildings	\$ 500,000.00	NET WORTH	
Trucks and Trailers	\$ 19,000	Preferred Stock	\$
Office Furniture	\$ 500.00	Common Stock	\$
Other Equipment	\$ 3000.00	Retained Earnings	\$
Other Assets	\$	Capital	\$
TOTAL ASSETS	\$	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
99	XXXXXXXXXX			
99	REIGHTLINER			25,900

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:

Anthony R. Fisher

Position:

OWNER

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: <i>Anthony R. Fisher</i>	Position: <i>OWNER</i>
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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: <i>Anthony R. Fisher</i>	Position: <i>OWNER</i>
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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.

ANTHONY R FISHER
Print name of applicant

Anthony R Fisher
Signature of Applicant

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:
Fisher Moving

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:
Darren Chu owner Landau Construction INC.

Address (include street address, mailing address, city, state, zip, and county):
4509 SE. 128th Portland, OR 97236

Phone Number:
503-380-7020

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:

I could have some equipment move to Spokane WA

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 used this company in the past and ^{would} use them in Washington

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

When I used this company in Oregon I was completely satisfied

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

Darren J. Chu
Signature of Person Completing Form

6-13-10 Portland, OR
Date and Location

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Applicant Name: Fisher Moving

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:
Tim Daniels

Address (include street address, mailing address, city, state, zip, and county):
6150 NE Vera St.
Portland OR 97213

Phone Number: 503-234-6902

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:
My Parents live in Longview WA. I would refer fishing moving for any moving needs my Parents may have.

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:
Having a trustworthy moving company is good to have. I have used Fisher Moving for all my moving needs

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?
Fisher moving has moved me in the past, and I would recommend Fisher moving to friends and family

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

6/05/10 Portland OR
Date and Location

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Applicant Name:
FISHER MOVING

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:
ROBERT JOHNSON SALES - Summit Body Equip

Address (include street address, mailing address, city, state, zip, and county):
*1616 NE 61ST AVE.
PORTLAND, OR 97213*

Phone Number:
503-539-7527

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:
WILL MOVE TO WASHINGTON COAST

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: *COMMUNITIES CAN ALWAYS USE THE SERVICES OF A GOOD, EXPERIENCED, RELIABLE SERVICE COMPANY.*

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit? *LONGIVITY - EXPERIENCE - GOOD CUSTOMER SERVICE -*

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

Robert Johnson

Signature of Person Completing Form

5/27/10 PORTLAND, OR

Date and Location