

TV-101216-CT



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 - 7 and Attachment E	\$ 50
<input type="checkbox"/> Temporary authority (to meet a short-term need) – Complete pages 2 - 7 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 - 7 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 - 7 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 - 7 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 - 7 and Attachment A	\$ 550

TYPE OF PAYMENT

Check Money Order Amex Mastercard Visa

Amount: ~~\$250.00~~ 550 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): Alen D. Callahan Company Name: Gator Movers

Cardholder's Sigr. _____ Date: July 1, 2010

FOR OFFICIAL USE ONLY

Date Filed: <u>7/13/10</u>	DOL/SIS: <u>[Signature]</u>	ID: <u>6076</u>	Permit Issued: THG- <u>64008</u>
Staff Assigned: <u>[Signature]</u>	Insurance: <u>[Signature]</u>	Inspection: _____	Docket # <u>TV-101216</u>

Reception #: 111-0268-20702-25207 111-0268-202-01 111-0268-013-20

BUSINESS INFORMATION

Name of Applicant Willamette Valley Student Movers, LLC.
(must be individual, partners of a partnership or corporation)

Trade Name, if applicable GATOR MOVERS

Physical Address 4605 SE Honors Place, Gresham, Oregon 97080

Mailing Address PO Box 550, Gresham, Oregon 97030

Telephone Number (971) 570-8200 Fax Number () _____

UBI #: 603-028-915 Email: Alen@AlenCallahan.com

USDOT #: 1979798 (If you currently don't have one, you can go online at www.fmcsa.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. 196996-00 (required if you have employees.)

Have you registered with the Employment Security Department?
ESD No. 32618800 (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
MATT CALLAHAN	Co-Owner	51%
ALEN CALLAHAN	Co-Owner	49%

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: _

Packing, Unpacking, Loading, Unloading, Delivery, and pick up of household goods

We are a fairly new company with a fresh approach to some often forgotten traditional values.

We know that the needs of our customers comes first. Our philosophy is as simple as it gets . . . PERSONAL & PROFESSIONAL SERVICE & LOW PRICES!

Our fresh approach to this basic philosophy is carried out in the way we utilize the latest technologies to our advantage, while still maintaining that one-on-one customer relationship. We conduct our business in way so that customers are always treated like people, not like a number. Our customers can always speak to a knowledgeable "real person" when they need to, even after hours and on weekends. Equally as important to us is to provide our customers with the fairest prices possible and to be as accurate as possible with our cost estimates, so you have a real idea of your moving costs. We strive to get our customers to say "WOW" as often as possible

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

We have been licensed in Oregon for the better part of two years. We started off as a "Pack & Load" company and have recently been licensed by ODOT for transportation along with the Packing & Loading..

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 **OREGON, ODOT #102868**

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:

ALEN D. CALLAHAN DUI – OREGON 1996 & 2002

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	\$3,500.00	Salaries/Wages Payable	\$800.00
Notes Receivable	\$0.00	Accounts Payable	\$0.00
Investments	\$0.00	Notes Payable	\$0.00
Other Current Assets	\$0.00	Mortgages Payable	\$0.00
Prepaid Expenses	\$400.00	TOTAL LIABILITIES	\$800.00
Land and Buildings	\$0.00	NET WORTH	\$18,500.00
Trucks and Trailers	\$12,000.00	Preferred Stock	\$0.00
Office Furniture	\$4,500.00	Common Stock	\$0.00
Other Equipment	\$2,000.00	Retained Earnings	\$3,500.00
Other Assets	\$0.00	Capital	\$0.00
TOTAL ASSETS	\$22,400.00	TOTAL LIABILITIES & NET WORTH	\$22,400.00

EQUIPMENT LIST

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

Year	Make	License Number	Vehicle ID Number	Gross Vehicle Weight
2000	International	Oregon – T572248	1HTSCABM1YH278590	26,000

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: **Alen D. Callahan**

Position: **Co-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: Alen D. Callahan	Position: Co-Owner
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: Alen D. Callahan	Position: Co-Owner

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.

Alen D. Callahan

Print name of applicant



Signature of Applicant

July 1, 2010

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: Willamette Valley Student Movers, LLC. dba. GATOR MOVERS

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:

Angie Webster

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

*134 Big Sky Lane
Sequim, WA 98382 Clallam County*

Phone Number:

360-683-4346

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:

contemplating a home downsize

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:

Providing Services to people that have no time or energy to perform these services themselves is a true benefit

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

Ø

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

Angie Webster

Signature of Person Completing Form

7/6/10 Sequim, WA.

Date and Location

ATTACHMENT A

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Applicant Name: **Willamette Valley Student Movers, LLC. dba. GATOR MOVERS**

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:

Larry Worthington, Individual

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

**4551 148th Ave SE
Bellevue, WA 98006**

Phone Number:

702-502-7031

Do you currently need the services of a residential household goods moving company?

No Yes If yes, please describe your current moving needs: **I have a storage unit that I will be needing help within a couple of weeks**

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'll be moving in 6-9 months, and I'm certain I will be contracting with some movers.**

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 can see that having this service would be good for me and for others. Not everyone like to move or even can move their stuff, so it's good to deal with a credible business.**

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit? **Not really.**

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

7/3/2010, Bellevue, Wa

Date and Location

ATTACHMENT A

HOUSEHOLD GOODS STATEMENT OF SUPPORT

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Applicant Name: **Willamette Valley Student Movers, LLC. dba. GATOR MOVERS**

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:

MARIA SETH

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

32217 NE CLEARWATER DR. YACOLT, WA. 98675

Phone Number:

503.816.5934

Do you currently need the services of a residential household goods moving company?

No Yes If yes, please describe your current moving needs: WE WILL BE MOVING IN 3.4 MONTHS INSTEAD OF TRYING TO WORK AROUND OUR FRIENDS SCHEDULES A LICENSED, PROFESSIONAL MOVING SERVICE IS THE BEST OPTION.

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'm sure that I would use a mover again.

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:

A moving company that has its own moving truck equipment, and has fair prices, will save us time and money.

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

I can't think of anything.

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

Maria Seth

Signature of Person Completing Form

1.5.10

Date and Location