

From "All American Spirit Moving Co. LLC"
PHONE: 206 412 7794 TV-101230-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 - 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	
<input type="checkbox"/> Check	<input type="checkbox"/> Money Order
<input type="checkbox"/> Amex	<input checked="" type="checkbox"/> Mastercard
<input type="checkbox"/> Visa	#

Amount: 550⁰⁰ 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): James Albertson Company Name: All American Spirit Moving Co. LLC

Cardholder's Signature: [Signature] Date: 7/10/10

FOR OFFICIAL USE ONLY			
Date filed: <u>7/10/10</u>	DOL/SCS: <u>[Signature]</u>	ID: <u>6087</u>	Permit Issued: THG-
Staff Assigned: <u>[Signature]</u>	Insurance:	Inspection:	Docket #
Reception #: <u>111-0268-207-02</u>	<u>550.00</u>	111-0268-202-01	111-0268-013-20

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BUSINESS INFORMATION

Name of Applicant All American Spirit Moving Co. LLC
(must be individual, partners of a partnership or corporation)

Trade Name, if applicable _____

Physical Address 955 Industry Dr., Tukwila, WA. 98188

Mailing Address "

Telephone Number (206) 251 3905 Fax Number (206) 251-0375

UBI #: 603 014 092 Email: JAlbertson@AmericanSpiritMoving.com

USDOT #: 2048155 (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. 194,014-00 (required if you have employees.)

Have you registered with the Employment Security Department? No Yes
 ESD No. 263 214 006 (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>JAMES L DAVIS</u>	<u>CEO</u>	<u>100%</u>

From "All American Spirit Moving Co. LLC
Phone: 206 412-7794

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:

- ① Moving Household goods from location to another.
- ② Provide full Household goods moving services, i.e., Packing, Consultation, Materials, etc.
- ③ By providing competitive and fair pricing, honesty & integrity.

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

Starting out in 1950's working with my father in Detroit Mich. and once owned a 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 _____

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? National 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: _____

From: All American Spirit Moving Co. LLC

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	\$ 20,350	Salaries/Wages Payable	\$
Notes Receivable	\$	Accounts Payable	\$ 17,121
Investments	\$ 0	Notes Payable	\$
Other Current Assets	\$ 13,074	Mortgages Payable	\$ 0
Prepaid Expenses	\$	TOTAL LIABILITIES	\$ 17,121
Land and Buildings	\$	NET WORTH	
Trucks and Trailers	\$	Preferred Stock	\$
Office Furniture	\$	Common Stock	\$
Other Equipment	\$	Retained Earnings	\$ 16,303
Other Assets	\$	Capital	\$
TOTAL ASSETS	33,424	TOTAL LIABILITIES & NET WORTH	\$ 33,424

EQUIPMENT LIST

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

Year	Make	License Number	Vehicle ID Number	Gross Vehicle Weight
2006	Ford	A74578Y	3FRNF75B16V229152	32000
2005	Ford	24153RP	3FRNF75F35V164905	32000
1998	MAK	B67647E	V66M116A3WB202361	26000

From: "All American Spirit" Moving Co LLC
Phone: 206 412-7794

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: James Albertson

Position: Operational Manager

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>James Albertson</i>	Position: <i>Operational Manager</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>James Albertson</i>	Position: <i>Operational Manager</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.

JAMES L. DAVIS
Print name of applicant

James L. Davis
Signature of Applicant

7/12/10
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:

All American Spirit Moving Co. LLC

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:

LAURIE SPERBER, MANAGER

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

*6560 5th PLACE SOUTH
SEATTLE, WA 98108*

Phone Number:

206-762-2444

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

No Yes If yes, please describe your current moving needs:

THE PACKING OF ACCESSORIES. MOVING OF FURNITURE, ART AND ACCESSORIES FROM WAREHOUSE TO JOB SITE & BACK AGAIN.

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:

SAME AS ABOVE

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:

ALL AMERICAN SPIRIT MOVING IS OUR PRIMARY MOVING COMPANY. WE USE THEM SEVERAL TIMES A WEEK. AS A REAL ESTATE STAGING COMPANY WE RELY ON DEPENDABLE & QUALITY MOVERS TO FACILITATE

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

ALL AMERICAN SPIRIT MOVING DISPLAYS THE WORK ETHIC WE APPRECIATE, ALSO THE INTEGRITY THAT IS SO HARD TO FIND. I DO HIGHLY RECOMMEND THEM TO OUR CLIENTS

OUR BUSINESS

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

Laurie Sperber
Signature of Person Completing Form

4/13/10 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: All American Spirit Moving Co - LLC

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: Laurie Briggs, Admin to G.M. Burlington Northern Santa Fe Railroad

Address (include street address, mailing address, city, state, zip, and county):
2454 Occidental Ave S. #1A King
Seattle, WA, 98134

Phone Number: 206 625 6282

Do you currently need the services of a residential household goods moving company?
 No Yes If yes, please describe your current moving needs:
Business Moving yes

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:
Business Moving yes

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 worked with James Albertson for many years. He is a very reliable & upstanding person who is always willing to help us in all our moving needs.

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?
I would highly recommend him for any business job or personal moving job.

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

Laurie L Briggs
Signature of Person Completing Form

7/14/2010 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: ALL AMERICAN SPIRIT MOVING (AASM)

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: BRUCE AND DONNA PHARES

Address (include street address, mailing address, city, state, zip, and county):
6245 CHATHAM DRIVE S.
SEA WA 98148 KING CO

Phone Number: 206-766-8801

Do you currently need the services of a residential household goods moving company?
 No Yes If yes, please describe your current moving needs:
WE ARE RELOCATING W/ WIFE IN SEATTLE: OUR CLIENTS OFTEN NEED MOVING SERVICES AND WE HIGHLY RECOMMEND AASM FOR THAT. ALL OF OUR CLIENTS WHO USED IN PAST WERE VERY HAPPY (OTHER COMPANY NAME)

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:
REFERENCING TO OUR CLIENTS; A HIGH-SERVICE ORIENTED COMPANY; AASM! WE WANT THEM AVAILABLE! :)

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: NOT ONLY DOES AASM DO A GREAT JOB WITH GREAT SERVICE, BUT JAMES ALBERTSON SHOWS TRUE CARE FOR THOSE IN NEED, AND GOES THE EXTRA MILE TO HELP.

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit? OUTSIDE OF HIS LONG LIST OF PREVIOUSLY VERY SATISFIED CUSTOMERS AND OUR COMPLETE CONFIDENCE IN HIS DEVOTION TO SERVICE!

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: [Signature] Date and Location: 6245 CHATHAM DRIVE S SEATTLE WA JULY 14, 2010

Revised 07-09