

TV-101578



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
 Check Money Order Amex Mastercard Visa

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): GLEN BUCKLER Company Name: TWO SMALL MEN WITH BIG PARTS CORP.

Cardholder's Signature Date:

FOR OFFICIAL USE ONLY

Date Filed: 9/20/10 DOJ(SOS): DOH Insurance: ID: 60162 Permit Issued: THG- Staff Assigned: Colleen Inspection: Docket # 101578

Reception #: 111-0268-207-02 0026074 111-0268-207-01 111-0268-013-20

550.00

BUSINESS INFORMATION

Name of Applicant GLEN W BUCKLER
(must be individual, partners of a partnership or corporation)

Trade Name, if applicable TWO SMALL MEN WITH BIG HEARTS CORP *OK*

Physical Address SEATTLE WA.

Mailing Address # 305-15895 84 AVE SURREY BC V4N0W7

Telephone Number () 604-572 0001 Fax Number 604 543 0445

UBI #: 603-020-369 Email: MOVERS@TELUS.NET.

USDOT #: 2080773 (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. 203-269-00 (required if you have employees.)

Have you registered with the Employment Security Department? No Yes
ESD No. 412689008 (required if you have employees) *per email 4/19/10*

Have you registered your business with the Department of Revenue? No Yes *OK*

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>GLEN W BUCKLER</u>	<u>PRESIDENT</u>	<u>100 ALL</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 & STORAGE, - MID TO HIGH END COMPANY
USA EMPLOYERS ONLY - WE SPONSOR KIDNEY &
HEART FOUNDATIONS, GREAT CUSTOMER SERVICE,
35 YEAR EXP. - HOPE TO OPEN OFFICES IN
ALL CITIES IN WA.

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

35 YEARS IN MOVING COMPANY OPERATIONS.
OWNED & OPERATED TWO SMALL BENS IN
CANADA - 40 OFFICES IN CANADA

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 _____
NOT IN WASHINGTON.

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: _____

FINANCIAL STATEMENT

You must complete the following financial statement or attach a balance sheet, profit and loss statement, or business plan.

<i>WILL PROVIDE A BUSINESS PLAN</i>		<i>WILL PROVIDE A BUSINESS PLAN</i>	
Assets		Liabilities	
Cash in Bank	\$	Salaries/Wages Payable	\$
Notes Receivable	\$	Accounts Payable	\$
Investments	\$	Notes Payable	\$
Other Current Assets	\$	Mortgages Payable	\$
Prepaid Expenses	\$	TOTAL LIABILITIES	\$
Land and Buildings	\$	NET WORTH	
Trucks and Trailers	\$	Preferred Stock	\$
Office Furniture	\$	Common Stock	\$
Other Equipment	\$	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
	<i>WILL FAX 1/24</i>			
			<i>All attached</i>	

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:

GLEN W BUCKLER

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: GLEN W BUCKLER

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: GLEN W BUCKLER

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.

GLEN W BUCKLER
Print name of applicant


Signature of Applicant

OLYMPIA WA
SEPT. 20. 2010
Date and Location

UNITED STATES OF AMERICA

The State of



Washington

Secretary of State

I, **SAM REED**, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF INCORPORATION

to

TWO SMALL MEN WITH BIG HEARTS CORP

a/an WA Profit Corporation. Charter documents are effective on the date indicated below.

Date: 5/27/2010

UBI Number: 603-020-369

APPID: 1741155



Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

Sam Reed, Secretary of State