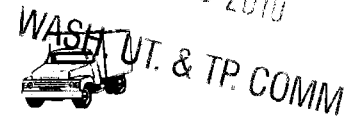




**HOUSEHOLD GOODS MOVING COMPANY  
PERMIT APPLICATION**

TV-102031-RECEIVED

DEC 15 2010



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 type="checkbox"/> Mastercard
<input checked="" type="checkbox"/> Visa	

Amount: \$ 550 - Expiration Date: 04/11

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): Douglas CAVE Date: 12-11-10

Signature: Doug Cave Title: owner

**FOR OFFICIAL USE ONLY**

Date Filed: <u>10/17/10</u>	DOL/SOS: <u>OK/N/A</u>	ID: <u>6241</u>	Permit Issued: HG-
Staff Assigned: <u>[Signature]</u>	Insurance:	Inspection:	

Reception #: 111-0268-207-02 0029361 111-0268-202-01 111-0268-013-20

Payment ID 01563A Page 2 of 12

**BUSINESS INFORMATION**

Name of Applicant Doug CAVE Douglas A. Cave per UBI  
(must be individual, partners of a partnership or corporation)

Trade Name, if applicable U-SAVE MOVING

Physical Address 8542 19th NW Seattle 98117

Mailing Address " " " " "

Telephone Number (206) 326-9967 Fax Number (801) 846-7382

UBI #: 601-681-102 Email: USAVE MOVING @ GMAIL . COM

USDOT #: 2100536 (If you currently don't have one, you can go online at [www.fmesc.dot.gov/online-registration](http://www.fmesc.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 Pay check my  
ESD No. \_\_\_\_\_ (required if you have employees) payroll service with

Have you registered your business with the Department of Revenue?  No  Yes Notify my  
and all agencies if and when I have employees

**TYPE OF BUSINESS STRUCTURE**

Individual per UBI  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>Doug Cave</u>	<u>owner</u>	<u>100%</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:

98% of the time King + Sno.

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 personally feel that when the unions were abolished in the 80's the quality of labor went way down. I plan to pay high wages for high quality workers that take pride in their work.

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

I have been around the moving industry for many years. Many people say what a crazy way to make a living. After a long move it makes me feel good knowing you helped a person out during a very stressful time in their life.

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# 2100536

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.

Assets		Liabilities	
Cash in Bank	\$ 5,000	Salaries/Wages Payable	\$ 0
Notes Receivable	\$ 0	Accounts Payable	\$ 1,500
Investments	\$ 15,000	Notes Payable	\$
Other Current Assets	\$ 0	Mortgages Payable <i>Rent</i>	\$ 2,000
Prepaid Expenses	\$ 0	<b>TOTAL LIABILITIES</b>	<b>\$ 3,500</b>
Land and Buildings	\$ 0	<b>NET WORTH</b>	
Trucks and Trailers	\$ 15,000	Preferred Stock	\$ 0
Office Furniture	\$ 2,000	Common Stock	\$ 0
Other Equipment	\$ 2,000	Retained Earnings	\$ 0
Other Assets	\$ 0	Capital	\$ 0
<b>TOTAL ASSETS</b>	<b>\$ 39,000</b>	<b>TOTAL LIABILITIES &amp; NET WORTH</b>	<b>\$</b>

### EQUIPMENT LIST

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

Year	Make	License Number	Vehicle ID Number	Gross Vehicle Weight
1996	Isuzu FR		JA1FSA121 T370- 0709	18,000

## 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:

Doug CAUL

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. - ?? What are the fees?

Name: Doug Cave

Position: 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: Doug Cave

Position: 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.

Doug Cave  
Print name of applicant

Doug Cave  
Signature of Applicant

12-12-10  
Date and Location

Seattle

**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: MR. DOUGLAS CAVE

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

Name, Title, and Business Name: CHRIS L. MATSON

Address (include street address, mailing address, city, state, zip, and county):  
3502 FREMONT AVE. N.  
SEATTLE, WA 98103 KING COUNTY

Phone Number: (206) 632-2922

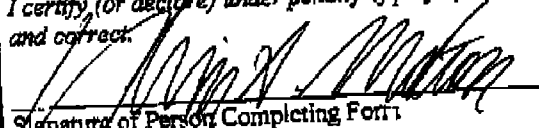
Do you currently need the services of a residential household goods moving company?  
 No  Yes If yes, please describe your current moving needs:

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 am anticipating the relocation of my offices within the next six months.

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 been acquainted with this gentleman for in excess of twenty years and his integrity and work ethic are beyond reproach. I would trust him

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit? ~~moving my sensitive documents and files~~ No, other than as set forth above.

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: CHRIS L. MATSON  
Date and Location: Seattle, WA 12/6/10

ATTN: Scott Numrich

My Fax 801-846-7592

ATTACHMENT A

HOUSEHOLD GOODS STATEMENT OF SUPPORT

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Applicant Name:

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: SCOTT NUMRICH FIRESIDE HOMES BROKER

Address (include street address, mailing address, city, state, zip, and county): 6610 MIDVALE AVE N. #200 SHREVEPORT LA. 70513

Phone Number: 706-954-1073

Do you currently need the services of a residential household goods moving company? [X] Yes If yes, please describe your current moving needs: RE CUSTOMERS NEEDING A QUALITY/HONEST MOVING COMPANY TO WORK WITH.

Do you anticipate a future need for the services of a residential household goods moving company? [X] Yes If yes, please describe your future moving needs: COMPETITIVE, HONEST MOVING COMPANY NEEDED!!!

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: WE WOULD HAVE A MOVING COMPANY WITH INTEGRITY, HONESTY TO WORK WITH

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit? EXPERIENCE, IN THE INDUSTRY HONESTY (HERE) AND COMPETITIVENESS, GOOD VALUE!!!

I certify (or declare) under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct. [Signature] 12/6/10 SHREVEPORT LA. Signature of Person Completing Form Date and Location



FROM :

FAX NO. : 2067824026

Dec. 13 2010 03:27PM P1

**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:	DOUGLAS A. CAVE
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<b>The following must be completed by the Supporter of the applicant</b>	
Name, Title, and Business Name:	JOHN J. HAUGHNEY, PRESIDENT, JOHN J. HAUGHNEY CPA, Inc. PS
Address (include street address, mailing address, city, state, zip, and county):	3322 - 164 <sup>th</sup> ST SW LYNNWOOD, WA 98087
Phone Number:	425-745-6900
Do you currently need the services of a residential household goods moving company? <input checked="" type="checkbox"/> No <input type="checkbox"/> 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? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If yes, please describe your future moving needs:	WE HAVE CLIENTS THAT NEED MOVING SERVICES CONSTANTLY
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:	WE NEED A RELIABLE & GOOD MOVING REFERRAL FOR OUR CLIENTS.
Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?	DOUG IS A RELIABLE, QUALITY MOVER WITH THE HIGHEST OF INTEGRITY
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	12/13/10 LYNNWOOD, WASHINGTON