



**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 F	\$ 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 180-15-335 - 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 180-15-150) - 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				
<input type="checkbox"/> Cash	<input type="checkbox"/> Money Order	<input type="checkbox"/> Amex	<input type="checkbox"/> Mastercard	<input checked="" type="checkbox"/> Visa 072842

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): Donald R. Murchison Company Name: Burner Moving + Transport

Cardholder's Signature: _____ Date: 4-26-11

FOR OFFICIAL USE ONLY			
Date: <u>5/5/11</u>	ID/SCS: <u>DL/N/A</u>	ID: <u>6448</u>	Permit Issued: THG-
Staff Assigned: <u>[Signature]</u>	Insurance: <u>VISA</u>	Inspection:	Docket #
Reception #: <u>111 0068 207-02</u>	<u>0037510</u>	\$550.-	111-0268-207-01 111-0268-013-20

VISA

360 669 1400

BUSINESS INFORMATION

Name of Applicant Donald Minchee
(must be individual, partners of a partnership or corporation)

Trade Name, if applicable Banner Moving + Transport

Physical Address 6318 Tacoma Ave So Tacoma Wa 98408

Mailing Address 6318 Tacoma Ave So Tacoma wa 98408

Telephone Number (253) 255-6185 Fax Number (253) 426-1447

UBI #: 601-235-293 Email: WESTMAN12@comcast.net

USDOT #: 946 899 (If you currently don't have one, you can go online at www.fmcsa.dot.gov/online-registration to apply for one or call 360-596-3810 for assistance.)

Have you established a Worker's Compensation Account with the Department of Labor & Industries?
 No Yes L & I Account No. 212,458-00

Have you registered with the Employment Security Department? No Yes
ESD No. Apply when I hire employ

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

TYPE OF BUSINESS STRUCTURE

Individual Partnership Corporation (LP, LLP, LLC) Other Sole proprietor

List the name, title and percentage of partner's share or stock distribution for major stockholders:

<u>Name</u>	<u>Title</u>	<u>Stock Distribution or Percentage of Shares</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
benefit, promote competition, or fill an unmet need for service:

pick up & delivery Home Moving

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

*15 years delivery household goods, Freight
broker, insurance & Appraisal*

Do you currently hold, or have you ever held, a permit to transport property?
 Yes No If yes, please indicate your permit number

Have you ever applied for and been denied a permit to transport property in
Washington? No Yes If yes, please explain *unreadable*

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.

Assets		Liabilities	
Cash in Bank	\$2500. ⁰⁰	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	\$5000. ⁰⁰	Preferred Stock	\$
Office Furniture	\$5000. ⁰⁰	Common Stock	\$
Other Equipment	\$2000. ⁰⁰	Retained Earnings	\$
Other Assets	\$	Capital	\$
TOTAL ASSETS	\$14500.⁰⁰	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
97	Ford			14000

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: 

Position: *owner operator*

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:

Position:

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, Internal Revenue Service (taxes); and Employment Security.

Name:

Position:

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.

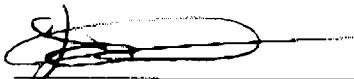
I understand that if the commission grants my application as a new entrant I will receive temporary authority to provide service as a household goods carrier on a provisional basis for at least six months. During this time, the commission will evaluate whether I have met the criteria in WAC 480-15-330 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.

Donald Minchew

Print name of applicant



Signature of Applicant

42911 Pierce

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:

Banner Moving & Transport Donald Minchew

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:

Steve Peterson

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

3602 S. M St Tacoma WA 98418

Phone Number: *253-722-9927*

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:

*LOOKING TO PURCHASE A NEW HOME. AND I
WILL NEED A MOVER.*

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:

*OFFERING AFFORDABLE RATES THAT BENEFITS
THE COMMUNITY AS A WHOLE.*

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

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

[Signature]
Signature of Person Completing Form

4 29 11
Date and Location

ATTACHMENT A

HOUSEHOLD GOODS STATEMENT OF SUPPORT

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Applicant Name:

Banner Moving & Transport Donald Minchew

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:

Robert Smith

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

*535 95th ST SW
Takewood WA 98408*

Phone Number:

253-606-9540

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:

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:

ITS nice to know there is a moving company that has a reasonable price.

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

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

Robert Smith
Signature of Person Completing Form

4/30/11
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:

Bunker Moving and Transport Donald Minchew

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:

Jo Ann Ray

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

5414 So Pine St
Tacoma WA 98409

Phone Number:

253 222-7526

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:

Planning to sell home and relocate locally

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:

Lower rates and more personal service with a smaller company as opposed to a large moving franchise.

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

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

Jo Ann Ray
Signature of Person Completing Form

04/30/2011 Pierce Co. WA
Date and Location

Application for Insurance

Please review, sign where indicated, and return

PROGRESSIVE

Named Insured: DON MINCHEW
 DBA: BANNER MOVING & TRANSPORT
 April 29, 2011
 Page 1 of 7

Policy and premium information

Insurance company: United Financial Casualty Company
 P.O. BOX 94739
 Cleveland, OH 44101

Agent: FREEDOM FIN & INS SV
 4002 Tacoma Mall Blvd # 102
 Tacoma, WA 98409
 13068
 1-253-475-3200

Named Insured: DON MINCHEW
 DBA: BANNER MOVING & TRANSPORT
 6318 TACOMA AVE S
 TACOMA, WA 98408
 e-mail address: BANNERMOVING@YAHOO.COM
 Phone Number: 1-253-255-6185

Financial responsibility vendor: EXPERIAN
 1-888-397-3742

Your policy will be effective when your required initial payment is received by your agent or at a later date of your choice.

Total policy premium: \$2,675.00

Initial payment required: \$267.50

Payment plan: 10 payments

Rated drivers

Failure to accurately and completely report all driver information may result in premium differences and service delays.

Name	Date of birth	Age	Marital status	Driver's license number	State	Points	Additional Information	CDL	Original year CDL issued
DON MINCHEW	10/09/1965	45	Married		WA	0		Yes	1993

Outline of coverage

Auto coverage part

Description	Limits	Deductible	Premium
Liability To Others			\$1,931
Bodily Injury and Property Damage Liability	\$750,000 combined single limit		
Underinsured Motorist Bodily Injury	\$300,000 combined single limit		110
Underinsured Motorist Property Damage	\$10,000 each accident	\$100	13
		\$300 hit & run	
Medical Payments	\$10,000 each person		44

Subtotal policy premium

\$2,098

Motor Truck Cargo coverage part

Description	Limits	Deductible	Premium
Motor Truck Cargo	\$25,000	\$1000	\$577
Subtotal policy premium			\$577

Your ID Cards

PROGRESSIVE

CLAIMS SERVICE JUST FOR YOU

Rest easy. We're here 24/7 when you need us.
To report a claim call 800-274-4499.

IF YOU'RE IN AN ACCIDENT

1. Remain at the scene. Don't admit fault.
2. Call the police to report the accident.
3. Exchange information with the other driver(s).
4. Report your claim to Progressive immediately.

TO REPORT A CLAIM

1-800-274-4499

Ask about our concierge-level claims service and network of repair shops, both backed by Progressive's Limited Lifetime Guarantee.

INSURANCE IDENTIFICATION CARD - Washington

PROGRESSIVE

Policy Number: 07952409-0 Effective Date: 02/25/12 to 07/29/2012

Insurer: United Financial Group
4002 Tacoma Ave, Suite 1100
Tacoma, WA 98501

Your Agent: **TEMPORARY**
CREEKVIEW SV
800-477-2200

Named Insured:
DON MINCHEW
DBA: BANNER MOVING & TRANSPORT

Vehicle: Year Make Model VIN
1997 Ford E350 1FDKE37S2VHE25721

KEEP THIS CARD IN YOUR MOTOR VEHICLE WHILE IN OPERATION.

Thank you for choosing Progressive.

LAURA THORN
FREEDOM FIN & INS SV
4002 Tacoma Mall Blvd # 102
Tacoma, WA 98409

PROGRESSIVE

DON MINCHEW
DBA: BANNER MOVING & TRANSPORT
6318 TACOMA AVE S
TACOMA, WA 98408

Policy number: 07952409-0

Underwritten by:
United Financial Casualty Company
April 29, 2011
Policy Period: Apr 29, 2011 - Apr 29, 2012
Online Service
progressiveagent.com
Customer Service
800-444-4487

Payment Receipt for commercial auto insurance initial payment

Payment information

Receipt for your initial payment

Amount: \$267.50

Payment Method: Insured Checking Acct (EFT)

Merchant ID: United Financial Casualty Company

Form Payrec (08/09)

BANNER MOVING & TRANSPORT
TACOMA, WA. 98408
PHONE:253-255-6185
FAX:253-476-1447

TO: Tina Lipski FROM: Donald Minchew

FAX NUMBER: 360-586-1181 PAGES: 14

PHONE: _____ DATE: 4/30/11

Application papers.

MEMO: Sending insurance forms
to show the coverages and
agent name + Number.

Along w/ permit Application
Attachment A

Thank You.