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TV-11115-CT

WASHINGTON



UTILITIES AND TRANSPORTATION COMMISSION

WASH. UT. & TP. COMM

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: _____

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): _____ Company Name: _____

Cardholder's Signature: _____

Date: _____

FOR OFFICIAL USE ONLY

Date Filed: <u>6/11/11</u>	DOI/SOS: <u>ok/ok</u>	ID: <u>6500</u>	Permit Issued: THG-
Staff Assigned: <u>[Signature]</u>	Insurance:	Inspection:	Docket #

Reception #: **033033**

111-0268-207-02 550

111-0268-207-01

111-0268-013-20

MO # 20257708215

BUSINESS INFORMATION

Name of Applicant Charles Bartlett
(must be individual, partners of a partnership or corporation)

Trade Name, if applicable DBA: Affordable Haulers and Movers

Physical Address 9008 Seven Mile Rd, Nine Mile Falls 99026

Mailing Address P.O. Box 10849, Spokane WA 99209

Telephone Number (616) 599-9763 Fax Number () NA

UBI #: 603 103 669 Email: charlesbartlett44@yahoo.com

USDOT #: 2156515 (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. _____ (required if you have employees.)

Have you registered with the Employment Security Department? No Yes
ESD No. _____ (required if you have employees)

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

TYPE OF BUSINESS STRUCTURE

Individual Partnership Corporation (LP, LLP, LLC) Other _____

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>
<u>N/A</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, hauling and/or packing household goods for customers
Also furniture delivery for businesses locally and for
across the state. My business will offer Washington
State more choices and affordable prices and service.

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

Worked for moving companies in both California and
Washington State moving household goods and furniture
the past twenty years.

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# 2156515

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	\$ 225.00	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	\$ 5,000	Preferred Stock	\$ ∅
Office Furniture	\$ ∅	Common Stock	\$ ∅
Other Equipment	\$ 500.00	Retained Earnings	\$ ∅
Other Assets	\$ 320.00	Capital	\$ ∅
TOTAL ASSETS	\$ 6045.00	TOTAL LIABILITIES & NET WORTH	\$ 6045.00

EQUIPMENT LIST

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

Year	Make	License Number	Vehicle ID Number	Gross Vehicle Weight
1993	GMC	B62572S	16DE6H1P5PJ513923	Under 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: Charles Bartlett

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.

Name: <u>Charles Barnett</u>	Position: <u>Owner</u>
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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: <u>Charles Barnett</u>	Position: <u>Owner</u>
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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.

Charles Barnett
Print name of applicant

Charles Barnett
Signature of Applicant

5.24.200 Nine Mile Falls, Washington State
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: Charles Barnett DBA: Affordable Haulers + Movers.

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:

Chad Fairchild Sales Sunrise Mattress Co.

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

12519 N. Division Spokane WA 99218 Spokane

Phone Number:

509-290-5728

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

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

Sometimes customers need my product delivered

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 sell Mattresses that customers need delivered

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 out source our delivery service. I need dependable company to finish business

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

Charles is an honest business man. A great quality for our company

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

Chad J. Fairchild

Signature of Person Completing Form

5-25-11

12519 N. Division

Date and Location

ATTACHMENT A

509 276-1270

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: Charles Barnett DBA: Affordable Haulers + Movers

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: Cary Berger, PRES. K.C. Charles, Inc.

Address (include street address, mailing address, city, state, zip, and county):
5655 JEROME RD
NINE MILE FALLS, WA 99026

Phone Number: 509-276-1228

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

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:
SERVICES FOR HAULING MATERIALS

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:
NEED small company to do small projects

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.

By Cary Berger Signature of Person Completing Form
6-1-11 NINE MILE FALLS, 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: Charles Barnett DBA: Affordable Haulers + Movers

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: FRANK PERRY

Address (include street address, mailing address, city, state, zip, and county):
120 E HOFFMAN SP. WA 99207
MAIL ADDR. 1611 E. DECATUR SP. WA 99208

Phone Number:

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

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:
MIGHT BE MOVING 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: CHARLES HAS VERY GOOD CUSTOMER SKILLS WAS ON TIME AND CHARGED ME A FAIR PRICE

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit? THIS COMPANY IS REALLY ABOVE BOARD, I FELT VERY COMFORTABLE WITH THEM IN MY HOUSE'S

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

Frank Perry 5-28-11
Signature of Person Completing Form Date and Location



ALLSTATE INDEMNITY COMPANY
APPLICATION/BINDER FOR COMMERCIAL AUTO INSURANCE
WASHINGTON

Applicant: CHARLES BARTLETT

Control No: 100035115724971

BEFORE SIGNING THIS DOCUMENT, BE SURE THAT YOU HAVE ALSO READ, UNDERSTOOD AND SIGNED THE UNDERINSURED MOTORISTS COVERAGE SELECTION/REJECTION FORM, AND, IF APPLICABLE, THE PERSONAL INJURY PROTECTION SELECTION/REJECTION FORM. KEEP COPIES OF THESE DOCUMENTS FOR YOURSELF.

Effective 04:35PM 06/06/2011
Accepted / Bound 04:35PM 06/06/2011

Total estimated annual premium: \$ 1351.00 Amount Received \$ 113.00

Notice: As part of Allstate's underwriting/qualification procedure and subject to applicable laws and regulations, we may obtain information regarding you and other individuals who may be covered by the insurance you are applying for, including :(i) driving record, based on state motor vehicle reports and loss information reports; (ii) your prior insurance record, if any, which will be obtained from your current or prior carrier(s); (iii) financial stability, which will be assessed by obtaining credit reports or other financial reports; and (iv) claim history, based on loss information reports. This means that if your business is a partnership, we may order credit reports on any partners who will be covered by the insurance being applied for.

NOTE: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

Charles Bartlett
Applicant's Signature

6/6/11
Date

Time

[Signature]
Agent's Signature

Agent Nbr 051125

Loc: 135

6/6/11
Date

Office Phone:
Home Phone :

509 466 0110



ALLSTATE INDEMNITY COMPANY
APPLICATION/BINDER FOR COMMERCIAL AUTO INSURANCE
WASHINGTON

Applicant: CHARLES BARTLETT

Control No: 100035115724971

Based on the information contained in this application, I understand I am eligible for an Auto Policy in Allstate Indemnity Company. I have been informed and understand that if the information is incorrect and/or I do not qualify for an Allstate Indemnity Company Policy at preferred rates but qualify for a policy in Allstate Insurance Company, at higher rates, such Allstate Insurance Company Policy will be issued, effective the date stated in this application.

I have the option to accept the Allstate Insurance Company policy or reject the policy and pay the premium for the time the Allstate Insurance Company policy was in force.

The issuance of a policy in Allstate Insurance Company terminates and replaces bound coverage in the Allstate Indemnity Company from the effective date of said application.

NOTICE: In compliance with the Fair Credit Reporting Act, you are hereby notified that an investigative consumer report may be made through personal interviews with neighbors, friends, associates or other persons concerning the character, general reputation, personal characteristics, and mode of living of all drivers. You may obtain additional information concerning the nature and scope of this investigation by contacting our Regional Office, the address of which can be secured from your Allstate Agent.

BINDER PROVISION

Allstate Indemnity Company binds this Insurance applied for to become effective as of the Effective Date/Time listed below. Coverage is bound for those coverages requested on the Application for Insurance. This Binder is in reliance on the statements provided by the applicant and is limited to thirty (30) days from the effective date and time of this Binder, unless cancelled sooner by mailed written notice from the Company to the applicant at the address stated.

I hereby declare the facts stated in the Binder Provision and Application of Insurance to be true.



ALLSTATE INDEMNITY COMPANY
 APPLICATION/BINDER FOR COMMERCIAL AUTO INSURANCE
 WASHINGTON

HOME OFFICE
 NORTHBROOK, ILLINOIS

Application No.: 100035115724971

Send Policy to Agent: N

Applicant Name: CHARLES BARTLETT
 Busn Address : 7210 EXCELL
 City : SPOKANE
 Home Phone : (661) 599 - 9763

St: WA Zip: 99208
 Business Phone : (661) 599 - 9763

VEHICLES				Cost	Special	Hired/	Zip
Year	Make/Model	Vehicle ID Numb	CT PGS VSC	New	Equip	Leased	Code
1993	W5R042	1GDE6H1P5PJ513923	81	\$27,196		N	99208

USE RATE		Radius of	Stops/	Orig	Target	Int	Spec/	Bob	Roll	Show
Car	Usage	Operation	Day	Zone	Zone	Prty?	P Type	Tail	Store	Room
R		L				N				

COVERAGES		LIMITS	1993 W5R042 PREMIUM
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AB Combnd BI&PD	Ea Occ	\$1,000,000	1188.00
Liability Ded (option)			
Liability Ded (amount)			

SS Unins Mtrst	Ea Occ	\$100,000	76.00
	Ea Acc		

VA Basic PIP (DED)	0	87.00
PIP PLAN	1	

Estimated Vehicle Premiums:	1351.00
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EMPLOYEE EXPOSURES- Workers Comp:	Owner Operated:	Employee Operated:
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MISCELLANEOUS COVERAGES

Policy Zip Code	: 99208
Drive Other Car	: N
Employer's Non-Ownership	: N
Hired Auto	: N