



SEP 26 2011

WASH. UT. & TP. COMM

**BUSINESS INFORMATION**

Name of Applicant Phillip E. Pettinger  
(must be individual, partners of a partnership or corporation)

Trade Name, if applicable Pettinger Family Movers

Physical Address 1815 S. Grand Spokane, WA 99203

Mailing Address 1815 S. Grand Spokane, WA 99203

Telephone Number (509) 979-3708 Fax Number ( )

UBI #: 603-130-027 Email: Pettingerfamily Movers@yahoo.com

USDOT #: 2194192 (If you currently don't have one, you can go online at [www.fmcsa.dot.gov/online-registration](http://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. \_\_\_\_\_

Have you registered with the Employment Security Department?  No  Yes  
ESD No. \_\_\_\_\_

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 |
|---------------------|-------|--|
| Phillip E Pettinger | Owner | 100%                                       |
|                     |       |  |
|                     |       |  |
|                     |       |  |

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: Spokane

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 plan to provide a moving company for retirement homes and privately owned homes. I also plan to refer other companies for jobs/tasks that I cannot handle.

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

I worked for Pacific Cargo Services for three years. I have also helped many friends move over the 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# \_\_\_\_\_

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         | \$ 400.00         | Salaries/Wages Payable                   | \$        |
| Notes Receivable     | \$                | Accounts Payable                         | \$        |
| Investments          | \$                | Notes Payable                            | \$        |
| Other Current Assets | \$ 1000.00        | Mortgages Payable                        | \$        |
| Prepaid Expenses     | \$                | <b>TOTAL LIABILITIES</b>                 | \$        |
| Land and Buildings   | \$                | <b>NET WORTH</b>                         |           |
| Trucks and Trailers  | \$ 1500.00        | Preferred Stock                          | \$        |
| Office Furniture     | \$                | Common Stock                             | \$        |
| Other Equipment      | \$                | Retained Earnings                        | \$        |
| Other Assets         | \$                | Capital                                  | \$        |
| <b>TOTAL ASSETS</b>  | <b>\$ 2900.00</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 |
|------|-----------|----------------|-------------------|----------------------|
| 1991 | Chevrolet | B 752905       |                   | 8,000                |
|      |           |                |                   |                      |
|      |           |                |                   |                      |
|      |           |                |                   |                      |
|      |           |                |                   |                      |

## 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: Phillip E. Pettinger

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: Phillip E. Pettinger

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

Name: Phillip E Pettinger

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.

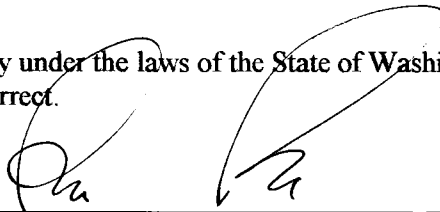
I understand that if the commission grants my application as a new entrant I will receive temporary authority to provide service as a household goods carrier on a provisional basis for at least six months. During this time, the commission will evaluate whether I have met the criteria in WAC 480-15-330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

Phillip E. Pettinger

Print name of applicant



Signature of Applicant

9-22-11 Spokane 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:

Phillip E Pettinger

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

Name, Title, and Business Name:

Daniel Woods

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

P.O. Box 211 Otis Orchards WA 99027

Phone Number:

509-362-5880

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:

The elderly & disabled would benefit from these services. There is no one catering to this community that I am aware of.

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.

Daniel Woods  
Signature of Person Completing Form

9-22-11 Spokane Valley, WA.  
Date and Location

**ATTACHMENT A**

**HOUSEHOLD GOODS STATEMENT OF SUPPORT**

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Applicant Name: Phillip E. Pettinger

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

Name, Title, and Business Name:

Wendy Hutsell

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

16424 N. Smith Spokane WA 99207

Phone Number:

(509)

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:

With growing Elderly & Disabled community of limited income I feel this company could/would benefit them.

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.

W. Hutsell  
Signature of Person Completing Form

9/22/2011 Spokane WA.  
Date and Location



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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: Phil Lettinger

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

Name, Title, and Business Name: Laurie Bald, ED, Pascale HomeCare

Address (include street address, mailing address, city, state, zip, and county):  
1050 N. Argonne, Spokane, WA 99212

Phone Number: 509-847-0300

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:

provided quality service to a variety of customers that our community is currently lacking

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

We have a large Elder community with minimum income that will benefit from this service

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

Laurie Bald  
Signature of Person Completing Form

9-22-2011  
Date and Location

CAROLYN LE PAGE  
SPOKANE FALLS INS  
8607 N DIVISION STE A  
SPOKANE, WA 99208

**PROGRESSIVE**

PHILLIP PETTINGER  
DBA: PETTINGER FAMILY MOVERS  
1815 S GRAND #1  
SPOKANE, WA 99203

**Policy number: 08254592-0**

Underwritten by:  
United Financial Casualty Company  
September 22, 2011  
Policy Period: Sep 22, 2011 - Mar 22, 2012  
Online Service  
progressiveagent.com  
Customer Service  
1-800-444-4487

## **Payment Receipt** for commercial auto insurance initial payment

### **Payment information**

#### **Receipt for your initial payment**

Amount: \$250.00

Payment Method: Express Money

Merchant ID: United Financial Casualty Company

Form Payrec (08/09)

**Policy number: 08254592-0**

Policyholder: PHILLIP PETTINGER

September 22, 2011

Policy period: Sep 22, 2011 - Mar 22, 2012

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## Electronic Funds Transfer (EFT) payment schedule

| <b>Date of withdrawal</b> | <b>Amount</b> |
|---------------------------|---------------|
| Oct 22, 2011 .....        | \$212.40      |
| Nov 22, 2011 .....        | \$214.20      |
| Dec 22, 2011 .....        | \$214.20      |
| Jan 22, 2012 .....        | \$214.20      |

Total Premium: \$1,101.00

Payment Option: 5 payments

An installment fee of \$1.00 has been included in each payment. You may avoid paying installment fees by paying your policy premium in full.

Form Z159 (05/06)

**Application for Insurance**  
Please review, sign where indicated, and return

**Policy number: 08254592-0**  
Named Insured: PHILLIP PETTINGER  
DBA: PETTINGER FAMILY MOVERS  
September 22, 2011  
Page 1 of 4

**Policy and premium information for policy number 08254592-0**

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

Agent: CAROLYN LE PAGE  
SPOKANE FALLS INS  
8607 N DIVISION STE A  
SPOKANE, WA 99208  
59320  
1-509-465-8000

Named Insured: PHILLIP PETTINGER  
DBA: PETTINGER FAMILY MOVERS  
1815 S GRAND #1  
SPOKANE, WA 99203  
e-mail address: PETTINGERFAMILYMOVERS@YAHOO.COM  
Phone Number: 1-509-979-3708

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

Policy period: Sep 22, 2011 - Mar 22, 2012

Effective date and time: Sep 22, 2011 at 12:58 p.m.

Total policy premium: \$1,101.00

Initial payment required: \$248.20

Initial payment received: \$250.00

Payment plan: 5 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 |
|-------------------|---------------|-----|----------------|-------------------------|-------|--------|------------------------|-----|--------------------------|
| PHILLIP PETTINGER | 07/14/1981    | 30  | Single         | *****97MM               | WA    | 0      |                        | No  |                          |

**Outline of coverage**

**Auto coverage part**

| Description                                 | Limits                          | Deductible | Premium |
|---|---------------------------------|------------|---------|
| Liability To Others                         |                                 |            | \$711   |
| Bodily Injury and Property Damage Liability | \$300,000 combined single limit |            |         |

**Subtotal policy premium**

**\$711**

**Motor Truck Cargo coverage part**

| Description       | Limits   | Deductible | Premium |
|-------------------|----------|------------|---------|
| Motor Truck Cargo | \$10,000 | \$500      | \$355   |

|  |                |
|--|----------------|
| <b>Subtotal policy premium</b>               | <b>\$355</b>   |
| PUC Filing Fee                               | 35             |
| <b>Total 6 month policy premium and fees</b> | <b>\$1,101</b> |

**Rated commodities**

1. Other Consumer Goods

**Auto coverage schedule**

1. **1991 Chevrolet G30** Stated Amount:  
VIN: **2GBHG31K4M4103290** Garaging Zip Code: 99203 Territory: 5 Radius: 50 miles  
Personal use: N Body type: Straight Truck Use class: H

|                   |                     |                            |
|-------------------|---------------------|----------------------------|
| Liability Premium | Liability<br>\$ 711 | Auto Total<br><b>\$711</b> |
|-------------------|---------------------|----------------------------|

**Vehicle questions**

NONE

**Financial responsibility information**

| Name              | Home address                              | Age | Date of birth |
|-------------------|---|-----|---------------|
| PHILLIP PETTINGER | 1815 S GRAND #1<br>SPOKANE, WA 99203-0000 | 30  | 07/14/1981    |

**Business information**

| Business type              | Sub business type  | Other |
|----------------------------|--------------------|-------|
| Trucking For-Hire          | Household Movers   |       |
| Applicant                  | Employer ID number |       |
| Individual/Sole Proprietor |                    |       |

1. Does the insured own the property / goods being hauled? No

**Additional policy questions**

1. Year the current business was established: 2011
2. Does the insured currently have General Liability Insurance or a Business Owners Policy? Neither

**Prior insurance questions**

Prior insurance: Yes  
 Policy number: 70571668-4  
 Effective dates of coverage: Jun 15, 2011 to Dec 15, 2011  
 Has applicant had continuous coverage for at least one year? Yes  
 Bodily injury limits: 25/50

**Underwriting questions**

- Does the applicant require any Waivers of Subrogation? No If yes, how many? 0  
 How many Additional Insureds are required? 0  
 Do we insure all commercial vehicles the insured owns? Yes  
 Do we insure all vehicles that the insured uses in their business? Yes  
 Does applicant require a State Filing? Yes How many? 1