

BUSINESS INFORMATION

Name of Applicant IVAN INGRAM
(must be individual, partners of a partnership or corporation)

Trade Name, if applicable ~~HOUSEHOLD MOVING SERVICES~~ AA Eagle Relocation Service

Physical Address 701 SHERIDAN RD. UNIT A BREMERSON, WA 98310

Mailing Address 701 SHERIDAN RD. UNIT A BREMERSON, WA 98310

Telephone Number (360) 551-8883 Fax Number () _____

UBI #: 603 083 730 Email: EAGLEMOVING@ROCKETMAIL.COM

USDOT #: MCS-150 (If you currently don't have one, you can go online at www.fmcsca.dot.gov/online-registration to apply for one or call 360-596-3810 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
<u>IVAN INGRAM</u>	<u>OWNER</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 SERVICES, TRASH HAULING, RECYCLING. THE PERSON A CUSTOMER SPEAKS WITH ON THE PHONE IS THE SAME PERSON WHO SHOWS UP TO DO THE JOB! CUSTOMERS HAVE CHOICES AND A SAY.

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

PREVIOUSLY I WORKED FOR A COMPETITOR AND I FELT THAT CUSTOMERS DESERVED MORE FROM THEIR MOVERS. WE TREAT CUSTOMERS LIKE FAMILY AND GIVE THEM THE RESPECT THEY DESERVE!

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: _____

NA

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	\$ 500. ⁰⁰	Salaries/Wages Payable	\$ 0
Notes Receivable	\$ 0	Accounts Payable	\$ 0
Investments	\$ 0	Notes Payable	\$ 220. ⁰⁰
Other Current Assets	\$ 0	Mortgages Payable	\$ 0
Prepaid Expenses	\$ 0	TOTAL LIABILITIES	\$ 220.⁰⁰
Land and Buildings	\$ 0	NET WORTH	3,080.⁰⁰
Trucks and Trailers	\$ 2500. ⁰⁰	Preferred Stock	\$ 0
Office Furniture	\$ 100. ⁰⁰	Common Stock	\$ 0
Other Equipment	\$ 200. ⁰⁰	Retained Earnings	\$ 0
Other Assets	\$ 0	Capital	\$ 0
TOTAL ASSETS	\$ 3,300.⁰⁰	TOTAL LIABILITIES & NET WORTH	\$ 3,080.⁰⁰

EQUIPMENT LIST

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

Year	Make	License Number	Vehicle ID Number	Gross Vehicle Weight
1997	FORD F350	3A3505U 2235189	1FDKF37G4VEB21244	12000

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:

IVAN INGRAM

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: <i>IUAN INGRAM</i>	Position: <i>OWNER</i>
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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, Internal Revenue Service (taxes); and Employment Security.

Name: <i>IUAN INGRAM</i>	Position: <i>OWNER</i>
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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.

<i>IUAN INGRAM</i> Print name of applicant	<i>Iuan Ingram</i> Signature of Applicant	<i>5/10/2012 BREWERTON, WA.</i> Date and Location
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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: Ivan INGRAM

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: Mark Terry Bremerton wharf

Address (include street address, mailing address, city, state, zip, and county):
2804 Kitsap way Bremerton, wa 98312
Kitsap county

Phone Number: 360-620-0844 - 360-479-5710

Do you currently need the services of a residential household goods moving company?
 No Yes If yes, please describe your current moving needs:
People need help last minute cause people bail, and customer is in a jam, He has been there to help and serve.

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:
People are always moving and will always need help either age or lack of people.

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: faster load, unload, be available when others can't, available anytime, we can help keep our staff available to work at the center and knowing that the customer is being taken care of.

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit? This company (Ivan Ingram) has performed several moves for us and has been very professional. We have heard several good reports on them based on their performance and availability.

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

Mark Terry 5/7/12 702085
 Signature of Person Completing Form Date and Location

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Applicant Name: IUAN INGRAM

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: Chrysztyna Montañez, Owner - Lighthouse Cove Property Management

Address (include street address, mailing address, city, state, zip, and county):
10049 Kitsap Mall Blvd Ste 106
Silverdale, WA 98383

Phone Number: (360) 698-3829

Do you currently need the services of a residential household goods moving company?
 No Yes If yes, please describe your current moving needs:
Tenants sometimes leave items behind that need to be hauled away. Also our tenants are in need of moving services sometime.

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:
Same as above

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:
lots of tenants will be able to utilize them for their moving needs.

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 very fair, has superior customer service skills and has a lot of integrity in their work.

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

Ch Montañez
Signature of Person Completing Form

May 7, 2012 Silverdale, WA
Date and Location

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Applicant Name: Ivan Ingram

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: Atbest Appliance - William C. Barron

Address (include street address, mailing address, city, state, zip, and county):
405 National Ave S.
Bremerton, WA 98312 Kitsap County

Phone Number: 360 405 1925

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

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:
Appliance Delivery & Pick Up

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:
provides delivery and pick up of major appliances for our customers

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.
Laura Hastings 9 May 2012 Bremerton, WA.
Signature of Person Completing Form Date and Location

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HOUSEHOLD GOODS STATEMENT OF SUPPORT

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Applicant Name: Ivan Ingram

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: Kayren Ohnhaus, owner, RKO Financial Services, Inc

Address (include street address, mailing address, city, state, zip, and county):
35203 - 1st St
Bremerton WA 98312
Kitsap County

Phone Number: 360-377-2515

Do you currently need the services of a residential household goods moving company?
 No Yes If yes, please describe your current moving needs:
We have rentals + at times need moving + haul out service

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:
Tenant service, also with new purchase may need move out help.

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:
Ivan is hard working + provides service at a reasonable cost + is available for emergency service on short notice when needed.

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit? We have had great feedback from people we have referred to Ivan. He is also very generous + donated time + labor to help a low income single mom in an emergency situation. He did this with grace + helped her keep her dignity!

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

5-7-12
Date and Location

**Cochrane & Company
1333 S Rustle St**

**Spokane, WA 99224
Phone: (509) 838-0655 Fax: (509) 838-1710
www.cochraneco.com**

Date: May 11, 2012

To
Ron Ohnhaus Insurance & Financial Services
5203 1st St.

Bremerton, WA 98312

From: Alison Armstrong,
Underwriting Assistant

Re: Named Insured: AA Eagle Relocation Services
Policy Number 71TRR-213146

We have requested the following filings to be made by the company as we do not have the authority to make them. Please allow a minimum of five (5) days for these filings to be processed by the Company's filing department.

- () FHWA Liability
 - () FHWA Cargo
 - (x) Form E filings for WA
 - () Form H filings for
-
- () MCP65
 - () Other

Please feel free to call me with any questions you may have at (509) 242-4014, or contact me via email at aarmstrong@cochraneco.com

Thank you.

PO Box 19150 | Spokane, WA 99219 | www.cochraneco.com



1 800 441.4535

T 509.838.0655

INSURANCE BINDER

In accordance with your instructions, and in reliance upon the statements made by the Retail Broker in the Insured's application/submission, we have obtained insurance at your request as follows.

Date Issued: May 11, 2012

Insured: AA Eagle Relocation Services

Producer: Ron Ohnhaus Insurance & Financial Services (AG1330)

DBA: Ivan Ingram
701 A Sheridan
Bremerton, WA 98310

Fax: (360) 373-9425

Reference Number: 2457260

Commission: 9%

Policy Number: 71TRR-213146

Term: 5/11/2012 to 5/11/2013

Insurer: Columbia Insurance Company

AM Best Rating: A++*

Coverage: Commercial Auto Package

Limits	
\$750,000	Auto Liability-Split
\$20,000	Cargo Broad Form

Deductible	
\$1000	Cargo

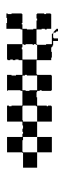
MEP	
%	

Premium:	\$2,104.00
Fee Schedule:	
Terrorism Coverage:	NOT APPLICABLE
Taxes:	
Total:	\$2,104.00

Policy Form:
Retroactive Date:
Exposure:

Coinsurance:
Valuation:

Please see the following page for applicable Terms/Conditions and Endorsements.



FARMERS

Fax

Urgent! Hand deliver

Attn: _____
 Company/Dept Wa Utilities & Transportation
Commission
 Fax number 360.586.1181
 Pages 14 *(Including this)*
 Subject _____

From Sue Hastings
 Company/Dept RKO Financial Services, Inc.
 Fax number 360 373-9425
 Phone number 360 377-2515

Please find the application for Ivan Ingram. We have bound insurance for his vehicle and Cargo insurance effective today. Please find a bind confirmation from the General Agent. They are processing the policy and I will receive a Form E from the insurance carrier within the next 5 days.

My intent is to show you that Ivan has coverage and a Form E will be forthcoming.

Please let me know if you have any questions regarding his insurance or Form E filing.

Thanks!

Sue Hastings

5/15

Form E
UNIFORM MOTOR CARRIER BODILY INJURY AND PROPERTY
DAMAGE LIABILITY CERTIFICATE OF INSURANCE

Filed with **Washington Utilities and Transportation Commission** (hereinafter called Commission)

This is to certify, that the **COLUMBIA INSURANCE COMPANY** (hereinafter called Company)
of **3024 HARNEY STREET, OMAHA, NEBRASKA 68131**

has issued to **IVAN INGRAM DBA AA EAGLE RELOCATION SERVICES** of **701 A SHERIDAN, BREMERTON, WA**
98310

a policy or policies of insurance effective from **5/11/2012 12:01 A.M.** standard time at the address of the insured stated in said policy or policies and continuing until cancelled as provided herein, which, by attachment of the Uniform Motor Carrier Bodily Injury and Property Damage Liability Insurance Endorsement, has or have been amended to provide automobile bodily injury and property damage liability insurance covering the obligations imposed upon such motor carrier by the provisions of the motor carrier law of the State in which the Commission has jurisdiction or regulations promulgated in accordance therewith.

Whenever requested, the Company agrees to furnish the Commission a duplicate original of said policy or policies and all endorsements thereon.

This certificate and the endorsement described herein may not be cancelled without cancellation of the policy to which it is attached. Such cancellation may be effected by the Company or the insured giving thirty (30) days' notice in writing to the State Commission, such thirty (30) days' notice to commence to run from the date notice is actually received in the office of the Commission.

Countersigned at **3024 HARNEY STREET, OMAHA, NE 68131**
this **15** day of **MAY**, 2012

Insurance Company File No. **71TRR213146**
(Policy Number)

LES BALLER
(Authorized Company Representative)