



HOUSEHOLD GOODS MOVING COMPANY PERMIT APPLICATION



Type of Household Goods Authority Requested - Check one	Fee Required
Emergency temporary authority (to meet an urgent need for up to thirty days) - Complete pages 2 - 7 and Attachment E	\$ 50
Temporary authority (to meet a short-term need) - Complete pages 2 - 7 and Attachment A	\$ 250
Permanent authority (at least six months must be served on a temporary provisional basis) – Complete pages 2 - 7 and Attachment A	\$ 550
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
Permanent authority to transfer or acquire control under the exceptions in WAC 480-15-335 - Complete pages 2 - 7 and Attachments B & C	\$ 250
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
□ Name Change – Complete pages 2 - 3 and Attachment D	\$.35
☐ Extension of authority – Complete pages 2 - 7 and Attachment A	\$ 550

	TYPE OF PAYMENT	Auch 122597
☐ Check ☐ Money Order	☐ Amex ☐ Mastercard XVisa	
Amount: \$550		Expiration Date
CERTIFICATION: I, the undersigned, und that I am authorized to execute and file this	er penalty for false statement, certify that the is document on behalf of the applicant and that	following information is true and correct, all information on file is current and valid.
Name (printed): Chang/6-08		12/2012
Cardholder's Signature:	Date:	oracle Nearketing Inc
Distribut 12 DOL/SOS:	FOR OFFICIAL USE ONLY ID: OO Permit Is	ssued: THG-
Staff Assigned: Insurance:	Inspection: Docket #	
Reception #: 111-0268-207-02 039090	1-0268-207-01 111-0268-	013-20

Revised 04-11

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BUSINESS INFORMATION
Name of Applicant Oracle Marketing Land DBA Oracle (must be individual, partners of a partnership or corporation) Morletin
Trade Name, if applicable Great American M+5 perubl
Physical Address 1826 112th St Esst Suite
Mailing Address Tacoma WA 98445 / Same Mailing
Telephone Number (%00) 557 - 7419 Fax Number ()
UBI#: 603-014-451 Email: Cutomerservice @ great american nove com
USDOT #: 2029028 (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 X Yes L & I Account No. 207 859 ∞
Have you registered with the Employment Security Department? □ No ✓ Yes ESD No. 423366060
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

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Choose one of the foll All counties	lowing for the territor in the State of Wash	ry in which you ington	wish to	operate:		
	g named counties on					
Describe the services choice, promote comp	you wish to provide. etition, or fill an unn	Explain how you	our servic	ces will enh	ance custo	mer
I wish	to Provide	MY CK	temers	With	Movins	
Solvices at Stellar Performs	the most	affordable the custo	Cates		I VIN	Pr.
Briefly describe your	experience in the tran	asportation/hou	sehold go	ods moving	g industry:	
J SIKCESS	fully operate		·	9 Movin		Sters
- Company.						
Do you currently hold No X Yes If yes, Have you ever applied Washington? X No	for and been denied	a permit to ope	- F12	161		
Have you ever applied	for and been denied Yes If yes, please	permit number a permit to ope e explain	rate as a	motor carri	er of prope	
Have you ever applied Washington? No	for and been denied Yes If yes, please ate interstate? No and USDOT#	e explain Yes If yes,	please in	motor carri	er of prope	erty in
Have you ever applied Washington? No Do you currently opera MC#_712961 Do you operate intersta	for and been denied Yes If yes, please ate interstate? No and USDOT# ate as an agent of ano you ever had a busine	a permit to ope e explain Yes If yes, 202962 other company?	please in No	motor carri	er of prope	erty in
Have you ever applied Washington? No Do you currently opera MC#_7/2 96 Do you operate interstaname of the company? Do you have, or have you	for and been denied Yes If yes, please the interstate? No and USDOT# the as an agent of ano you ever had a busine other state? No	a permit number a permit to ope e explain Yes If yes, 202962 other company? ess related legal Yes If yes,	please in No	motor carri	er of property yes, what	erty in
Do you operate interstaname of the company? Have you ever applied Washington? No Do you currently operated the company? Do you operate interstaname of the company? Do you have, or have y Washington, or in any	for and been denied Yes If yes, please ate interstate? No and USDOT# ate as an agent of ano you ever had a busine other state? No nvicted of a crime?	yermit number a permit to ope e explain Yes If yes, 202962 other company? Ses related legal Yes If yes,	please in No proceeding please ex	motor carried dicate your Yes If ng against y plain:	yes, what	is the
Have you ever applied Washington? No Do you currently opera MC#_7/2 9/9/ Do you operate interstaname of the company? Do you have, or have y Washington, or in any Have you ever been co	for and been denied Yes If yes, please ate interstate? No and USDOT# ate as an agent of ano you ever had a busine other state? No nvicted of a crime?	yermit number a permit to ope e explain Yes If yes, 202962 other company? Ses related legal Yes If yes,	please in No proceeding please ex	motor carried dicate your Yes If ng against y plain:	yes, what	is the

FINANCIAL STATEMENT

You must complete the following financial statement or attach a balance sheet, profit and loss statement, or business plan.

		Justiness Juli.	
Asse	ts	Liabilities	
Cash in Bank	s 10 K	Salaries/Wages Payable	s4K
Notes Receivable	s lok	Accounts Payable	\$ 0
Investments	s 0	Notes Payable	\$ ()
Other Current Assets	\$ 0	Mortgages Payable	\$ (7)
Prepaid Expenses	\$ 0	TOTAL LIABLITIES	s 4 K
Land and Buildings	\$ 0	NET WORTH	
Trucks and Trailers	s sk	Preferred Stock	\$
Office Furniture	\$4500	Common Stock	\$
Other Equipment	\$ ()	Retained Earnings	\$
Other Assets	\$0	Capital	\$
TOTAL ASSETS	\$ 25,050	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
2000	interactions (1HTSCAHBHGYHZZ9000	

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).

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	TOTALE REST ONSIDIET	
Annual Reports and Regulatory Fees (\)	VAC 480-15-480). You must ann	nually file a report of your
financial operations and pay regulatory	The state of the s	
Name: Cresa Creen	Position: Res is	ent
STATE OF WASHINGTON - general	laws, rules and regulations: Indi	viduals and companies doing
business in the State of Washington mu	ist comply with the regulations of	f local, state, and federal
agencies. Please state the name and po	sition of the person in your organ	ization 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 (in	dustrial insurance, safety, prevai	ing wage); Department of
Licensing (vehicle and drivers licenses,	business licensing, Unified Bus	ness Identifier (UBI number),
fuel permits, fuel tax; Secretary of State	e (corporate registrations); Depar	tment of Transportation (over-
size or over-weight permits); Departme	nt of Revenue, Internal Revenue	Service (taxes); and
Employment Security.		
Name: Chang Green	Position O	
When a Uneer	Mesid	eat
DECLA	ARATION OF APPLICAN	\mathbf{T}
I understand that filing this application doe	s not in itself constitute authority to	onerate as a household monds
mover.		operate as a nousenote goods
As the applicant for a household goods per	mit, I understand the responsibilitie	s of a motor carrier and I am in
compliance with all local, state and federal	regulations governing businesses, i	ncluding household goods movers,
in the state of Washington.		
I understand that if the commission grants	my application as a new entrant I w	ill receive temporary outherity to
provide service as a household goods carri	er on a provisional basis for at least	six months. During this time, the
commission will evaluate whether I have n	net the criteria in WAC 480-15-330	to obtain permanent authority. I
also understand that I must comply with al	conditions placed on my temporar	y permit and that failure to do so
will result in cancellation of my permit.		
My employees are sufficiently trained to co	omply with commission rules regard	ling estimates, bills of lading, rates
and charges and terms and conditions of he		
trained to comply with commission rules requirements. My company will provide a	egarding venicle operation, mainten	ance, and all other safety
transportation service.	copy of the customer survey to each	customer for whom we provide
I certify or declare under penalty of perjury	under the laws of the State of Was	hington that the information
contained in this application is true and cor	rect.	
()	1 h . 1.	als Mont
Print name of applicant	dignature of Amiliant	<u>▼12144 CO12</u>
I Thin name of applicant	Signature of Applicant	Date and Location



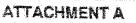
ATTACHMENT A

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.

tanamini proposani di la companya manamini penggana panggana pengganangan pengganangan pengganangan pengganang		
Applicant Name: 61-65.7	American Moving	Storage
	must be completed by the Supporter of the	
Vame, Title, and Business Name: \	aniv Livnat	2.2 CORE 2.2 EL
	ing address, city, state, zip, and county);	in a distribution of the state
25% 5. menera	10 5+, phyzilup, WA.	V 373
"hone Number: 206-390	-2984	and the second s
O you currently need the services of No XYes II yes, please descri	a residential household goods moving compan	Y ?
moving locally fr	oh my church address	
No X Yes If yes, please descr	te services of a residential household goods mo the your future moving needs: Rake expires I Will	
hiefly describe how granting this co tate will benefit you, your business,	upany a permit to provide household goods mo	ving services in Washington
The past He del war	ent friend and how been lept his word and al	rang been hanced
s there anything else the Commission pplication for a household goods per	h should consider when making a determination	about this company's
Cery Honest Propie	, Honor their agreement	
certify (or dyclare) under penalty of nd correct.	perjury under the laws of the state of Washings 5 - 9 - 12 Di Onte and Location	
reconstitution accessive and a second accessive accessive accessive accessive accessive accessive accessive acc		Fage 8 of 12
	NAMES AND ADDRESS OF THE PARTY	4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4





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Applicant Name: HEB / Groof American Moving and storage
The Hold Hundran Mond and stands
The following must be completed by the Supporter of the applicant
Name, Title, and business Name;
Marry Aurass
Address (include sheet address, making address, city, state, zip, and county):
821 Dock St
Phone Number 3 640 2820
Do you currently need the services of a residential household goods moving company?
□ No XYes If yes, please describe your current moving needs:
moving from dock st to spanaway wa
Do you apicipate a future need for the services of a residential household goods moving company?
No XYes If yes, please describe your future moving needs:
Land Land Land Comment States
trying to mave
riging to have
Briefly describe how granting this company a permit to provide household goods moving services in Washington
state with other von. Your pusiness, and/or your community;
I do Avelness with stas through work
he is hard worker and hanset
Is there anything else the Commission should consider when making a determination about this company's application for a bousehold goods permit?
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The always pays his wills and
Stas always pays his kills and is ejoca customers at Cascadia Informational
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and correct
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ATTACHMENTA

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Applicant Name: Grand AMERICAN Moung and Storage
The following must be completed by the Supporter of the applicant
Indine, Title, and Business Name: Pro Torck + Got Tille
Address finclude street address maling address rist organization
Address (include street address, mailing address, c.js., state, zip, and county): 985 W. VCULEY HWY O
Macific, Wa 198047
Phone Number:
Do you currently need the services of a residential household goods moving company?
5 No O Yes. If yes, please describe your current moving needs:
Do you unlicipate a future need for the services of a residential household goods moving company?
PRO TYES If yes, please describe your future moving needs:
Briefly describe how granting this company a permit to provide household goods moving services in Washington
we will be able to sell stomisler more trucks+
trailers as his ousiness grows.
is there anything else the Commission should consider when making a determination about this company's
Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit? Wot Have I know of
I certify (or declare) under perfuty of perjury under the laws of the state of Washington that the foregoing is true.
May WILL / ASTOCKY STUS-2-12 GOE /16
MOHHIUM ArmcK Gatus 5-2-12 PACIFIC, Was Signature of Person Compleying Form Date and Location
The state of the s

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