



### BUSINESS INFORMATION

Name of Applicant Oracle Marketing Inc. DBA Oracle Marketing, Inc  
(must be individual, partners of a partnership or corporation)

Trade Name, if applicable Great American M+S per UBI

Physical Address 1826 112th St East Suite D

Mailing Address Tacoma WA 98445 / Same Mailing

Telephone Number (800) 557-7419 Fax Number ( )

UBI #: 603-014-451 Email: customerservice@greatamericanmvs.com

USDOT #: 2029028 (If you currently don't have one, you can go online at [www.fmcsca.dot.gov/online-registration](http://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. 207 859 00

Have you registered with the Employment Security Department?  No  Yes  
ESD No. 423 366 000

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

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:

I wish to provide my customers with moving services at the most affordable rates. Also I will provide stellar performance to meet the customers needs.

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

I successfully operate and own my own moving + storage company.

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 712961

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# 712961 and USDOT# 2029628

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	\$ 10k	Salaries/Wages Payable	\$ 4k
Notes Receivable	\$ 10k	Accounts Payable	\$ 0
Investments	\$ 0	Notes Payable	\$ 0
Other Current Assets	\$ 0	Mortgages Payable	\$ 0
Prepaid Expenses	\$ 0	<b>TOTAL LIABILITIES</b>	\$ 4k
Land and Buildings	\$ 0	<b>NET WORTH</b>	
Trucks and Trailers	\$ 5k	Preferred Stock	\$
Office Furniture	\$ 500	Common Stock	\$
Other Equipment	\$ 0	Retained Earnings	\$
Other Assets	\$ 0	Capital	\$
<b>TOTAL ASSETS</b>	\$ 25,050	<b>TOTAL LIABILITIES &amp; NET WORTH</b>	\$

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

Year	Make	License Number	Vehicle ID Number	Gross Vehicle Weight
2000	International		1HTSCAH1B4GVH229000	26,000 lbs

## 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:

Chana Green

Position:

President

## 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>Chana Green</u>	Position: <u>President</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, Internal Revenue Service (taxes); and Employment Security.

Name: <u>Chana Green</u>	Position: <u>President</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.

Chana Green  
Print name of applicant

Chana Green  
Signature of Applicant

5/22/2012  
Date and Location

(A)

**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: Great American Moving & Storage

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

Name, Title, and Business Name: Yaniv Livnat

Address (include street address, mailing address, city, state, zip, and county):  
2580 S. Meridian St, Puyallup, WA 98373

Phone Number: 206-390-2984

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

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:  
Once my new lease expires I will move to a new house

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:  
Stanislav is a dear friend and has been very helpful in the past. He always kept his word and always been honest.

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?  
Very honest people, honor their agreements.

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

Signature of Person Completing Form: [Signature] Date and Location: 5-9-12 Puyallup, WA

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Applicant Name: HEB / Great American Moving and Storage

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: Harry Burgess

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

Phone Number: 253 640 2820

Do you currently need the services of a residential household goods moving company?  
 No  Yes - If yes, please describe your current moving needs:  
moving from dock st to spanaway wa

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:  
trying to move

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:  
I do business with Stas through work  
hz is hard worker and honest

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?  
Stas always pays his bills and  
is good customer at Cascadia International

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

Signature of Person Completing Form: Harry Burgess Date and Location: 5/4/12 Tacoma



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HOUSEHOLD GOODS STATEMENT OF SUPPORT

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Applicant Name: Great American Moving and Storage

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: Pro Truck & Equip Inc

Address (include street address, mailing address, city, state, zip, and county): 985 W. Valley Highway Pacific, Wa 98047

Phone Number:

Do you currently need the services of a residential household goods moving company? [X] 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? [X] 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: We will be able to sell Stanislav more trucks & trailers as his business grows.

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit? Not that I know of.

I certify (or declare) under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct. [Signature] Pro Truck & Equip Inc 5-2-12 Pacific, Wa