



### BUSINESS INFORMATION

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

Trade Name, if applicable Affordable Hauler & Movers

Physical Address 32 W. Pacific St

Mailing Address 32 W. Pacific St

Telephone Number (661) 599-9763 Fax Number ( )

UBI #: \_\_\_\_\_ Email: Charles Bartlett44@yahoo.com

USDOT #: 215 6515 (If you currently don't have one, you can go online at [www.fmcsca.dol.gov/online-registration](http://www.fmcsca.dol.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>Charles Bartlett</u>	<u>Owner</u>	<u>100%</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:

Being Professional at all Times

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

Doing a good Job

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

### EQUIPMENT LIST

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

Year	Make	License Number	Vehicle ID Number	Gross Vehicle Weight
93	GMC	B62572S	13923 IGDE6H1P5PJ	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: Charles Bartlett

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: Charles Bartlett

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.

Charles Bartlett  
Print name of applicant

Charles Bartlett  
Signature of Applicant

7-18-12  
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 Bartlett

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

Name, Title, and Business Name:

Will Tombari

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

508 E. 14th

Phone Number:

415-310-7574

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

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

possibly move additional items

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:

- Affordable and quality transportation of household goods

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

Charles provided quality and efficient moving services as I moved my family into our new home

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

Will Tombari

Signature of Person Completing Form

7/18/2012 Spokane WA

Date and Location

509 328 9777 FAX

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Applicant Name: Charles Bartlett

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

Name, Title, and Business Name: Chad Fairchild

Address (include street address, mailing address, city, state, zip, and county):  
3708 E. Cleveland

Phone Number: 509 483 4170

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

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:  
If I ever move again, I will need moving services

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:  
independant companies I support small.

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?  
Charles is a professional who has been doing this business w/ 25 years experience

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  
7-18-12  
Date and Location  
3708 E. Cleveland



FAX 509-534-1440

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Applicant Name: Charles Bartlett

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

Name, Title, and Business Name: Nardale Solomon

Address (include street address, mailing address, city, state, zip, and county): 3408 E. 12th

Phone Number: 509-217-4163

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

yes I may

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:

Charles is Affordable to transport Household goods

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

Charles have Quality and efficient moving Services

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

Nardale Solomon  
Signature of Person Completing Form

07-18-12  
Date and Location

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

Filed with the WASHINGTON UTILITIES & TRANSPORTATION COMMISSION-OPERATIONS DIVISION (hereinafter called Commission) of PO BOX 47250, OLYMPIA, WA 98504

This is to certify, that the United Financial Casualty Company (hereinafter called Company) of PO BOX 94739, CLEVELAND, OH 44101 has issued to CHARLES BARTLETT, AFFORDABLE HAULERS & MOVI of PO BOX 48777, SPOKANE, WA 99228 a policy or policies of insurance effective from 07/20/2012 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 6300 WILSON MILLS, MAYFIELD VILLAGE, OH 44143

this 23rd day of July, 2012

Insurance Company File No. CA 01522983  
(Policy Number)



(Authorized Company Representative)

MC1633a(08/99)

IRB3539B