



UTILITIES AND TRANSPORTATION
COMMISSION

1300 S. Evergreen Park Drive SW
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or
1-800-416-5289
email: transportation@utc.wa.gov

**HOUSEHOLD GOODS MOVING COMPANY
PERMIT APPLICATION**

| | | | |
|-----------------------|-----------------|-----------------|--------------------|
| FOR OFFICIAL USE ONLY | | | |
| Date Filed: 9/18/15 | DOL/SOS: ON/OA | ID: 17232 | Docket # |
| Staff Assigned | Insurance | Inspection | Permit Issued THG- |
| Reception # | 111-0268-207-02 | 111-0268-013-20 | |

Type of Household Goods Authority Requested – check one **Fee Required**

- Provisional and permanent authority. The fee for provisional, and then permanent authority is a one-time fee. Complete pages 3-8 and Attachment A. \$ 550
- Permanent authority to transfer resulting in a change in ownership or controlling interest (at least six months must be served on a temporary provisional basis). Complete pages 3-8, Attachment B as well as a closing annual report. \$ 550
- Permanent authority to transfer under the exceptions in WAC 480-15-187. Complete pages 3-8 and Attachments B & C. \$ 250
- Reinstatement of permit (must be filed within 30 days of cancellation, depending on criteria set forth in WAC 480-15-450). Complete pages 3-5 and include a statement justifying the reinstatement. \$ 250
- Name Change – Complete pages 3-5 and Attachment D. \$ 35

BUSINESS INFORMATION

Legal Name: Willamette Express Ltd.
(must be individual, partners of a partnership or corporation)

Trade Name, if applicable _____

Physical Address 2805 SE Stubb St Milwaukie, OR

Mailing Address _____ 97227

Telephone Number 503 513 5118 Fax Number 503 513 5124

BUSINESS INFORMATION - continued

UBI #: 602751853 *OK* Email: Jon Calvin @ Williams & Associates.com

USDOT #: 1080376 *OK* (If you currently don't have one, go online at www.fmcsca.dot.gov/online-registration to apply or call 360-596-3812 for assistance.)

Department of Labor & Industries Worker's Comp account # SAIF - 51817

Employment Security Department registration number FEIN# 93-0368213

Oregon Company

Is your business registered with the Department of Revenue? No Yes

TYPE OF BUSINESS STRUCTURE

Individual Partnership Corporation Other (LP, LLP, LLC) State of Incorporation OR

List the name, title and percentage of partner's share or stock distribution for major stockholders:

| Name | Title | Stock Distribution or % of Shares |
|---------------------|------------------|-----------------------------------|
| <u>Jon Calvin</u> | <u>President</u> | <u>90%</u> |
| <u>Bob McDermid</u> | | <u>10%</u> |

Must provide a copy of a valid driver's license or government-issued photo identification card for each person named in the application.

1. Describe the services you wish to provide. Explain how your services will enhance customer choice, promote competition, or fill an unmet need for service: TRANSFER Existing Service FOR HOUSE HOLD MOVING-STORAGE

2. Briefly describe your experience in the transportation/household goods moving industry: 30 years HUG MTS

3. 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 ~~000000000~~ 01561

4. 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 _____

5. Do you currently operate interstate? No Yes If yes, please indicate your MC# 448995

6. Do you operate interstate as an agent of another company? No Yes If yes, what is the name of the company? STEVEN'S VAN LINES

7. 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 list below:

| Type of Legal Proceeding | Date | State |
|--------------------------|------|-------|
| | | |
| | | |

*attach additional pages if necessary

8. Has any person named in this application ever been convicted of any crime involving theft, burglary, sexual misconduct, identity theft, fraud, false statements, or the manufacture, sale, or distribution of a controlled substance? No Yes If yes, please list below:

| Type of Conviction | Date | City/State |
|--------------------|------|------------|
| | | |
| | | |

*attach additional pages if necessary

9. Has any person named in this application, been cited for violation of state laws or Commission rules? No Yes If yes, please list below:

| Violation | Date | RCW/WAC |
|-----------|------|---------|
| | | |
| | | |

*attach additional pages if necessary

SEE ATTACHED / on on file

FINANCIAL STATEMENT

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 | \$ | TOTAL LIABILITIES | \$ |
| Land and Buildings | \$ | NET WORTH | |
| Trucks and Trailers | \$ | Preferred Stock | \$ |
| Office Furniture | \$ | Common Stock | \$ |
| Other Equipment | \$ | Retained Earnings | \$ |
| Other Assets | \$ | Capital | \$ |
| TOTAL ASSETS | \$ | TOTAL LIABILITIES & NET WORTH | \$ |

EQUIPMENT LIST

Describe the equipment you will own or lease to provide moving services
(attach additional sheets if necessary).

| Year | Make | License Number | Vehicle ID Number | Gross Vehicle Weight |
|------|------|---------------------|-------------------|----------------------|
| | | SEE ATTACHED | | |
| | | | | |
| | | | | |
| | | | | |

SAFETY AND OPERATIONS

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. Please attach evidence of your enrollment in a drug and alcohol testing program.

SAFETY RESPONSIBILITIES

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

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.

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:

Jon Calvini

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: Jon Calvin Position: President

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: Jon Calvin Position: President

If you would like to receive information about new household goods carriers, check here

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 480-15-305 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 understand the commission will complete a criminal background check on each person named in the application.

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.

Jon Calvin
Print name of applicant

Jon Calvin
Signature of Applicant

9/3/2015
Date and Location

ATTACHMENT B

**Transfer of Household Goods Authority
Per WAC 480-15-187**

Current Name on Permit (Seller): Willamette Express Ltd. M&S

Current Trade Name on Permit (Seller): _____

Address (Seller): 2505 SE Stubb St.

HG Permit Number: 61561 Phone Number (Seller): 503 513-5118

Does the transfer of this permit fall under the provisions of WAC-480-15-187(2) or (3)?
 No Yes If yes, please complete Attachment C.

Have all fines or penalties owed to the commission been paid? No Yes

A closing annual report must be filed with the commission by the current company. ** same owner*

A customer may file a loss or damage claim for up to nine months following a move and may file a loss or damage lawsuit for up to two years following a move. Who will be responsible for handling claims filed by customers for loss or damage that occurred on moves taking place prior to the sale and transfer? Colleen

RELEASE OF AUTHORITY

I, the seller, have sold or otherwise released interest in my household goods permit number HG-61561 to the following:

Name of Buyer: Willamette Express Ltd.

Trade Name of Buyer: _____

We, as applicants, hereby jointly declare and affirm that all information is true to the best of our knowledge.

Jim Calver _____ 9/3/15
Seller's Signature Date and Location

Jim Calver _____ 9/3/15
Buyer's Signature Date and Location

ATTACHMENT C

**TRANSFER OF PERMANENT HOUSEHOLD GOODS AUTHORITY
UNDER EXCEPTIONS IN WAC 480-15-187(2) or (3)**

1. The commission will grant an application to transfer existing permanent authority, without requiring a provisional permit, public notice or comment, if the applicant is fit, willing and able to provide service and the application is filed to transfer or acquire control of permanent authority for any one of the following reasons (check one, if applicable):
- A partnership has dissolved due to the death, bankruptcy, or withdrawal of a partner, and that partner's interest is being transferred to a spouse or to one or more remaining partners;
 - A shareholder in a corporation has died and that shareholder's interest is being transferred to a surviving spouse or one or more surviving shareholders;
 - A sole proprietor has died, the sole proprietor devised or bequeathed the company by will, and the applicant is seeking transfer of the permit in accordance with the bequest or devise set forth in the will.
 - An individual has incorporated and the same individual remains the majority shareholder;
 - An individual has added a partner but the same individual remains the majority partner;
 - A corporation has dissolved and the interest is being transferred to the majority shareholder;
 - A partnership has dissolved and the interest is being transferred to the majority partner;
 - A partnership has incorporated and the partners are the majority shareholders; or
 - Ownership is being transferred from one corporation to another corporation when both are wholly owned by the same shareholders.

Documentation supporting the checked box above must be included with your application. You may submit a corporate resolution, partnership agreement, court order, death certificate, will or other proof of right to inherit, estate executor's statement, community property agreement or other such documentation that may support your request.

2. The Commission will grant an application for permanent authority without requiring a provisional permit after the application has been published on the application docket subject to comment for thirty days if the applicant is fit, willing, and able to provide service, the applicant has filed to transfer control of permanent authority, and all the following conditions exist:
- Ownership of a permit is being transferred to any shareholder, partner, family member, employee, or other person familiar with the company's operations and the household goods moving services provided. If you check this option, please complete the following:
 - a. Has the permit been actively used by the current owner to provide household goods moving services during the twelve-month period prior to the application? No Yes
 - b. Provide a certified statement from the applicant and the current owner explaining why the transfer is necessary to ensure the company's economic viability:
 - c. Provide a certified statement from the applicant and the current owner describing the steps taken by the parties to ensure that safe operations and continuity of service to customers is maintained.

Willamette Express Ltd
Balance Sheet
September 30, 2015

ASSETS

| | | |
|--------------------------------|--------------|-------------------|
| Current Assets | | |
| Negotiated debt | \$ | 2,010.46 |
| Cash in Bank Willamette Expres | | 6,444.47 |
| Payroll Account | | (4,990.36) |
| Accounts Receivable - Trade | | 26,297.40 |
| Accounts Receivable - Employee | | (1,095.57) |
| Washington State Sales Tax | | (234.29) |
| Forklift Purchase | | 4,500.00 |
| Purchase 2 internationals | | 22,649.10 |
| Equipment Payment Purchase | | (8,221.06) |
| heritage | | 59,690.65 |
| Oregon State corporate tax | | 300.00 |
| 2004 INTERNATIONAL | | 23,799.62 |
| Rivermark | | (41,352.11) |
| Forklift | | (4,500.00) |
| Purchase 2 Internationals | | (39,784.00) |
| Equipment Payment Purchase | | 10,221.06 |
| | | <hr/> |
| Total Current Assets | | 55,735.37 |
| Property and Equipment | | |
| Auto & Equipment | 312,251.25 | |
| Accumulated Depreciation | (280,452.00) | |
| | | <hr/> |
| Total Property and Equipment | | 31,799.25 |
| Other Assets | | |
| Inter Company - ARM Ltd. | (251.20) | |
| Inter Company - ATRM | 110.00 | |
| Willamette Group | 1,200.00 | |
| Deposits | 6,070.00 | |
| Office Furniture & Equipment | 15,698.11 | |
| | | <hr/> |
| Total Other Assets | | 22,826.91 |
| | | <hr/> |
| Total Assets | \$ | <u>110,361.53</u> |

LIABILITIES AND CAPITAL

| | | |
|--|----|-------------|
| Current Liabilities | | |
| Accounts Payable | \$ | 51,672.86 |
| Loan Payable - Officer | | 6,747.94 |
| Wages Payable | | 4,914.38 |
| P/R Garnishment Payable | | (751.24) |
| Federal Tax Payable | | (33,879.96) |
| FUTA Tax Payable | | (6,094.30) |
| State Payroll Tax Payable | | 3,805.91 |
| FICA Tax Payable | | 56,028.96 |
| Medicare Tax Payable | | 11,990.86 |
| SUTA Tax Payable | | 6,797.11 |
| Tri-Met Tax Payable | | 1,294.69 |
| Workers Comp Payable | | (171.19) |
| Multnomah Co. Income Tax | | (670.00) |
| Oregon State Corporate TAX | | 150.00 |
| Suspense Account | | 159,317.75 |
| | | <hr/> |
| Total Current Liabilities | | 261,153.77 |
| Unaudited - For Management Purposes Only | | |

Willamette Express Ltd
Balance Sheet
September 30, 2015

| | | |
|-----------------------------|------------------|--------------------------|
| Long-Term Liabilities | | |
| Loans from Shareholders JOn | 14,820.55 | |
| Loans from Shareholders Bob | 3,500.00 | |
| Rivermark Serria Loan | 5,814.42 | |
| Note payable Calmac | <u>54,777.23</u> | |
| Total Long-Term Liabilities | | <u>78,912.20</u> |
| Total Liabilities | | 340,065.97 |
| Capital | | |
| Capitol Stock | 12,500.00 | |
| Paid In Capitol | 232,020.83 | |
| Stock Holders Distribution | (37,641.70) | |
| Retained Earnings | (462,134.21) | |
| Shareholders Distribution | (700.00) | |
| Net Income | <u>26,250.64</u> | |
| Total Capital | | <u>(229,704.44)</u> |
| Total Liabilities & Capital | \$ | <u><u>110,361.53</u></u> |

Enter the number of Commercial Motor Vehicles (CMVs) operated within the past 12 months:

Straight Trucks: Owned 6 Leased _____ Rented _____
Truck / Tractors: Owned _____ Leased _____ Rented _____
Trailers: Owned _____ Leased _____ Rented _____

Provide the license plate numbers for all vehicles currently owned or long term leased that are utilized in the operation of transporting household goods in Oregon:

INT 15721251 INT 1580687 KRT 1588032 PODGE YYZ 059 _____
INT 1580691 KRT 1550216 MR 1573959 _____

Did you provide any transportation services in the last 12 months to, from, or in, another state outside of Oregon?

Yes _____ No _____

Do you transport hazardous materials? Yes _____ No X

Total fleet miles (including off road & out-of-state) in the last 12 months 0

Number of CMV Accidents in the last 12 months _____

Tax ID# 93-0368213

Insurance Company VAN LINER

Agent HEPPERNAN INS. (MARK Helling)

Telephone Number 503-226-1320

How do you recap your drivers' hours of service? N/A - VAN LEAS

7 day basis _____ 8 day basis _____ What are the Hours of Service? _____