



UTILITIES AND TRANSPORTATION COMMISSION

TV-160198

1300 S. Evergreen Park Drive SW  
P.O. Box 47250  
Olympia, WA 98504-7250  
Phone: 360-664-1222  
Fax: 360-586-1181  
TTY: 360-586-8203  
or  
1-800-416-5289  
email: transportation@utc.wa.gov

#215287 HOUSEHOLD GOODS MOVING COMPANY  
PERMIT APPLICATION

FOR OFFICIAL USE ONLY			
Date Filed: <u>1/10/16</u>	DOL/SOS <u>OK/OK</u>	ID: <u>174108</u>	Docket # <u>TV 160198</u>
Staff Assigned: <u>[Signature]</u>	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, and a closing annual report from current company **\$ 550**
- Permanent authority to transfer** under the exceptions in WAC 480-15-187. Complete pages 3-8, Attachments B & C, and a closing annual report from current company **\$ 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: Phillip E Pettinger DBA Pettinger Family Movers  
(must be individual, partners of a partnership or corporation)  
 Trade Name, if applicable: Pettinger Family Movers Company

Physical Address: 4304 E 41st Spokane WA 99223

Mailing Address: 4304 E 41st Spokane WA 99223

Telephone Number: (509) 979-3708 Fax Number ( ) \_\_\_\_\_

**BUSINESS INFORMATION - continued**

UBI #: 603 150 827

Email: Pettinger family moves@yahoo.com

USDOT #: 2194192

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

Department of Labor & Industries Worker's Comp account # 222,278-00

Employment Security Department registration number 603 130 027 000

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 \_\_\_\_\_

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

Name	Title	Stock Distribution or % of Shares
<u>Phil Pettinger</u>	<u>OWNER</u>	<u>100%</u>

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

- 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 Service, to help provide the residents of Washington a moving service
- Briefly describe your experience in the transportation/household goods moving industry: We have been a moving company for the last few years
- 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# \_\_\_\_\_
- Do you operate interstate as an agent of another company?  No  Yes If yes, what is the name of the company? \_\_\_\_\_

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 attachment*

### FINANCIAL STATEMENT

Complete the following financial statement or attach a balance sheet, profit and loss statement, or business plan. *AT 12/31/2015*

Assets		Liabilities	
Cash in Bank	\$ 5000	Salaries/Wages Payable	\$
Notes Receivable	\$	Accounts Payable	\$
Investments	\$	Notes Payable	\$
Other Current Assets	\$	Mortgages Payable	\$
Prepaid Expenses	\$	<b>TOTAL LIABILITIES</b>	\$
Land and Buildings	\$	NET WORTH	
Trucks and Trailers	\$ 10000	Preferred Stock	\$
Office Furniture	\$	Common Stock	\$
Other Equipment	\$	Retained Earnings	\$
Other Assets	\$	Capital	\$
<b>TOTAL ASSETS</b>	\$	<b>TOTAL LIABILITIES &amp; NET WORTH</b>	\$ 15000

### 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
2001	International	C93273E	001	24000

### 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: <b>Phil Pettinger</b>	Position: <b>Owner</b>
-----------------------------	------------------------

**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: Phil Pettinger 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: Phil Pettinger Position: owner

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.

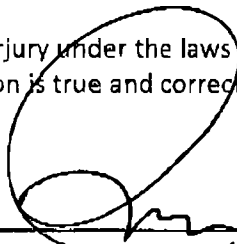
My employees are sufficiently trained to comply with commission rules regarding estimates, bills of lading, rates and charges and terms and conditions of household goods moves. In addition, my employees are sufficiently trained to comply with commission rules regarding vehicle operation, maintenance, 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.

Phil Pettinger

Print name of applicant



Signature of Applicant

2-4-16

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:** PETTINGER FAMILY MOVERS

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

Name, Title, and Business Name: PETER E. PETTINGER PET PACK LLC

Address (include street address, mailing address, city, state, zip, and county):  
5718 S. SYCAMORE STREET  
SPOKANE, WA 99223

Phone Number: 509-448-4371

Do you currently need the services of a residential household goods moving company?  
 No  Yes If yes, please describe your current moving needs:  
MY BUSINESS IS PRE-MOVE PACKING PRIOR TO MOVERS PICKING UP THE HOUSEHOLD  
GOODS & IN SOME CASES UNPACKING AFTER MOVERS HAVE MOVED/TRANSPORTED THE  
GOODS - THIS, AM VERY FAMILIAR WITH THE SERVICES USED.

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:  
MY BUSINESS AFTER PACKING INSIDE TRANSPORT TO THE MOVERS AND TRANSPORT  
LOAD UNLOAD THE HOUSEHOLD GOODS, THAT, I DON'T USE THE MOVER BUT  
INDIRECTLY WORK BEFORE OR AFTER A 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:  
PETTINGER FAMILY MOVERS, HAS BOTH EXPERTISE AND COMPLETE UNDERSTANDING  
OF THE TRANSPORT LOADING & UNLOADING OF HOUSEHOLD GOODS.  
PETTINGER FAMILY MOVERS - EXCELLENT KNOWLEDGE, HANDLING AND CUSTOMER SERVICE -  
I HAVE WORKED WITH MANY MOVERS - PETTINGER IS ONE OF THE BEST

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?  
APPLICANT HAS EXPERIENCE, EQUIPMENT, KNOWLEDGE OF LOADING, UNLOADING  
LOAD CONTAINMENT, AND EXCELLENT CUSTOMER SERVICE AND WORKING KNOWLEDGE  
OF THE INDUSTRY, THERE ARE SEVERAL MOVERS IN SPOKANE AREA WITH POOR RATINGS  
THIS WILL NOT BE ONE WITH ANY ISSUES.

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

Peter E. Pettinger  
 Signature of Person Completing Form

2-04-2016  
 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: **PETTINGER FAMILY MOVERS**

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

Name, Title, and Business Name: **RYAN ENQUIST - ASSISTANT MANAGER - PUR**

Address (include street address, mailing address, city, state, zip, and county):  
**3711 S. SR 27 HWY - SPOKANE, WA. 99206**

Phone Number: **509 - 363 - 1111**


Do you currently need the services of a residential household goods moving company?  
 No  Yes If yes, please describe your current moving needs:  
**RESIDENTS MOVING IN AND OUT.**

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:  
**RESIDENTS MOVING IN AND OUT.**

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: **PETTINGER PROVIDES A GREAT SERVICE TO OUR RESIDENTS. MANY PEOPLE MOVE IN AND OUT AND THE CONVENIENCE OF PETTINGER FAMILY MOVERS IS A GREAT SERVICE FOR US TO OFFER.**

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?  
**PETTINGER FAMILY MOVERS HAS DONE A LOT OF WORK HERE AND PER OUR EXPECTATIONS THEY ARE CONSIDERED A TRUSTED SOURCE.**

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

**2/4/16 - PUR SPOKANE**  
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:**

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:

*Jennifer Jordan Marketing Director Broadway Court*

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

*13505 E Broadway  
 Spokane Valley WA 99223*

*Estates*

Phone Number:

*509 921-0249*

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

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

*We constantly have Seniors moving in and out of our apartments.*

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:

*Constant change*

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 have done business with Pettinger Movers for several years and will continue to refer families to them*

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.

*Jennifer Jordan*  
 Signature of Person Completing Form

*2/4/16 Spokane, WA*  
 Date and Location



Pettinger Family Movers  
Balance Sheet - February 2016

<b>Assets</b>		<b>LIABILITIES</b>	
Cash In Bank	\$2,000	Total Liabilities	\$0
Notes Receivable	\$4,000		
Trucks	\$11,610		
Other Equipment	\$1,500	Retained Earnings Current Year	\$19,110
Other Assets	\$0		
<b>Total Assets</b>	<b>\$19,110</b>	<b>Total Liabilities</b>	<b>\$19,110</b>

**Pettinger Family Movers  
Profit Loss Projection  
February-December 2016**

Gross Trucking Income	\$155,000
Contract Labor (Olsten Temporary Services)	\$72,000
Telephone Expense	\$1,870
Advertising	\$1,650
Business Licenses and Permits	\$2,750
Computer Expense	\$1,320
Office Supplies	\$1,100
Rental Equipment (Big Trucks)	\$5,000
Gasoline Expense -Rental Trucks	\$1,500
Gas & Oil Expenses	\$19,975
Insurance - Business/Truck	\$4,950
Insurance - Medical	\$4,400
Interest Expense - Banks	\$1,100
Travel Expenses	\$3,850
Small Tool Expense	\$1,100
R & M Equipment - Major Repairs	\$3,025
Meals & Entertainment	\$1,500
Uncategorized-Expenses	\$1,200
<b>Total Expenses</b>	<b>\$127,890</b>
<b>Net Ordinary Income</b>	<b>\$27,110</b>
<b>Less: Federal Taxes</b>	<b>\$8,000</b>
<b>Net Income</b>	<b>\$19,110</b>

Pettinger Family Movers  
Sales - Truck Revenue Projections  
Financial Plan 2016-2020

Year	Sales	Net Profit
2016	\$155,000	\$19,110
2017	\$175,000	\$22,750
2018	\$185,000	\$24,050
2019	\$190,000	\$24,700
2020	\$200,000	\$26,000

# WASHINGTON

## DRIVER LICENSE

4d LIC# PETTIPE197MM

DONOR

1 PETTINGER

2 PHILLIP ELLIOTT

3 DOB 07-14-1981

4a ISS 08-22-2013

8 5718 S SYCAMORE ST

SPOKANE WA 99223-6155

15 Sex M Hgt 509

17 Wgt 180 18 Eyes BLU

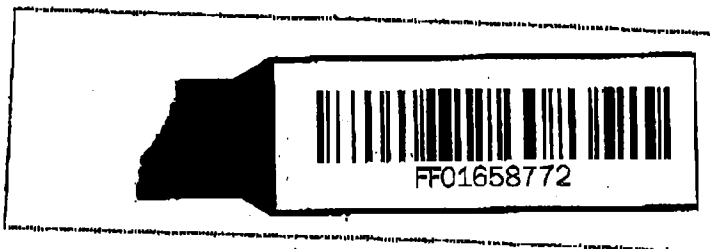
9 Class 9a End 3

4b Exp 07-14-2018

12 Restrictions \*



**INSTANT DRUG SCREEN**  
Consent and Report Form



**DONOR INFORMATION**

ACCOUNT CODE: UH9.2692 AS700 #  
Name: Phillip Peltinger SSN: 620012504 Date of Birth: 7/14/81  
Address: 5718 S. Sucamore City: Spokane State: WA Zip Code: 99223  
Tel: 509 979-3708 Date of Test: 2/5/14 Employer: Peltinger Family Moving  
Donor Identification:  Photo  Supervisor  Other  
Reason for Test:  Pre-Employment  Post Accident  Reasonable Suspicion  Random  Other

**CONSENT AND RELEASE**

I hereby give my consent to and authorize the U.S. Healthworks staff and its designated laboratory to perform any testing necessary to determine the presence and/or level of drugs in my body on behalf of my prospective/current employer, whose name I entered above. I further give my consent for U.S. Healthworks to release any and all results to the aforementioned employer. I agree to hold harmless all U.S. Healthworks employees, physicians, and agents involved in the performance of the testing, from any action that may arise from the disclosure of such test results to the aforementioned employer/prospective employer.

Donor Signature: [Signature]

**TEST / SPECIMEN INFORMATION**

Batch #: \_\_\_\_\_ Lot #: 54091360 Expiration Date: 10/2014  
 Specimen was examined within 4 minutes. Temperature: 94 °F Physical characteristics:  Normal  Abnormal  
 Second specimen was collected; Temperature: \_\_\_\_\_ °F Physical characteristics:  Normal  Abnormal  
Internal Control:  Valid  Invalid

Remarks: \_\_\_\_\_

**TECHNICIAN CERTIFICATION**

I certify that the specimen provided to me by the Donor and identified on this form was collected, labeled, sealed in the Donor's presence,

Released to (Delivery Service Name) \_\_\_\_\_ for transport to the laboratory for further testing.  
Collection Facility: US Healthworks South Phone: 5097470770 Fax: 5096240620  
Name: Brianna Solis Signature: [Signature] Date: 2/5/14 Time: 12:20pm

**DONOR CERTIFICATION**

I certify that I provided my urine specimen to the collector; that I did not adulterate it in any manner; that the specimen bottle used was sealed in my presence with a tamper-evident seal; and that the information provided on this form and on the tamper-evident specimen seal is correct.

Donor Signature: [Signature] Tel: 509 979-3708 Date: 2-5-14

**TEST RESULTS**

Negative drug screen.  
 Specimen (minimum 30 mL) forwarded to lab for further testing.  
 Donor unable to provide sample within 3 hours.  Other: \_\_\_\_\_  
 Donor refused to be tested.

Reported to: Name: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_ Via:  Tel  Fax Other: \_\_\_\_\_  
Reported by: Name \_\_\_\_\_ Signature: \_\_\_\_\_

**FOR LABORATORY USE ONLY**

Received by Accessioner (Name): \_\_\_\_\_ Signature: \_\_\_\_\_  AM  PM  
Specimen Bottle Seal Intact:  Yes  No Remarks: \_\_\_\_\_  
Specimen Bottle Released to: \_\_\_\_\_

© US HEALTHWORKS (REV. 01/2012)



02/05/16

*Dear Valued Patient:*

*Thank you for choosing our facility for your medical care today.*

*You have been provided a superbill which itemizes the services provided for you at today's visit. To determine if your visit qualifies for reimbursement from your insurance company, please contact them for details. The contact information should be located on your insurance card. Generally, you will be required to submit a claim in writing to your insurance carrier, along with a copy of this superbill, and a copy of your insurance card (front and back). For more detailed questions on claims submissions or qualification, please contact your insurance company.*

*If you have any questions regarding this superbill, please call us at (509) 747-0770.*

*Yours in good health,  
U.S. HealthWorks Medical Group  
South Hill Medical Center  
2005 E. 29th Avenue  
Spokane, WA 99203*

US HealthWorks Medical Group WA,PS  
 South Hill Medical Center  
 2005 E. 29th Avenue  
 Spokane, WA 99203  
 Clinic Phone (509) 747-0770



**PATIENT:**

PETTINGER, PHILLIP  
 5718 S SYCAMORE  
 SPOKANE, WA 99223  
 Case # 692-108394

**GUARANTOR:**

PETTINGER, PHILLIP  
 5718 S SYCAMORE  
 SPOKANE, WA 99223

Treatment Rendered On: 2/05/16

**DIAGNOSIS(ES):**

CPT CODE	PROCEDURE DESCRIPTION	UNIT	AMT DUE
G0431	Drug Screen Multiple Class Ea	1	113.00

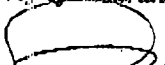
*USHW does not accept assignment of this claim as patient has chosen a cash pay option instead. Please reimburse patient directly, as Provider will not accept Payor reimbursement.*

PHYSICIAN: STAHLY, WALTER, M.D.  
 LICENSE #: MD00017452

TOTAL DUE	113.00
AMOUNT PAID	113.00
TOTAL OUTSTANDING	

**I verify that I either:**

- do not have health insurance; or
- my health insurance is not contracted with U.S. HealthWorks Medical Group; or
- Proof of Insurance has not been provided; I agree to pay in full at the time of service.

Signed:   
 Received Time Feb. 9, 2016-11:16AM No. 1818

Date: 2-5-16



HealthWorks ACCOUNT #

002168394

RECEIVED FROM

Phillip P

NO. 2157940

DOLLARS

113.00

CASH  
 CHECK  
 MONEY ORDER

FOR

Wds-Spaul

DATE

2-5-16

BY

PA

COMMENTS:

CUSTOMER COPY



This is a "printer friendly" page. Please use the "print" option in your browser to print this screen.



**Washington, State of - Utilities & Transportation Commission**

**Utilities & Transportation Commission POS**

**Confirmation Number:** 215287  
**Payment Date:** Wednesday, February 10, 2016  
**Payment Time:** 08:55AM PT

**Payer Information**

**First Name:** Phillip E Pettinger  
**Street Address:** 4304 E 41st  
**Town/City:** Spokane, WA 99223  
**Country:** United States  
**Daytime Phone Number:** (509) 979 - 3708  
**E-mail Address:** pettingerfamilymovers@yahoo.com  
**Company Name-If not a Company, provide name of Payee:** Pettinger Family Movers  
**Payment Menu :** Application Fees  
**Payment Menu - Additional Payment:**  
**Application Types (If Applicable):** Household Goods

**Card Information**

**Card Type:** Visa  
**Card Number:** \*\*\*\*\*6895  
**Expiration Date:** 12/2017  
**Card Verification Number:** \*\*\*\*

**Payment Information**

**Payment Type:** Utilities & Transportation Commission POS  
**Payment Amount:** \$550.00  
**Convenience Fee:** \$13.75  
**Total Payment:** \$563.75

Thank you for using Official Payments. If you have a question regarding your payment, please call us toll free at 1-866-621-4109. To make payments in the future, please visit our website at [www.officialpayments.com](http://www.officialpayments.com).



Copyright © 2016 Official Payments Corporation. All Rights Reserved.  
 Official Payments Corporation is a licensed money transmitter in 44 states, the District of Columbia, and Puerto Rico. Official Payments is not required to be licensed as a money transmitter in Indiana, Massachusetts, Montana, New Mexico, South Carolina or Wisconsin.