



HOUSEHOLD GOODS CARRIER PERMIT APPLICATION



Type of Household Goods Authority Requested – Check one	Fee Required
<input type="checkbox"/> Emergency temporary authority (to meet an urgent need for up to thirty days) - Complete pages 1 - 5 and Attachment E	\$ 50
<input type="checkbox"/> Temporary authority (to meet a short-term need) – Complete pages 1 - 5 and Attachment A	\$ 250
<input checked="" type="checkbox"/> Permanent authority (at least six months must be served on a temporary provisional basis) – Complete pages 1 - 5 and Attachment A	\$ 550
<input type="checkbox"/> 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 1 - 5 and Attachment B	\$ 550
<input type="checkbox"/> Permanent authority to transfer or acquire control under the exceptions in WAC 480-15-260 – Complete pages 1 - 5 and Attachments B & C	\$ 250
<input type="checkbox"/> Reinstatement of permit (must be filed within 30 or 60 days of cancellation, depending on criteria set forth in WAC 480-15-460) – Complete pages 1 - 2 and include a statement justifying the reinstatement	\$ 250
<input type="checkbox"/> Name Change – Complete page 1 and Attachment D	\$ 35
<input type="checkbox"/> Extension of authority – Complete pages 1 - 5 and Attachment A	\$ 550

TYPE OF PAYMENT

Check
 Money Order
 Amex
 Discover
 Mastercard
 Visa

#066450

Expiration Date: 06/07 Amount: \$550.00

CERTIFICATION: I, the undersigned, under penalty for false statement, certify that the following information is true and correct, that I am authorized to execute and file this document on behalf of the applicant, and that all information on file is current and valid.

Name (printed): Adrian Yung Date: 2-3-05
 Signature: [Signature] Title: President

Date Filed: <u>2/3/05</u>	Application #: <u>P-19356</u>	Motor #: <u>43503</u>	Permit Issued: HG- <u>61664</u>
Staff Assigned: <u>[Signature]</u>	Insurance: <u>[Signature]</u>	Inspection: <u>[Signature]</u>	DOL/SOS: <u>[Signature]</u>
Reception #: <u>550.00</u>		111-0268-202-01	111-0268-013-20

0009522

TV-050202

BUSINESS INFORMATION

Name of Applicant Express Movers, Inc.
 (must be individual, partners of a partnership, or corporation)

Trade Name, if applicable Express Movers, Inc.

Physical Address 4212 S. 375th Pl. Auburn, WA 98001

Mailing Address 12819 SE 38th St. #409 Bellevue, WA 98006

Telephone Number (206) 276-4599 Fax Number (253) 838-6120

UBI # 602 366 249 AM Email: expressmovers@msn.com

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>Adrian D. Yun</u>	<u>President</u>	<u>40%</u>
<u>Toni Powell</u>	<u>Treasurer</u>	<u>60%</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: MOVING HOUSEHOLD GOODS; FOCUS ON UPSCALE HOMEOWNERS WHOSE COSTLY BELONGINGS REQUIRE ESPECIALLY CAREFUL HANDLING AND EXTRA PROTECTIVE MATERIALS.

Briefly describe your experience in the transportation/household goods moving industry: PRESIDENT HAS 2+ YRS EXPERIENCE MOVING HOUSEHOLD GOODS FOR OTHERS, OBSERVED SPECIAL NEEDS OF THE UPSCALE WERE NOT WELL-MET. 1 YEAR OFFERING LABOR ONLY SERVICE.

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?
 No Yes If yes, please explain: _____

Do you currently operate interstate? No Yes If yes, please indicate your:
 DOT# _____ MC# _____ Single State Registration Base State _____

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 Class A or B Felony? 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 may attach a Balance Sheet, Profit and Loss Statement, or business plan if available

ASSETS		LIABILITIES	
Cash In Bank	\$ 8,835	Salaries/Wages Payable	\$ 0
Notes Receivable	\$ 0	Accounts Payable	\$ 8,600
Accounts Receivable	\$ 0	Notes Payable	\$ 30,000
Investments	\$ 0	Mortgages Payable	\$ 0
Other Current Assets	\$ 0	Other	\$
Prepaid Expenses	\$ 3470	TOTAL LIABILITIES	\$ 38,600
Land and Buildings	\$ 0	NET WORTH	
Trucks and Trailers	\$ 19,500	Preferred Stock	\$ 0
Office Furniture	\$ 3,500	Common Stock	\$ 5,255.00
Other Equipment	\$ 8,000	Retained Earnings	\$ 0
Other Assets	\$ 550	Capital	\$ 500
TOTAL ASSETS	\$ 43,855	TOTAL LIABILITIES & NET WORTH	\$ 44,355

EQUIPMENT LIST

Describe the equipment that will be used (attach additional sheets if necessary). Vehicles must pass inspection and be issued a valid Commercial Vehicle Safety Alliance inspection decal before your application may be granted.

Year	Make	License Number	Vehicle ID Number	Gross Vehicle Weight
1999	ISUZU NQR	A 316 83W	JALF5B143X7905983	14,000

SAFETY AND OPERATIONS

In each of the categories shown below, list the person and position responsible for understanding and complying with the Federal Motor Carrier Safety Regulations (FMCSR) and Washington State Laws and rules. 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 DRIVERS LICENSE (CDL) REQUIREMENTS (Title 49, Code of Federal Regulations Part 383) Any driver who operates a vehicle that meets the definition of a commercial motor vehicle must have a valid CDL.

Name: ADRIAN YUN Position: PRESIDENT

DRIVER QUALIFICATION REQUIREMENTS (Title 49, Code of Federal Regulations Part 391) Driver's must meet minimum qualification requirements and each company must maintain driver qualification files for each driver.

Name: ADRIAN YUN Position: PRESIDENT

DRIVERS HOURS OF SERVICE (Title 49, Code of Federal Regulations Part 395) Drivers must maintain logs and each company must maintain true and accurate hours of service records for each driver.

Name: ADRIAN YUN Position: PRESIDENT

CONTROLLED SUBSTANCES AND ALCOHOL TESTING (Title 49, Code of Federal Regulations Part 382 & Part 40) Any person who drives a commercial motor vehicle requiring a CDL must be in a Controlled Substance and Alcohol Testing program that complies with the FMCSR in 49 CFR Part 382 and 49 CFR Part 40.

Name: ADRIAN YUN Position: PRESIDENT

Each company will have in place a system for complying with FMCSR governing alcohol and controlled substances testing requirement (49 CFR Part 382 and 49 CFR Part 40)

VEHICLE INSPECTION, REPAIR, AND MAINTENANCE (Title 49, Code of Federal Regulations Part 396) Companies must ensure that each motor vehicle operated is regularly inspected, repaired, and maintained.

Name: ADRIAN YUN Position: PRESIDENT

INSURANCE REQUIREMENTS (WAC 480-16-530) All companies must file and maintain proof of public liability and property damage insurance covering vehicles operated. (\$300,000 minimum coverage for vehicles under 10,000 pounds GVWR and \$750,000 minimum coverage for vehicles 10,000 pounds GVWR or more)

Name: ADRIAN YUN Position: PRESIDENT

CARGO INSURANCE REQUIREMENTS (WAC 480-15-550) All companies 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: ADRIAN YUN Position: PRESIDENT

OPERATIONAL RESPONSIBILITIES

ANNUAL REPORTS and REGULATORY FEES (WAC 480-15-480) Companies must annually file a report of their financial operations and pay regulatory fees.

Name: Toni Powell

Position: TREASURER

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: 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 and Internal Revenue Service (taxes); and Employment Security.

Name: TONI POWELL

Position: TREASURER

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 be granted 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.

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.

ADRIAN YUN
Print name of applicant


Signature of Applicant

2-4-05 AUBURN WA
Date & Place

ATTACHMENT A

HOUSEHOLD GOODS STATEMENT OF SUPPORT

Permit applications must include at least three shipper and/or public statements supporting the proposed household goods moving service. Shipper statements may come from persons and/or organizations with a need for household goods moving services, or who support the applicant's request for a permit to provide those services. These forms may be copied by the applicant as needed.

Applicant Name: Express Movers, Inc.

The following must be completed by the supporter of the applicant

Name, Title, and Business Name: Shah Calder, Storage Manager, GuardWell Self Storage

Address (include street address, mailing address, city, state, zip, and county):
GUARDWELL SELF STORAGE
28816 NE REDMOND-FALL CITY RD.
REDMOND, WA 98003

King County

Phone Number: 425-836-8300

Do you currently need the services of a residential household goods moving company?
 No Yes If yes, please describe your current moving needs:
Our customers often need assistance in moving goods in and out of storage.

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:
Customers will continue to require assistance moving their goods.

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.
This company provides labour and we have a truck available for rent, so it makes for a great partnership.

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?
We have been very impressed with the service that this company provides and we highly recommend them to anyone requiring moving assistance.

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

Shah Calder
Signature of Person Completing Form

02/04/05 Redmond, WA
Date and Location

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Applicant Name: Express Movers, Inc.

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: Denise Weems, Manager, The Park in Bellevue

Address (include street address, mailing address, city, state, zip, and county):
1515 Bellevue Way NE
Bellevue, WA 98004
King County

Phone Number: 425-462-7787

Do you currently need the services of a residential household goods moving company?
 No Yes If yes, please describe your current moving needs:
We refer Express Movers to residents at our community when moving in or out of The Park.

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:
We will continue to have residents moving in and out and like being able to refer Express Movers.

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:
Granting them a permit will assure that we will be able to continue referring them. Our residents appreciate our

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?
I have received several calls from my residents telling me what a great job Express Movers did when they used them.

help in finding good movers.

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

Denise Weems
Signature of Person Completing Form

2/4/05 Bellevue WA
Date and Location

FROM : PEOPLE'S

FAX NO. : 2067826268

Feb. 03 2005 12:45PM P1

ATTACHMENT A

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Applicant Name:

Express Movers, Inc

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:

Paul & Mary Wonder Managers Peoples Storage - Ballard

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

4213 Leary Way, NW
PMB #1
Seattle, WA 98107
King County

Phone Number:

425-478-4510 Business 206-781-0700

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

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

Express Movers moved us up & down a metal stair case w/ a landing in the middle. They never secured the wall as a piece of furniture.

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:

Not for us personally for the next few years. But our tenants are always asking who we recommend - Express Movers always get our recommendation.

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:

It's a good thing to have someone move you that takes care of your stuff. In my humble opinion we need people like these. Keep them here if you can.

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

This is a young company just starting to get going. We have never heard one thing bad about them from anyone we have recommended them to. We need business people like these.

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

Paul & Mary Wonder
Signature of Person Completing Form

2-3-05 Peoples Storage - Ballard
Date and Location

ATTACHMENT A

HOUSEHOLD GOODS STATEMENT OF SUPPORT

Permit applications must include at least three shipper and/or public statements supporting the proposed household goods moving service. Shipper statements may come from persons and/or organizations with a need for household goods moving services, or who support the applicant's request for a permit to provide those services. These forms may be copied by the applicant as needed.

Applicant Name: Express Movers, Inc

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: Caldwell Barker Commercial

Address (include street address, mailing address, city, state, zip, and county):
33313 First Way, So.
Federal Way, WA 98003

Phone Number: 206-212-2224

Do you currently need the services of a residential household goods moving company?
 No Yes If yes, please describe your current moving needs:
In a property manager and this service I pass on to prospective tenants.

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:
a great service to add to my business which is leasing - a service tool.

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit? I've had a client of mine use Express Movers and they told me the movers went all out to help her.

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: Jinda L. Bryan MPM
Date and Location: 2/4/05 Federal Way



IMPORTANT!

**IF YOU ARE INVOLVED IN AN ACCIDENT:
(REGARDLESS OF FAULT)**

1. At the accident scene, detach the Accident Information Card and give it to the driver of the other vehicle.
2. Ask the other driver to immediately call Progressive and report the accident.
3. Call Progressive immediately to report the accident.

Insurance Identification Card - WASHINGTON

Name of Insurer: **UNITED FINANCIAL CASUALTY COMPANY**
PO BOX 94739
CLEVELAND OH 44101-4739

Name of Insured:
EXPRESS MOVERS INC

Policy Number: **CA 08393583-0**

Original Issue Date: **12/22/04** Expiration Date: **12/22/05**

Year	Make/Model	Vehicle Identification Number
1999	ISU	JALE5B143X7805983

Form L6530 (6-96)



ACCIDENT INFORMATION CARD
(Give to other driver at scene of accident)

**FOR IMMEDIATE ASSISTANCE CALL
1-800-274-4499
24 HOURS A DAY, 7 DAYS A WEEK**

Name of Insurer:
UNITED FINANCIAL CASUALTY COMPANY
PO BOX 94739
CLEVELAND OH 44101-4739

Name of Insured:
EXPRESS MOVERS INC

Policy Number: **CA 08393583-0**

Original Issue Date: **12/22/04**
Expiration Date: **12/22/05**



Insurance Identification Card - WASHINGTON

Name of Insurer: **UNITED FINANCIAL CASUALTY COMPANY**
PO BOX 94739
CLEVELAND OH 44101-4739

Name of Insured:
EXPRESS MOVERS INC

Policy Number: **CA 08393583-0**

Original Issue Date: **12/22/04** Expiration Date: **12/22/05**

Year	Make/Model	Vehicle Identification Number
1999	ISU	JALE5B143X7805983

Form L6530 (6-96)

Fold here and put folded Accident Information and Insurance Identification card in the glove compartment of your vehicle.

Detach and keep copy of Insurance Identification Card with your records.

12/21/2004 17:41 WESTERN TRUCK INS. → 12538386120

NO.075 0001

INSURANCE IDENTIFICATION CARD

OP ID RD

STATE **WA**
COMPANY NUMBER **PROGRESSIVE CASUALTY**

THIS CARD MUST BE KEPT IN THE INSURED VEHICLE AND PRESENTED UPON DEMAND

POLICY NUMBER **083935630**
EFFECTIVE DATE **12/22/04**
EXPIRATION DATE **12/22/05**

YEAR **1999** MAKE/MODEL **ISUZU Box Trk** VEHICLE IDENTIFICATION NUMBER **JALH5B143X7905983**

IN CASE OF ACCIDENT: Report all accidents to your Agent/Company as soon as possible. Obtain the following information:

AGENCY/COMPANY ISSUING CARD
**Western Truck Insurance Service
Robert Dion
310-215-2920**

1. Name and address of each driver, passenger and witness.

2. Name of Insurance Company and policy number for each vehicle involved.

INSURED

**Express Movers, Inc.
Adrian Yun
12819 S.E. 38th #409
Bellevue**

WA 98006

COVERAGE MEETS MINIMUM LIABILITY INSURANCE PRESCRIBED BY LAW

ACCORD 50 WA(3/95)



Express Movers, Inc.

■ 12819 SE 38th St # 409 ■ Bellevue WA 98006 ■ 206-276-4599

FAX COVER

**FROM: EXPRESS MOVERS INC
F: 253.838.6120**

DATE: 2-4-05

PAGES: 11 INCLUDING COVER

TO: WA UTC

**RE: HOUSEHOLD GOODS CARRIER PERMIT
APPLICATION**



INQR UTL024P1 MASTER LICENSE SERVICE 02/08/05
BUSINESS ENTITY INQUIRY 11:31:13

UBI: 602 366 249 001 0001 State of Inc: WA Loc Status: A
Type: PROFIT CORPORATION Date of Inc: 02 13 2004 Corp Status: A

Owner Name: EXPRESS MOVERS, INC.

Reg. Agent: TONI POWELL
Reg. Address: 4212 S 375TH PL Exp. Date: 02 28 2005
AUBURN WA 98001 Total Shares authzd:
Total Shares issued:

Firm Name : EXPRESS MOVERS, INC.
Loc: 4212 S 375TH PL Mail: 12819 SE 38TH ST # 409
AUBURN WA 98001 BELLEVUE WA 98006

Phone: (206) 276-4599 Registered Tradenames for this UBI? No
RFI: No NSF: No Location First Activity: 01 01 2004
RFP: No Withhold: No Last License Issue: 08 03 2004

TRANSFER: _____ {Press <ENTER> for Endorsements List}
Enter-PF1---PF2---PF3---PF4---PF5---PF6---PF7---PF8---PF9---PF10--PF11--PF12---
GLIST APLST UBIQ SERV TRDU INQA INQR MMENU

INQR UTL024P1 MASTER LICENSE SERVICE 02/08/05
BUSINESS ENTITY INQUIRY 11:31:21

UBI: 602 366 249 001 0001 Loc Status: A
Type: PROFIT CORPORATION

Owner Name: EXPRESS MOVERS, INC.
Firm Name : EXPRESS MOVERS, INC.
Page: 1

Endorsements	Unit	Account #	Stat	Date	Expires
TAX REGISTRATION			A	03 02 2004	
UNEMPLOYMENT INSURANCE			A	07 27 2004	
INDUSTRIAL INSURANCE			A	07 27 2004	

TRANSFER: _____ End of Endorsement List
Enter-PF1---PF2---PF3---PF4---PF5---PF6---PF7---PF8---PF9---PF10--PF11--PF12---
GLIST APLST UBIQ SERV TRDU INQA INQR MMENU

[HOME](#)[CORPORATIONS MENU](#)**CORPORATIONS DIVISION - REGISTRATION DATA SEARCH****EXPRESS MOVERS, INC.**

UBI Number	602 366 249
Category	Regular Corporation
Profit/Nonprofit	Profit
Active/Inactive	Active
State of Incorporation	WA
Date of Incorporation	02/13/2004
License Expiration Date	02/28/2005

Registered Agent Information

Agent Name	TONI POWELL
Address	4212 S 375TH PL
City	AUBURN
State	WA
ZIP	98001

Special Address Information

Address
City
State
Zip

[« Return to Search List](#)**Disclaimer**

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Washington Secretary of State
Legislative Building
PO BOX 40220, OLYMPIA WA 98504-0220
(360) 753-7115